## ASSOCIATION OF ARKANSAS COUNTIES WORKERS' COMPENSATION TRUST

#### AUDIT PAYROLL WORKSHEET

TERM: JANUARY 1, 2021 TO JANUARY 1, 2022

	COUNTY: POLK			
	<u>DEPARTMENT</u>	CLASS CODE		NUMBER OF EMPLOYEES
1,	COUNTY JUDGE ADMINISTRATIVE ASSISTANT CLERICAL	_	33,552.36 25,289.48	1.0
2.	COUNTY CLERK CLERICAL		50,150.38 98,510.66	1.0
3.	CIRCUIT CLERK CLERICAL	8810 _ 8810 _	48,739.10 81,569.19	1.0
4.	TREASURER CLERICAL		48,739.10 29,960.90	1.0
5.	SHERIFF DEPUTIES AUXILIARY DEPUTIES (NO. OF VOL 9 ) PLEASE ATTACH LIST OF VOLUNTEERS WORK RELEASE SUPERVISOR CLERICAL ( NOT IN JAIL FACILITY )	7720 _		0.5 11.0
	CLERICAL (IN JAIL FACILITY) METRO POLICE AIRCRAFT OR HELICOPTER OPERATION NUMBER OF SEATS (\$100 PER SEAT)	7422 _		
6.	JAIL: JAILERS, MATRONS, COOKS, & DISPATCHERS CLERICAL ( NOT IN JAIL FACILITY ) CLERICAL ( IN JAIL FACILITY ) JAIL NURSE (ONLY IF COUNTY EMPLOYEE JAIL PHYSICIAN (IF COUNTY EMPLOYEE)	8810 _ 7720 _ 7720 _	255,070.06	8.0

7.	JUVENILE DETENTION CENTER CLERICAL	7720 8810		
8.	COLLECTOR CLERICAL SHERIFF (IF COLLECTOR)	8810	33,162.36 112,655.35	0.5 3.5
9.	ASSESSOR OUTSIDE APPRAISERS CLERICAL	8742	48,739.10 122,527.57	_1.0
10.	ROAD DEPARTMENT: SUPERVISORS, LABORERS & DUMP TRUCK DRIVERS MUNICIPAL GARAGE: MECHANICS, LUBEMEN, & FLAT FIXERS	8	216,787.37	7.0
	EQUIPMENT OPERATORS: GRADER, DOZER & BACKHOE/FRONTEND, ETC. BRIDGE CREW QUARRY OPERATIONS WELDER SAND OR GRAVEL DIGGING (INCLUDE DRIVERS)	5507 _ 5222 _ 1624 _ 3365 _	748,222.24	22.0
	CLERICAL COUNTY JUDGE Note: If employee performs multiple duties entotal payroll in higher rated payroll class.	8742 _	33,511.68 33,552.36	0.5
	SOLID WASTE DISPOSAL: SANITATION & DRIVERS(GARBAGE PICKU EQUIPMENT OPERATORS: DOZER, CRAWLER, TRACK, FRONT-END LOADER CLASS 4 LANDFILL TRANSFER STATION - INCLUDE DRIVERS TRANSFER STATION - INSIDE WORKERS CLERICAL	5507 _ 6217 _ 9403 _ 7590 _		
12.	RECYCLING	8264 _	· · · · · · · · · · · · · · · · · · ·	
13.	BUILDING MAINTENANCE: CUSTODIAL PERSONNEL	9015 _	62,069.52	2.0

14.	CORONER DEPUTIES ( PAID ) DEPUTIES ( NUMBER OF VOLS2)	8742 <b>10,542.24</b> 8742 <b>87.42</b>	1.0
15.	LIBRARY EMPLOYEES (INCLUDE CLERICA ALL OTHER EMPLOYEES : (INCLUDE MAINTENANCE & JANITORIAL) BOOKMOBILE DRIVER	9101 7380	9.0
16.	MUSEUM CURATOR ALL OTHER EMPLOYEES (NUMBER OF VOLUNTEERS) PLEASE ATTACH LIST OF VOLUNTEERS	9101 8810 8810	
17.	CIVIL DEFENSE	7720	
18.	OEM 911 COORDINATOR 911 DISPATCHER CSEPP CLERICAL	7720	1.0
19.	AMBULANCE CLERICAL	7705 8810	
20.	DEPUTY PROSECUTING ATTY CLERICAL OTHER PROS. ATTY. EMPL. (SPECIFY)	881085,013.42	3.0
21.	PUBLIC DEFENDERS OFFICE (COUNTY EMPLOYEES ONLY) CLERICAL OTHER PERSONNEL	8810 8810	·
22.	COUNTY CIVIL ATTORNEY CLERICAL	8810 <b>5,999.76</b> 8810	1.0

23	PROBATE COURT (EXCLUDE JUDGE) CLERICAL	8810	
24.	QUORUM COURT CLERICAL	8810 <b>30,015.93</b> 8810	11.0
25.	DISTRICT COURT CLERICAL	8810 <u>132,923.63</u> 8810	4.0
26.	JUVENILE COURT (EXCLUDE JUDGE) INTAKE OFFICERS JUVENILE PROBATION OFFICER BAILIFF CLERICAL	7720 41,286.84 7720 39,879.86 7720 8810 18,691.47	1.0
27.	CIRCUIT COURT (EXCLUDE JUDGE) BAILIFF CLERICAL (COUNTY EMPLOYEES ONLY)	7720	0.5
28.	CHANCERY COURT (EXCLUDE JUDGE) BAILIFF CLERICAL (COUNTY EMPLOYEES ONLY)	7720 8810	
29.	CIRCUIT/CHANCERY COURT (EXCL. JUDGE BAILIFF CLERICAL (COUNTY EMPLOYEES ONLY)	7700	
30.	VETERAN SERVICES	881069,786.38	2.0
31.	ELECTION COMMISSION ELECTION WORKERS POLL WORKERS	87422,700.00 8810 88108,516.00	52.0
32.	EQUALIZATION BOARD (COUNTY MEMBER ONLY)	8810500.00	1.0
33.	PLANNING BOARD	8810	

