

**Form 941 for 2012: Employer's QUARTERLY Federal Tax Return**

(Rev. January 2012)

Department of the Treasury – Internal Revenue Service

970112

OMB No. 1545-0029

(EIN) Employer identification number	36-3125426		
Name (not your trade name)	Dana Point Condominium Association		
Trade name (if any)			
Address	1519 E. Central Road		
	Arlington Heights	IL	60005

**Report for this Quarter of 2012 (Check one.)**

- 1: January, February, March
- 2: April, May, June
- 3: July, August, September
- 4: October, November, December

QBVT2901 02/29/12

**Part 1: Answer these questions for this quarter.**

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) .....	1	3
2 Wages, tips, and other compensation .....	2	34,321.21
3 Income tax withheld from wages, tips, and other compensation .....	3	3,495.34
4 If no wages, tips, and other compensation are subject to social security or Medicare tax .....		<input type="checkbox"/> Check and go to line 6.
	Column 1	Column 2
5a Taxable social security wages .....	34,321.21	x .104 = 3,569.41
5b Taxable social security tips .....		x .104 =
5c Taxable Medicare wages & tips .....	34,321.21	x .029 = 995.32
5d Add Column 2 line 5a, Column 2 line 5b, and Column 2 line 5c .....	5d	4,564.73
5e Section 3121(q) Notice and Demand – Tax due on unreported tips (see instructions) .....	5e	
6 Total taxes before adjustments (add lines 3, 5d, and 5e) .....	6	8,060.07
7 Current quarter's adjustment for fractions of cents .....	7	-0.02
8 Current quarter's adjustment for sick pay .....	8	
9 Current quarter's adjustments for tips and group-term life insurance .....	9	
10 Total taxes after adjustments. Combine lines 6 through 9 .....	10	8,060.05
11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X .....	11	8,060.05
12a COBRA premium assistance payments (see instructions) .....	12a	
12b Number of individuals provided COBRA premium assistance .....		
13 Add lines 11 and 12a .....	13	8,060.05
14 Balance due. If line 10 is more than line 13, enter difference and see instructions .....	14	
15 Overpayment. If line 13 is more than line 10, enter difference .....		Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.
► You MUST complete both pages of Form 941 and SIGN it.		

For Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher. BAA

Form 941 (Rev. 1-2012)

Next ►

Name (not your trade name)

Dana Point Condominium Association

Employer identification number (EIN)

36-3125426

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

- 16 Check one:  Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.
- You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 \_\_\_\_\_

Month 2 \_\_\_\_\_

Month 3 \_\_\_\_\_

Total liability for quarter \_\_\_\_\_ Total must equal line 10.

- You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

- 17 If your business has closed or you stopped paying wages .....  Check here, and enter the final date you paid wages \_\_\_\_\_.

- 18 If you are a seasonal employer and you do not have to file a return for every quarter of the year .....  Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

Yes. Designee's name and phone number Arlene Colosimo (847) 639-9945

OBMT2902 02/27/12

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. 02080

 No.**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

► Sign your name here

Date 10-26-12

Print your name here

RAYMOND S. JAGODZINSKI

Print your title here

TREASURER

Best daytime phone

847-767-6351

**Paid Preparer's Use Only**Check if you are self-employed ..... 

Preparer's name	Arlene Colosimo	PTIN	P01083500
Preparer's signature		Date	10/26/12
Firm's name (or yours if self-employed)	AMCO Bookkeeping Services, Inc.	EIN	32-0089886
Address	P.O. Box 837	Phone	(847) 639-9945
City	Cary	State	IL
		ZIP code	60013

**Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors**

Calendar Year 2012

Department of the Treasury — Internal Revenue Service

970311

Employer identification number 36-3125426

Name (not your trade name) Dana Point Condominium Association

Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. When you file this form with Form 941 or Form 941-SS, DO NOT change your tax liability by adjustments reported on any Forms 941-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Enter your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for details.

OMB No. 1545-0029

**Report for this Quarter**

- |                                     |                                |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/>            | 1: January, February, March    |
| <input type="checkbox"/>            | 2: April, May, June            |
| <input checked="" type="checkbox"/> | 3: July, August, September     |
| <input type="checkbox"/>            | 4: October, November, December |

**Month 1**

1	9	17	25	Tax liability for Month 1
2	10	18	26	2,177.65
3	11	19	27	
4	12	20	28	
5	13	21	29	
6	14	22	30	
7	15	23	31	2,177.65
8	16	24		

**Month 2**

1	9	17	1,163.84	25	Tax liability for Month 2
2	10	18	26		3,505.73
3	1,172.99	11	19	27	
4	12	20	28		
5	13	21	29		
6	14	22	30		
7	15	23	31	1,168.90	
8	16	24			

**Month 3**

1	9	17	25	Tax liability for Month 3
2	10	18	26	2,376.67
3	11	19	27	
4	12	20	28	1,199.54
5	13	21	29	
6	14	1,177.13	22	
7	15	23	31	
8	16	24		

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3)

Total must equal line 10 on Form 941 or Form 941-SS.