34. PARK, ALL EMPLOYEES	9102	
35. LIFEGUARDS	9063	
36. LAKE PATROL - SHADY LAKE PATROL	77205,443.20	2.0
37. BOATING SAFETY	7720	
38. FOREST PATROL	7720	
39. CHILD SUPPORT ENFORCEMENT DIRECTOR INVESTIGATOR	8810 8742 9410	
40. SENIOR CITIZENS PROGRAMS (IF COUNTY EMPLOYED) CLERICAL & DIRECTOR COOKS & BUILDING MAINTENANCE DRIVERS	8868 9101 7380	
41. HEALTH DEPARTMENT / CUSTODIAL	9015	
42. PUBLIC HOUSING (ALL EMPLOYEES)	9033	Mark Ap Address Co.
43. WORKFARE CUSTODIAL	8810 9015	
44. VICTIM-WITNESS PROGRAM	8810 71,337.27	2.0
45. WEATHERIZATION PROGRAM	8742	
46. COMMUNITY SERVICES	8742	

47	. COMPUTER/DATA PROCESSING	8810		
48.	. AIRPORT: SECURITY GUARD ALL OTHER EMPLOYEES	7720 <sub>.</sub> 7403 <sub>.</sub>		
49.	DRUG TASK FORCE CLERICAL	-	PAID BY STATE OF	
50.	CONSTABLES (NO. OF VOL. 9 ) PLEASE ATTACH LIST	7720 _		
51.	COPS FAST PROGRAM CLERICAL	7720 <sub>-</sub> 8810 <sub>-</sub>		
52	ANIMAL CONTROL - SHELTER & DRIVERS	8831 _		
53.	OTHER COUNTY EMPLOYEES NOT LISTED VOLUNTEERS ARE TO BE SHOWN ON NEX			SE SPECIFY).
	DEPARTMENT	CLASS CODE	ACTUAL <u>PAYROLL</u>	NUMBER OF
				EMPLOYEES
	Polk Co. Off. Comp(Maint)	9015	31,565.28	1.0
			31,565.28	
		7720		1.0
	School Resourse Officers	7720	210,830.45	5.0
	School Resourse Officers  Treasurer's Automation	7720	210,830.45	5.0
	School Resourse Officers  Treasurer's Automation  Stop VAWA	7720 8810 7720	210,830.45 2,900.53 41,122.46	1.0 5.0 1.0
	School Resourse Officers  Treasurer's Automation  Stop VAWA  County Recorder's Cost Fund	7720 8810 7720 8810	210,830.45 2,900.53 41,122.46 30,100.28	1.0 5.0 1.0 1.0
	School Resourse Officers  Treasurer's Automation  Stop VAWA  County Recorder's Cost Fund  Reappraisal	7720 8810 7720 8810 8742	210,830.45 2,900.53 41,122.46 30,100.28 79,962.98	1.0 5.0 1.0 1.0

#### **VOLUNTEERS**

1.	VOLUNTEER FIREMEN (NUMBER OF VOLUNTEERS 20)	7711
2.	FIRST RESPONDERS (NUMBER OF VOLUNTEERS)	7711
3.	OEM (NUMBER OF VOLUNTEERS)	7711
4.	SEARCH AND RESCUE (NUMBER OF VOLUNTEERS)	7711
5.	DIVE AND RESCUE (NUMBER OF VOLUNTEERS)	7711
6.	AMBULANCE (NUMBER OF VOLUNTEERS)	7705
7.	CIVIL DEFENSE (NUMBER OF VOLUNTEERS)	7711
8.	BOOKMOBILE (NUMBER OF VOLUNTEERS)	7380
9.	MOUNTED PATROL (NUMBER OF VOLUNTEERS)	7720
10.	R.A.C.E.S. (NUMBER OF VOLUNTEERS)	7711
11.	OTHER VOLUNTEERS ( PLEASE SPECIFY)	
	WORKSHEET COMPLETED BY: JAMES	5 HALE
	DATE 01/31/22	PHONE NUMBER: (479) 394-8/4/

#### 2021

#### Premium Basis for Workers' Compensation Audit Balance Sheet

1.		S 941 Totals
	Enter the total of all 4 quarter o compensation)	f your IRS 941's (Line 2 – wages, tips & other
2.	2. <u>+ 1,335.00</u> De	ferred Comp Total
	deferred comp total here.	deferred comp plan (i.e. Nationwide) enter the
	+ 151,399.32 APERS Reti	rement
3.	3. + 58,203.47 Cat	eteria Plan Total
	If your county participates in a	Cafeteria Plan enter the total here.
4.		unteer Total
	Enter the total amount of payro minimum)	Il listed for volunteers (based on the \$300
5.		er payroll not included in 941 totals (i.e. poll
	workers, equalization board me	mbers, etc.)
	- Overtime 26,338.26, - 41	,176.74 on Drug Task Force, as the State of Ark
6.		s 1/3 overtime wages pays for him
	Workers' compensation premium will be deducted.	s are based on straight time only so this amount
7.	73,849,040.90 Add	l lines 1 through 5 & subtract line 6
8.		rksheet Total
	Line 7 & 8 should match. This sl	hould be the total payroll on your worksheet.

1 st Calver. 2021 18/2/led 4-9-21 950121 **Employer's QUARTERLY Federal Tax Return** OMB No. 1545-0029 Department of the Treasury - Internal Revenue Service (Rev. March 2021) Report for this Quarter of 2021 6 6 7 6 0 0 Employer identification number (EIN) X 1: January, February, March Name (not your trade name) POLK COUNTY \_\_\_\_ 2: April, May, June Trade name (if any) 3: July, August, September 507 CHURCH AVE 4: October, November, December Address Suite or room number Number Go to www.irs.gov/Form941 for instructions and the latest information. 71953 AR MENA ZIP code State City Foreign province/county Foreign postal code Foreign country name Read the separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter. Number of employees who received wages, tips, or other compensation for the pay period 1 136 including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 18 775,213 .. Wages, tips, and other compensation 2 56,793 ... 50 Federal income tax withheld from wages, tips, and other compensation . 3 Check and go to line 6. If no wages, tips, and other compensation are subject to social security or Medicare tax Column 2 Column 1 807,339 =  $50 \times 0.124 =$ 100,110 ... 10 5a Taxable social security wages . (i) Qualified sick leave wages .  $\times$  0.062 = 5a  $\times 0.062 =$ (ii) Qualified family leave wages 5a  $\times 0.124 =$ 5<sub>b</sub> Taxable social security tips . 50 23,412 -807,339 ..  $\times 0.029 =$ Taxable Medicare wages & tips. 5c Taxable wages & tips subject to 5d $\times 0.009 =$ Additional Medicare Tax withholding 123,522 . 95 5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d 5e 0 ... 00 5f Section 3121(a) Notice and Demand-Tax due on unreported tips (see instructions) 5f 180.316 ... 45 Total taxes before adjustments. Add lines 3, 5e, and 5f 6 **PLUS** 0 . 69 Current quarter's adjustment for fractions of cents 7

➤ You MUST complete all three pages of Form 941 and SIGN it.

Total taxes after adjustments. Combine lines 6 through 9

Current quarter's adjustment for sick pay .

8

9

10

11a

11b

11c

Next ■▶

00

00

14

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00

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0 ...

0.

0 .

0.

180,317 ...

Nonrefundable portion of employee retention credit from Worksheet 1

Current quarter's adjustments for tips and group-term life insurance

Qualified small business payroll tax credit for increasing research activities. Attach Form 8974

Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1

2

10

	-			3	7
7	_	u	E		1

Employer identification number (EIN)

	<u> </u>			
Part	Answer these questions for this q	uarter. (continued)	`	
11d	Total nonrefundable credits. Add lines 1	1a, 11b, and 11c	11d	0 . 00
12	Total taxes after adjustments and nonre	fundable credits. Subtract line 11d	from line 10 . 12	180,317 = 14
13a	Total deposits for this quarter, includin overpayments applied from Form 941-X, 941			180,317 u 14
13b	Reserved for future use		13b	
13c	Refundable portion of credit for qualifie	d sick and family leave wages fron	n Worksheet 1 13c	0 a 00
13d	Refundable portion of employee retenti	on credit from Worksheet 1	13d	0 = 00
13e	Total deposits and refundable credits.	add lines 13a, 13c, and 13d	13e	180,317 • 14
13f	Total advances received from filing For	m(s) 7200 for the quarter	13f	0 . 00
13g	Total deposits and refundable credits less	advances. Subtract line 13f from line	13e <b>13</b> g	180,317 • 14
14	Balance due. If line 12 is more than line 1	3g, enter the difference and see instr	uctions 14	0 . 00
15	Overpayment. If line 13g is more than line 12	enter the difference	0 a 00 Check one:	Apply to next return. Send a refund.
Part	Tell us about your deposit schedure unsure about whether you're a month			tor, see section 11 of Pub. 15.
•	Line 12 on this return is and you didn't incur a squarter was less than \$ federal tax liability. If you	s less than \$2,500 or line 12 on the 100,000 next-day deposit obligati 2,500 but line 12 on this return is \$ pu're a monthly schedule depositor positor, attach Schedule B (Form 941)	e return for the prior on during the curren 100,000 or more, you , complete the depo	quarter was less than \$2,500, t quarter. If line 12 for the prior must provide a record of your
	You were a monthly so liability for the quarter, the	hedule depositor for the entire que en go to Part 3.	arter. Enter your tax I	iability for each month and total
	Tax liability: Month 1	<u> </u>		
	Month 2	10		ger :
	Month 3			
	Total liability for quarter		Total must equal lin	e 12.
	The state of the s	schedule depositor for any part of Semiweekly Schedule Depositors, a		
►Y	ou MUST complete all three pages of Fo	rm 941 and SIGN it.		Next ■▶
Page 2				Form <b>941</b> (Rev. 3-2021)

Name (not your trade name)

	950921
Name (not your trade name)	Employer identification number (EIN)
Part 3: Tell us about your business. If a question does NOT apply to you	ır business, leave it blank.
17 If your business has closed or you stopped paying wages	
enter the final date you paid wages / / ; also attach a st	atement to your return. See instructions.
18 If you're a seasonal employer and you don't have to file a return for ever	ry quarter of the year
19 Qualified health plan expenses allocable to qualified sick leave wages	
20 Qualified health plan expenses allocable to qualified family leave wages	20
21 Qualified wages for the employee retention credit	21
22 Qualified health plan expenses allocable to wages reported on line 21.	
23 Credit from Form 5884-C, line 11, for this quarter	23
24 Reserved for future use	24
25 Reserved for future use	25
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 for details.	discuss this return with the IRS? See the instructions
Yes. Designee's name and phone number PAULA CLARK	479 394 8125
Select a 5-digit personal identification number (PIN) to use when ta	lking to the IRS. 0 6 2 9 5
□ No.	
Part 5: Sign here. You MUST complete all three pages of Form 941 and	
Under penalties of perjury, I declare that I have examined this return, including accompanying and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is ba	g schedules and statements, and to the best of my knowledge used on all information of which preparer has any knowledge.
Sign your	Print your name here TERRI HARRISON
name here Jevu bours	Print your title here POLK COUNTY CLERK
Date 4 / 1 / 2021	Best daytime phone 479 394 8123
Paid Preparer Use Only	Check if you're self-employed
Preparer's name	PTIN
Preparer's signature	Date / /
Firm's name (or yours if self-employed)	EIN
Address	Phone
City	ZIP code