Total liability for the quarter

8,060.05

**EMPLOYER'S CONTRIBUTION AND WAGE REPORT**

STATE OF ILLINOIS Department of Employment Security

FORM UI-340 Rev. 12/2011

 D.C. NO.  
 \_\_\_\_\_

Dana Point Condominium Association

1519 E. Central Road

Arlington Heights

IL 60005

\_\_\_\_\_

0634353	3	2012	3	09/30/12	10/31/12	10/31/12
ILLINOIS ACCOUNT NUMBER	CK	YR/QTR.	PERIOD ENDING	PENALTY (\$50 MIN.) DUE AFTER ABOVE DATE	INTEREST DUE AFTER ABOVE DATE	
				36 - 3125426		

Check this box to indicate that you no longer have workers in Illinois and want your account terminated. Also, complete the UI-50AP.

**CHANGE IN STATUS** If a change has occurred in the status of your business, complete form UI-50AP.

**1. ENTER THE TOTAL NUMBER OF COVERED WORKERS** (full and part time) who performed services during or received pay for the payroll period including the 12th of each month of the quarter. If none, enter "0".

1st Month      3      2nd Month      3      3rd Month      3

**2. TOTAL WAGES PAID** for covered employment  
(if no wages were paid, see instructions.)

34,321.21

**IMPORTANT — SEE INSTRUCTIONS**

**3. LESS:** Wages in excess of \$ 13,560 per covered worker per calendar year.

34,321.21

**4. TAXABLE WAGES** (line 2 minus line 3)

0.00

Use this space if TOTAL WAGES (line 2) less than \$50,000 this quarter

0.00

**5A. CONTRIBUTION DUE** - Multiply line 4 by 0.5500

0.00

Use this space if TOTAL WAGES (line 2) are \$50,000 or more this quarter

0.00

**5B. CONTRIBUTION DUE** - Multiply line 4 by

0.00

**6A. ADD:** Interest at 2% (.02) per month for late payment

0.00

**6B. ADD:** Penalty for late filing (\$50.00 minimum)

0.00

**6C. ADD:** Previous Underpayment PLUS interest

0.00

**6D. DEDUCT:** Previous Overpayment

0.00

**7. TOTAL PAYMENT DUE**  
**MAKE CHECK PAYABLE TO:**

0.00

**ILLINOIS DIRECTOR OF EMPLOYMENT SECURITY**  
(If Less than \$2.00 — Send report only)

0.00

I hereby certify that the information contained in this report and in all accompanying schedules is true and correct to the best of my knowledge and belief and that no part of the contribution reported was or is to be deducted from workers' wages.

Signed J. J. Murphy  
Title Manager  
Telephone 947-767-6351  
Date 10-30-12

This report MUST be signed by owner, partner, officer or authorized agent within the employing enterprise. If signed by any other person, a Power of Attorney must be on file.  
(See Instructions)

UI-340 (Rev. 1/12) IL 427-0018

**EMPLOYER: PLEASE RETURN THIS SHEET**

Employers that have 25 or less employees have the option of preprinted names and social security numbers. If you wish to discontinue or reinstate this feature, please indicate your preference on the UI-50AP.

**Do NOT staple reports or payment.**  
 Page No. 1 of \_\_\_\_\_ 1 Pages  
 Do NOT include wage corrections for a prior quarter in this report.

8. Worker's Social Security Account Number	(First and initial)	9. NAME OF WORKER	(Type or Print)
000 00 0000			(last)
		10. TOTAL Wages Paid (Include Wages in Excess of \$13,560.)	
		Dollars	Cents

326-82-7617	Juan Medina	11,522.06
354-48-2459	Steven A. Mulvey	13,615.15
618-10-5348	Manuel Valle Contrero	9,184.00

11. Total Wages Listed on the Page  
 12. Total Wages Listed All Pages (This Amount MUST agree with line 2)  
 \$ 34,321.21

If more space is needed to list workers, use continuation sheets. Form UI-40A.