OMB No. 1545-0029

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

ev. January 20			Department of the To	easu	ry – Internal Revenue Servi	ce	Repor	t for this Quarter
nployer ident N)	ification number	7	1 - 6	0	0 8 4 6	3	6	January, February, March
me (noi your	trade name) P(	OLK	COUNTY				2:,	April, May, June
		[ 2	2 0 2 1		(Also che	ck a	uarter) 3:	July, August, September
lendar year			. 0 2 2		( 100 one	OI C		October, November, December
~~~ DA1_SS	i, don't change Form 941-SS more. Write y	e vou	r tax ilability by aulusu	110111	Steborrog on any			ou file this form with Form 941 o st fill out this form and attach it to ulated tax liability on any day was ges were paid. See Section 11 in
onth 1						_		Tax liability for Month 1
1		9		17		25		tax habitity for month.
		10		18		26		60,132 = 83
2		11		19		27		
3		12		20		28	29,821 . 73	
4		13		21		29		
5		14	30,311 . 10	22		30	1	
6		15		23		31		
7		16		24				
8		7 40 [		_		r		Tax liability for Month 2
11	-	9	1	17		25	29,558 = 39	Tax Habity for Monda
2	=	] 10		18	1	26	•	59,580 • 3
3		]11	30,022 . 00	19	*	27	W	
4		12		20		28		
5		] 13		21		29		
6	•	14		22		30		
7		] 15		23		31		
8		16		24				
Month 3				7		1	29.921 02	Tax liability for Month 3
1		9		17	•	25		
2	-	10		18		26		60,603 = 5
3		11	30,682 90	19		27		
4		12		20		28	•	]
5	_	] 13	•	21		] 29 7		]
6		14		22		30		1
7		15		23		31		
8		16		24				Total liability for the quarter
			Fill in worth	otal !	liability for the quarter (Mo	nth '	1 + Month 2 + Month 3)	190 217
			, is at your	1	otal must equal line 12 o	n F	orm 941 or Form 941-SS	100,01.
			A Nation see senarate	inch	ructions. IRS.gov/for	m941	Cat. No. 119670	Schedule B (Form 941) (Rev. 1-

Form (Rev. M	941 for 2021: Employer's QUARTERLY Federal Tax Retained 2021)  Department of the Treasury — Internal Revenue Service	urn	750121 OMB No. 1645-0029
Empli	pyer identification number (EIN) 7 1 - 6 0 0 8 4 6 6		ort for this Quarter of 2021
Nam	e (not your trade name) POLK COUNTY	1:	January, February, March
Trad	e name (if any)	X 2	April, May, June
11:30	e name (ii aliy)	] 3:	July, August, September
Add	ress 507 CHURCH AVE. Number Street Suite or room number	4	October, November, December
		Go to	www.irs.gov/Form941 for ctions and the latest information.
	MENA AR 71953 L State ZIP code 7	A)	Quar. 2021
	Foreign country name Foreign province/county Foreign postal code	22	John 6-22-2
Read t	he separate instructions before you complete Form 941. Type or print within the boxes.	{	
Part			
1	Number of employees who received wages, tips, or other compensation for the pay period including May 13 (Question 1). Send 10 (Question 2) and 10		110
	including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	140
2	Wages, tips, and other compensation	2	828,485 • 79
3	Federal income tax withheld from wages, tips, and other compensation	3	58,860 = 65
4	If no wages, tips, and other compensation are subject to social security or Medicare tax		Check and go to line 6.
	Column 1 Column 2		1
5a	Taxable social security wages 862,402 a 77 × 0.124 = 106,937 a	95	
5a	(i) Qualified sick leave wages × 0.062 =		
5a	(ii) Qualified family leave wages .		
5b	Taxable social security tips	1	
5c	Taxable Medicare wages & tips 862,402 • 77 × 0.029 = 25,009 •	68	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009 =   × 0.009		
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	131,947 • 63
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	0 . 00
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	190,808 a 28
7	Current quarter's adjustment for fractions of cents	7	MINUS 0 . 19
8	Current quarter's adjustment for sick pay	8	0 a 00
9	Current quarter's adjustments for tips and group-term life insurance	9	0 = 00
10	Total taxes after adjustments. Combine lines 6 through 9	10	190,808 . 09
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	0 m 00
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	0 . 00
11c	Nonrefundable portion of employee retention credit from Worksheet 1	116	0 . 00

9	5	n	7	7	1

Name (	not your trade name)		Employer identification	number (EIN)	
Part	1: Answer these questions for this qu	arter. (continued)			
11d	Total nonrefundable credits. Add lines 11	a, 11b, and 11c	11d	0. 0	00
12	Total taxes after adjustments and nonrel	fundable credits. Subtract line 11d fo	rom line 10 . 12	190,808 . 0	09
13a	Total deposits for this quarter, including overpayments applied from Form 941-X, 941-X			190,808 . 0	09
13b	Reserved for future use		13b		
13c	Refundable portion of credit for qualified	sick and family leave wages from	Worksheet 1 13c	0. 0	00
13d	Refundable portion of employee retention	n credit from Worksheet 1	13d	0	00
13e	Total deposits and refundable credits. Ad	dd lines 13a, 13c, and 13d	13e	190,808 . (	09
13f	Total advances received from filing Form	n(s) 7200 for the quarter	13f	0. (	00
13g	Total deposits and refundable credits less	advances. Subtract line 13f from line 1	3e 13g	190,808	09
14	Balance due. If line 12 is more than line 13	g, enter the difference and see instru	ctions 14	0. (	00
15	Overpayment. If line 13g is more than line 12,	enter the difference 0	■ 00 Check one: Apply to	next return. Send a retur	nd.
Part	Tell us about your deposit scheduler unsure about whether you're a monthly			section 11 of Pub. 15.	
ir you					
16 (	and you didn't incur a \$ quarter was less than \$2; federal tax liability. If you	less than \$2,500 or line 12 on the 100,000 next-day deposit obligatio ,500 but line 12 on this return is \$1 u're a monthly schedule depositor, ositor, attach Schedule B (Form 941)	n during the current quarte 00,000 or more, you must po complete the deposit sche	r. If line 12 for the prior rovide a record of your	r r
	You were a monthly sch liability for the quarter, the	nedule depositor for the entire qua en go to Part 3.	rter. Enter your tax liability fo	or each month and total	1
	Tax liability: Month 1				
	Month 2				
	Month 3	1			
	Total liability for quarter		Total must equal line 12.		
		schedule depositor for any part of Semiweekly Schedule Depositors, ar			

		750721
Name (not your trade nai	me)	Employer identification number (EIN)
Part 3: Tell us a	bout your business. If a question does NOT apply to your busines	s, leave it blank.
17 If your busin	ess has closed or you stopped paying wages	
enter the fina	I date you paid wages / / ; also attach a statement to	your return. See instructions.
18 If you're a so	easonal employer and you don't have to file a return for every quarter	of the year
19 Qualified her	aith plan expenses allocable to qualified sick leave wages	19
20 Qualified hea	alth plan expenses allocable to qualified family leave wages	20
21 Qualified wa	ges for the employee retention credit	21 a
22 Qualified hea	aith plan expenses allocable to wages reported on line 21	22
23 Credit from I	Form 5884-C, line 11, for this quarter	23
24 Reserved for	future use	24
25 Reserved for	future use	
S Y		
	speak with your third-party designee?	
for details.	to allow an employee, a paid tax preparer, or another person to discuss th	is return with the IRS? See the instructions
X Yes. Des	ignee's name and phone number PAULA CLARK	479 394 8125
	ect a 5-digit personal identification number (PIN) to use when talking to the	IRS. 0 6 2 9 5
□ No.		
	e. You MUST complete all three pages of Form 941 and SIGN it.	
Under penalties of per and belief, it is true, or	jury, I declare that I have examined this return, including accompanying schedules a orrect, and complete. Declaration of preparer (other than taxpayer) is based on all inf	and statements, and to the best of my knowledge formation of which preparer has any knowledge.
V Sign		t your TERRI HARRISON
	here Print	t your here POLK COUNTY CLERK
	Date 6/22 21 Best	t daytime phone 479 394 8123
Paid Preparer	Use Only Cr	neck if you're self-employed
Preparer's name		PTIN
Preparer's signature		Date / /
Firm's name (or yours if self-employed)		EIN
Address		Phone
City	State	ZIP code

# Schedule B (Form 941): Report of Tax Liability for Semiwe

4F03J7

Report of Tax Lia	OIII						OMB No. 1545-002
(Rev. January 2017)		Department of th	e Tre	easury – Internal Revenue S	Servi	Ren	oort for this Quarter
Employer identification num (EIN)	ber	7 1 - 6	0	0 8 4	6	(Chu	ck one.)
Name (not your trade name)	PO	LK COUNTY					t: January, February, March
		2 0 2 1					2: April, May, June
Calendar year		2 0 2 1		(Also	chec	k quarter)	3: July, August, September
							4: October, November, December
Form 941 or Form 941-S	ge y S if '	vou're a semiweekly so	surk :hed	title depositor or becau	orm	s 941-X or 944-X. You n	n you file this form with Form 941 on the state of the st
Month 1							
	٦.		1		7		Tax liability for Month 1
	_  9		17		25	1	1 ax security for Month (
2	10		18		26		60.701
3	11		19		27		60,791 • 64
4	12		20		28		
5	13		21		29		
6	14		22	30,447 . 77	ī.		
7	715		23		1		
8 30,343 87	=		ĺ	-	31		
Month 2	1 10		24		1		
1	7				7		Tax liability for Month 2
	] 9		17		] 25 ]	•	1 ax naomity for month 2
2	] 10 ]		18	•	26		66,878 = 62
3	] 11 ]		19		27	•	
4 .	12		20	30,922 67	28	•	
5	13		21	<b>II</b>	29		
6 35,955 95	14		22	•	30	*	
7	15	•	23		31		
8	16		24				
Month 3	_		,				
1	9	-	17	30,008 72	25		Tax liability for Month 3
2	10	•	18	=	26		
3 33,129 11	11	*	19		27		63,137 • 83
4	12		20		28		
5	13		21		29		
6	14		22		Ī		
7	15		Ì		30 [	•	
	16		23 [		31 [		
8	110]	•	24	•			Table by the second
		Fill in your tot	al lia	bility for the quarter (Mon	th 1 -	+ Month 2 + Month 31 >	Total liability for the quarter
			To	tal must equal line 12 on			190,808 = 09
For Paperwork Reduction	Act i	Notice, see separate in:	stru	ctions. IRS.gov/forms	341	Cat. No. 11967Q	Schedule B (Form 941) (Rev. 1-2017)

	941 for 2021: Employer's QUARTERLY Federal Tax Retard 2021)  Department of the Treasury — Internal Revenue Service	urn	750121 OMB No. 1545-0029
Empl	over identification number (EIN) 7 1 - 6 0 0 8 4 6 6		port for this Quarter of 2021
Nam	e (not your trade name) POLK COUNTY		: January, February, March
Trad	e name (if any)	2	t April, May, June
1100	that is any	<b>X</b> 3	t July, August, September
Add		<b>4</b>	: October, November, December
	Guille of Fucility Agricultur	Goto	www.irs.gov/Form941 for actions and the latest information.
	MENA AR 71953 City State ZIP code	2	A CARAN
		1/4	2 Cf alor
	Foreign country name Foreign province/county Foreign postal code	V).	21 kd 9-20-d
	the separate instructions before you complete Form 941. Type or print within the boxes.		
Part	Answer these questions for this quarter.  Number of employees who received wages, tips, or other compensation for the pay period.	d	
	including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter		139
2	Wages, tips, and other compensation	. 2	920,181 • 55
3		_	
3	Federal income tax withheld from wages, tips, and other compensation	. 3	67,884 a 61
4	If no wages, tips, and other compensation are subject to social security or Medicare tax  Column 1 Column 2		Check and go to line 6.
5a	Taxable social security wages 958,143 = 50 × 0.124 = 118,809		
5a	(i) Qualified sick leave wages x 0.062 =		
5a	(ii) Qualified family leave wages . x 0.062 =		
5b	Taxable social security tips		
5c	Taxable Medicare wages & tips 958,143 = 50 × 0.029 = 27,786	. 17	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding × 0.009 =	i	]
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	146,595 = 97
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) .	. 5f	0 . 00
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	. 6	214,480 . 58
7	Current quarter's adjustment for fractions of cents	_	
		. 7	MINUS 0 . 27
8	Current quarter's adjustment for sick pay	. 8	0 . 00
9	Current quarter's adjustments for tips and group-term life insurance	9	0 . 00
10	Total taxes after adjustments. Combine lines 6 through 9	. 10	214,480 . 31
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 897	1 11a	0 . 00
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet	11b	0 m 00
11c	Nonrefundable portion of employee retention credit from Worksheet 1	. 116	0 , 00
▶ Yo	ou MUST complete all three pages of Form 941 and SIGN it.		Next ■▶

									9508	351
Name (not you	ır trade name)				,		Employer ide	entification number (	EIN)	
Part 1:	Answer th	ese questions	s for this qu	ıarter. (continued	)					
11d Tota	al nonrefun	dable credits.	Add lines 11	la, 11b, and 11c			110	d	0	00
12 Tota	il taxes afte	er adjustments	s and nonre	fundable credits.	Subtract line 11	d from line	10 . 12	2	214,480	31
13a Total over	l deposits payments a	for this quart oplied from Form	er, including n 941-X, 941-	g overpayment ap X (PR), 944-X, or 94	plied from a p 4-X (SP) filed in the	orior quart he current o	er <b>and</b> quarter 13:	а	214,480 •	31
13b Rese	erved for fo	uture use					131	3		
13c Refu	ındable po	rtion of credit	for qualified	sick and family l	eave wages fro	m Worksh	reet 1 130		0	00
13d Refu	ındable po	rtion of employ	yee retentio	n credit from Wo	rksheet 1	x - x -	130		0.	00
13e Tota	l deposits	and refundable	e credits. A	dd lines 13a, 13c, a	and 13d		ii. 13e		214,480	31
13f Tota	l advances	received fron	n filing Form	n(s) 7200 for the q	uarter. 💼 .		13		0.	00
13g Total	l deposits a	nd refundable	credits less	advances. Subtract	line 13f from line	13e	13g		214,480	31
14 Bala	nce due. If	line 12 is more	than line 13	g, enter the differe	nce and see inst	tructions .	14		0.	00
				enter the difference			Check one:	Apply to next return.	Send a re	fund.
				e and tax liability						
16 Check		Line 12 on the and you didn quarter was lefederal tax list semiweekly so You were a m	is return is 't incur a \$'ess than \$2, ability. If you chedule depondently sch	less than \$2,500 100,000 next-day 500 but line 12 or l're a monthly sclositor, attach Sche edule depositor for n go to Part 3.	or line 12 on the deposit obligate this return is secure deposited the deposited the deposited of the deposited the deposited the deposited of	ne return f tion during \$100,000 c or, comple 1). Go to P	or the prior the currer or more, you te the deport	r quarter was les nt quarter. If line u must provide a osit schedule beld	s than \$2,50 12 for the pri record of you're w; if you're	oo, ior our a
		Tax liability:	Month 1		=					
			Month 2		•					
			Month 3		a					
	The state of the s	otal liability fo	_				ıst equal lir			
	X	You were a s Report of Tax	emiweekly Liability for 8	schedule deposite Semiweekly Sched	or for any part ule Depositors, a	of this qua and attach	arter. Comp it to Form 9	olete Schedule B ( 941. Go to Part 3.	Form 941),	
➤ You Mil	IST comple	ata oil thran as	nac of Ear	n 041 and SIGN it					NIHGIE	_

Name (	not your trade name)		0921
Name (	not your trade name)	Employer identification number (EIN)	
Part	3: Tell us about your business. If a question does NOT apply to your busin	ness, leave it blank.	
17	If your business has closed or you stopped paying wages		ind
	enter the final date you paid wages // ; also attach a statement	t to your return. See instructions.	
18	If you're a seasonal employer and you don't have to file a return for every quart	ter of the year Check here.	
19	Qualified health plan expenses allocable to qualified sick leave wages	19	
20	Qualified health plan expenses allocable to qualified family leave wages	20	
21	Qualified wages for the employee retention credit	21	2
22	Qualified health plan expenses allocable to wages reported on line 21		=
23	Credit from Form 5884-C, line 11, for this quarter	23	
24	Reserved for future use	, . 24	
25	Reserved for future use	25	
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 for details.	s this return with the IRS? See the instructions	S
	Yes. Designee's name and phone number PAULA CLARK	479 394 8125	
	Select a 5-digit personal identification number (PIN) to use when talking to t	the IRS. 0 6 2 9 5	
Part 5			
Under	r penalties of perjury, I declare that I have examined this return, including accompanying schedule	es and statements, and to the best of my knowled	lge
and D	elief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all	Il information of which preparer has any knowledg	€
	Sign your n	name here TERRI HARRISON	
	name here	Print your itle here POLK COUNTY CLERK	
	Date 9/38/3031	Best daytime phone 479 394 8123	
Pa	id Preparer Use Only	Check if you're self-employed [	
Prepa	rer's name	PTIN	
Prepa	rer's signature	Date / /	
Firm's if self-	employed)	EIN	
Addre	ess	Phone	
City	State	ZIP code	
Page 3		Form 941 (Peru 5	0004)

Form **941** (Rev. 3-2021)

(Ri	ev. January 2017)	J121			Schedule Depos easury — Internal Revenue			OMB No. 1545-00
En (El	nployer identification numl N)	er	7 1 - 6		0 8 4	1	Re	port for this Quarter eck one.)
Na	ime (not your trâde name)	PO	LK COUNTY					1: January, February, March
146	ime (not your trade name) [		CK COOKIT					2: April, May, June
Ca	lendar year		2 0 2 1		(Also	che		3: July, August, September
							<u> </u>	4: October, November, December
Fo	rm 941 or Form 941.56	e af a	toules a seminarable -		over tobouted ou duy !	Offic	15 541"A OF 544"A. TOU!	n you file this form with Form 941 on must fill out this form and attach it t imulated tax liability on any day wa wages were paid, See Section 11 i
Мо	nth 1							
1	30,475 76	9		17	>	25		Tax liability for Month 1
2	,	10		์ 18		26		
3		11	_	19		27		91,759 • 01
4		12		20		Ħ		
5		13		21		28		
6		14		22		29		
7		15	29,904 34	3		] 30		
8		16	20,001	1		_] 31 	19-21	
	nth 2	j. 10	-	24		1		
1	•	9		17		25		Tax liability for Month 2
2		10		18		26		
3		11	-	19		27		61,105 = 31
4		12	31,215 14	20		28		
5	•	13		21		29		
6		14		22		30		
7		15		23		ī		
8		16				31		
/lon	th 3	10 [		24		j		
1		9	31,586 24	17		25		Tax liability for Month 3
2		10		18		26		
з [		11		19		27		61,615 = 99
4		12		20		28	-	
5		13		21			**	
6		14		ř		29	•	
7		15		29 [ 23 [	30,029 75	30		
вĪ		16		Ē		31 <u> </u> 		
· L	=	٦ ٥٠		24	•			Total Rabert Co.
			Fill in your tota	ıl lia	bility for the quarter (Mon	th 1	+ Month 2 + Month 3) ►	Total liability for the quarter
- C	Panerwork Reduction A	est hi	otice, see separate ins	To	tal must equal line 12 on tal must equal lin	•••	m 941 or Form 941-SS.	214,480 = 31

Hth Gaar, VS/accept 1-28-2022
951121

		nt of the Treasury.— Ir			erai rax	Ketu	m	OMB No. 1545-002
Em	ployer identification number (EIN) 7 1	- 6 0	0 8	4	6 6			oort for this Quarter of 2021
Na	me (not your trade name) POLK COUNT	Y						January, February, March
							_	April, May, June
Tra	ide name (if any)							July, August, September
Ad	dress 507 CHURCH AVE.			62				October, November, December
	Number Street			Suite of (	oom number		30 to	www.irs.gov/Form941 for
	MENA Gity		AR		953	11	nstru	ctions and the latest information.
	Set 7		Male	7 P	code			
	Foreign country name	Foreign provi	nce/county	Foreign	postal code			
Read	the separate instructions before you o	complete Form 94°	1. Type or r					
Part			. туро от р	Ante within	He GOACS.			
1	Number of employees who receive				for the pay	period	ſ	
	including: June 12 (Quarter 2), Sept	. 12 (Quarter 3), o	r Dec. 12 (0	Quarter 4)	* * * * *		1	126
2	Wages, tips, and other compensat	tion			5 5 5 5	.s. ss	2	1,174,113 _ 09
3	Federal income tax withheld from	wages, tips, and	other com	pensation		2 76	3	96,332 21
4	If no wages, tips, and other compe	ensation are subi	ect to soci	al securit	u ar Madinar	a tav	Г	Check and go to line 6.
		Colum		ou seem it	Colu		4	_ Check and go to line 6.
5a	Taxable social security wages*.	. 1,222,84	42 . 16	× 0.124 =	151,	632 "	43	"Include taxable qualified sick and family leave wages for leave taken
5a	(i) Qualified sick leave wages*		•	× 0.062 =				after March 31, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for wages
5a	(ii) Qualified family leave wages*		B	× 0.062 =				paid after March 31, 2020, for leave taken before April 1, 2021.
5b	Taxable social security tips			× 0.124 =		G.		
5c	Taxable Medicare wages & tips.	1,222,84	12 16	× 0.029 =	35,	462 .	43	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	na		× 0.009 =		*		
F.							<u>-</u>	202.004
5e	Total social security and Medicare ta	xes. Add Column 2	trom lines :	5a, 5a(i), 5a	(ii), 5b, 5c, an	d 5d	5e	187,094 _ 86
51	Section 3121(q) Notice and Deman	d—Tax due on un	reported t	<b>ips (</b> see in	structions)		5f	0 _ 00
6	Total taxes before adjustments. Ad	d lines 3, 5e, and	5f =	2 2 2		¥	6	283,427 07
7	Current quarter's adjustment for fr	notions of south					7	MINUS 0 24
•	our ent qualter 5 adjustment for In	actions of cents				•		
8	Current quarter's adjustment for si	ck pay	(6) 6) 4 v	N (5 (8)	(6) (6) (6 · ·		8	0.00
9	Current quarter's adjustments for t	ips and group-ter	m life insu	rance .		(6) k	9	0.00
10	Total taxes after adjustments. Com	bine lines 6 throug	h9		· (8 (8) •	SE 18	10	283,426 . 83
11a	Qualified small business payroll tax c	redit for increasing	g research	activities.	Attach Form	8974 1	ia	0 . 00
11b	Nonrefundable portion of credit for	qualified sick an	d family le	ave wage	s for leave t	aken		
							1b	0.00
110	Nonrefundable portion of employee	retention credit		* * *	h V	~ · 1	10	0 . 00
► Yo	u MUST complete all three pages of	Form 941 and SI	GN it.					Nex: ■▶
	acy Act and Panerwork Peduction Act							

Name	e (not your trade name)	Employ	er ider	ntification number	95:	1551
	K COUNTY			71-6008466		
Part	Answer these questions for this quarter. (continued)					
11d	Nonrefundable portion of credit for qualified sick and family leave wages for leave after March 31, 2021	e taken	114		0.	00
11e	Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters)		11e		0.	
11f	Number of individuals provided COBRA premium assistance 0		116			**
11g	Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 11e		11g		0 .	00
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line	10	12		283,426	83
13a	Total deposits for this quarter, including overpayment applied from a prior quarter overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current q	er and Juarter	13a		283,426	83
13b	Reserved for future use		13b			
13c	Refundable portion of credit for qualified sick and family leave wages for leave	taken	г			
13d	Refundable portion of employee retention credit		13c		0	
13e	Refundable portion of credit for qualified sick and family leave wages for leave after March 31, 2021		13d		0	
13f			13e		0.	00
131	Refundable portion of COBRA premium assistance credit (see instructions for appli quarters)		131	***************************************	0 ,	00
	Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f	× × 1	3g	A	283,426	83
13h	Total advances received from filing Form(s) 7200 for the quarter.	1	3h		0 ,	00
	Total deposits and refundable credits less advances. Subtract line 13h from line 13g	1	131	2	83,426	83
	Balance due. If line 12 is more than line 13i, enter the difference and see instructions .		14		0 ,,	00
		heck one	): [	Apply to next return.	Send a re	fund.
	Tell us about your deposit schedule and tax liability for this quarter.					r with the little
you re	e unsure about whether you're a monthly schedule depositor or a semiweeldy schedu	ule depo	sitor	, see section 11	of Pub. 15	i.
16 Ch	Line 12 on this return is less than \$2,500 or line 12 on the return for and you didn't incur a \$100,000 next-day deposit obligation during to quarter was less than \$2,500 but line 12 on this return is \$100,000 or federal tax liability. If you're a monthly schedule depositor, complete serniweekly schedule depositor, attach Schedule B (Form 941). Go to Par	me curre more, ye the dep t3.	ent q ou m oosit	uarter. If line 12 ust provide a re schedule below	for the prid cord of you ; if you're	or ur a
	You were a monthly schedule depositor for the entire quarter. Enter liability for the quarter, then go to Part 3.	your tax	( liabi	ility for each mo	nth <b>and tot</b>	al
	Tax liability: Month 1					
	Month 2					
	Month 3					
	Total liability for quarter   Total must	_				
	You were a semiweekly schedule depositor for any part of this quart Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to	er. Com	plete	Schedule B (For	rm 941),	

Name	(not your trade name) POLK COUNTY		951921 er identification number (EIN)
Part			1-6008466
17		iness, leave	
17	If your business has closed or you stopped paying wages	9 36 35	Check here, and
	enter the final date you paid wages / / ; also attach a statemen	nt to your retu	urn. See instructions.
18a	If you're a seasonal employer and you don't have to file a return for every quar	rter of the ye	ear Check here.
18b	If you're eligible for the employee retention credit solely because your business is a re-	ecovery start	tup business
19	Qualified health plan expenses allocable to qualified sick leave wages for leave taken before	April 1, 2021	19
20	Qualified health plan expenses allocable to qualified family leave wages for leave taken before	April 1, 2021	20
21	Qualified wages for the employee retention credit		21
22	Qualified health plan expenses for the employee retention credit	x x v .	22
23	Qualified sick leave wages for leave taken after March 31, 2021		23 .
24	Qualified health plan expenses allocable to qualified sick leave wages reported	on line 23	24
25	Amounts under certain collectively bargained agreements allocable to qualeave wages reported on line 23	alified sick	
			25 *
26	Qualified family leave wages for leave taken after March 31, 2021		26
27	Qualified health plan expenses allocable to qualified family leave wages reported		27
28	Amounts under certain collectively bargained agreements allocable to qualificate wages reported on line 26	fied family	28 .
Part 4			
	Do you want to allow an employee, a paid tax preparer, or another person to discuss for details.	s this return 1	with the IRS? See the instructions
	Yes. Designee's name and phone number PAULA CLARK		479 394 8125
	Select a 5-digit personal identification number (PIN) to use when talking to	- 1DO	06295
	No.	nie Iuo.	0 6 2 9 5
Part 5			
Under	penalties of perjury. I declare that I have examined this return including accompanies school to	on and detam	ents, and to the best of my knowledge
and be	in is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all	l information o	f which preparer has any knowledge.
V		rint your ame here	TERRI HARRISON
		rint your tle here	POLK COUNTY CLERK
		ac note	
	Date 0/13/13033	test daytime j	phone 479 394 8123
Paid	d Preparer Use Only	Check if you	i're self-employed
Prepar	er's name	PTIN	
Prepar	er's signature	Date	1 1
	name (or yours mployed)	EIN	
Addres	ss	Phone	
City	State	ZIP code	

### Schedule B (Form 941):

960311

Emplo (EIN)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Department of 1	he Ti	easury — Internal Revenu	e Se	rvice		
(EIN)	(not your trade name)		7   1   -   6					Rep	ort for this Quarter
Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	חמ			0 8 4		6 6	(Chec	ck one.)
	dar vear	-01	LK COUNTY						l: January, February, March 2: April, May, June
Calendar year 2 0 2			1	(Also check quarter)				3: July, August, September	
Form !	941 or Form 941_SS	if.	Manipe a comingody o		tide deported on any	FOI	1115 94 1-X OF 944-	ts. When	you file this form with Form 941 or ust fill out this form and attach it to nulated tax liability on any day was ages were paid. See Section 11 in
Month	1	7		_					
1		] 9 ]		17			25	4	Tax liability for Month 1
2		] 10 ]		_ 18 _		4	26	•	62,112 • 42
3	•	] 11 ]   12		_] 19		=	27		
5		13		_] 20 ] 21	30,817 . 3		28	-	
6		14		22	00,011	╡`	30	-	
7	31,295 04	15		23		=	31		
8		16		] 24					
Month 2	2	l							
1  -		9	_	17,		=	5		Tax liability for Month 2
2		10		] 18 ]	30,057 8	8 2	6	•	129,370 • 30
4	32,196 83	11		] 19 ]		_  2 			
5	05.445	12	8	20		]2		-	
6		14	-	21		_  2		-	
7		15		23		3			
8		16		24		7			
Month 3	<u> </u>								
1	•	9	•	17		] 2	5		Tax liability for Month 3
2	31,683 74	10		18		20		•	91,944 • 11
3		11 [		19		27	7	•	01,017
4		12 [		20		28	3	•	
5		13 [		21		_ 29 		•	
6		14 <u>[</u>		22 [	•	_] 3C	29,677	<b>68</b>	
7 <u> </u>		15 [ 16 [	30,582 69	23 [		_] 31 ]			
- L.	-	10.[		tal lia	bility for the quarter (Mo				Total liability for the quarter  283,426 = 83