

ASSOCIATION OF ARKANSAS COUNTIES  
WORKERS' COMPENSATION TRUST

AUDIT PAYROLL WORKSHEET

TERM: JANUARY 1, 2021 TO JANUARY 1, 2022

COUNTY:      **POLK**

| <u>DEPARTMENT</u>                              | <u>CLASS CODE</u> | <u>ACTUAL PAYROLL</u> | <u>NUMBER OF EMPLOYEES</u> |
|--|-------------------|-----------------------|----------------------------|
| 1. COUNTY JUDGE                                | 8742              | <u>33,552.36</u>      | <u>0.5</u>                 |
| ADMINISTRATIVE ASSISTANT                       | 8742              |                       |                            |
| CLERICAL                                       | 8810              | <u>25,289.48</u>      | <u>1.0</u>                 |
| 2. COUNTY CLERK                                | 8810              | <u>50,150.38</u>      | <u>1.0</u>                 |
| CLERICAL                                       | 8810              | <u>98,510.66</u>      | <u>3.0</u>                 |
| 3. CIRCUIT CLERK                               | 8810              | <u>48,739.10</u>      | <u>1.0</u>                 |
| CLERICAL                                       | 8810              | <u>81,569.19</u>      | <u>3.0</u>                 |
| 4. TREASURER                                   | 8810              | <u>48,739.10</u>      | <u>1.0</u>                 |
| CLERICAL                                       | 8810              | <u>29,960.90</u>      | <u>1.0</u>                 |
| 5. SHERIFF                                     | 7720              | <u>33,162.36</u>      | <u>0.5</u>                 |
| DEPUTIES                                       | 7720              | <u>468,269.10</u>     | <u>11.0</u>                |
| AUXILIARY DEPUTIES (NO. OF VOL. - <u>9</u> ) ; | 7720              |                       |                            |
| <i>PLEASE ATTACH LIST OF VOLUNTEERS</i>        |                   |                       |                            |
| WORK RELEASE SUPERVISOR                        | 7720              |                       |                            |
| CLERICAL ( NOT IN JAIL FACILITY )              | 8810              | <u>52,664.50</u>      | <u>1.5</u>                 |
| CLERICAL ( IN JAIL FACILITY )                  | 7720              |                       |                            |
| METRO POLICE                                   | 7720              |                       |                            |
| AIRCRAFT OR HELICOPTER OPERATION               | 7422              |                       |                            |
| NUMBER OF SEATS _____                          | 9108              |                       |                            |
| (\$100 PER SEAT)                               |                   |                       |                            |
| 6. JAIL:                                       |                   |                       |                            |
| JAILERS, MATRONS, COOKS,<br>& DISPATCHERS      | 7720              | <u>255,070.06</u>     | <u>8.0</u>                 |
| CLERICAL ( NOT IN JAIL FACILITY )              | 8810              |                       |                            |
| CLERICAL ( IN JAIL FACILITY )                  | 7720              |                       |                            |
| JAIL NURSE (ONLY IF COUNTY EMPLOYEE            | 7720              |                       |                            |
| JAIL PHYSICIAN (IF COUNTY EMPLOYEE)            | 7720              |                       |                            |

|     |   |      |            |      |
|-----|---|------|------------|------|
| 7.  | JUVENILE DETENTION CENTER   | 7720 |            |      |
|     | CLERICAL  | 8810 |            |      |
| 8.  | COLLECTOR   | 8810 | 33,162.36  | 0.5  |
|     | CLERICAL  | 8810 | 112,655.35 | 3.5  |
|     | SHERIFF (IF COLLECTOR)  | 7720 |            |      |
| 9.  | ASSESSOR  | 9410 | 48,739.10  | 1.0  |
|     | OUTSIDE APPRAISERS  | 8742 |            |      |
|     | CLERICAL  | 8810 | 122,527.57 | 4.0  |
| 10. | ROAD DEPARTMENT:  |      |            |      |
|     | SUPERVISORS, LABORERS &   |      |            |      |
|     | DUMP TRUCK DRIVERS  | 5506 | 216,787.37 | 7.0  |
|     | MUNICIPAL GARAGE:   |      |            |      |
|     | MECHANICS, LUBEMEN, & FLAT FIXERS   | 8380 |            |      |
|     | EQUIPMENT OPERATORS: GRADER,  |      |            |      |
|     | DOZER & BACKHOE/FRONTEND, ETC.  | 5507 | 748,222.24 | 22.0 |
|     | BRIDGE CREW   | 5222 |            |      |
|     | QUARRY OPERATIONS   | 1624 |            |      |
|     | WELDER  | 3365 |            |      |
|     | SAND OR GRAVEL DIGGING  |      |            |      |
|     | (INCLUDE DRIVERS)   | 4000 |            |      |
|     | CLERICAL  | 8810 | 33,511.68  | 1.0  |
|     | COUNTY JUDGE  | 8742 | 33,552.36  | 0.5  |
|     | Note: If employee performs multiple duties enter total payroll in higher rated payroll class. |      |            |      |
| 11. | SOLID WASTE DISPOSAL:   |      |            |      |
|     | SANITATION & DRIVERS(GARBAGE PICKU  | 9403 |            |      |
|     | EQUIPMENT OPERATORS: DOZER,   |      |            |      |
|     | CRAWLER, TRACK, FRONT-END LOADER  | 5507 |            |      |
|     | CLASS 4 LANDFILL  | 6217 |            |      |
|     | TRANSFER STATION - INCLUDE DRIVERS  | 9403 |            |      |
|     | TRANSFER STATION - INSIDE WORKERS   | 7590 |            |      |
|     | CLERICAL  | 8810 |            |      |
| 12. | RECYCLING   | 8264 |            |      |
| 13. | BUILDING MAINTENANCE:   |      |            |      |
|     | CUSTODIAL PERSONNEL   | 9015 | 62,069.52  | 2.0  |

|     |  |       |                   |            |
|-----|--|-------|-------------------|------------|
| 14. | CORONER  | 8742  | <u>10,542.24</u>  | <u>1.0</u> |
|     | DEPUTIES ( PAID )                                    | 8742  |                   |            |
|     | DEPUTIES ( NUMBER OF VOLS. <u>2</u> )                | 87.42 |                   |            |
| 15. | LIBRARY EMPLOYEES (INCLUDE CLERICAL                  | 8810  | <u>70,283.73</u>  | <u>9.0</u> |
|     | ALL OTHER EMPLOYEES :                                |       |                   |            |
|     | (INCLUDE MAINTENANCE & JANITORIAL)                   | 9101  |                   |            |
|     | BOOKMOBILE DRIVER                                    | 7380  |                   |            |
| 16. | MUSEUM CURATOR                                       | 9101  |                   |            |
|     | ALL OTHER EMPLOYEES                                  | 8810  |                   |            |
|     | (NUMBER OF VOLUNTEERS- <u>                    </u> ) | 8810  |                   |            |
|     | <i>PLEASE ATTACH LIST OF VOLUNTEERS</i>              |       |                   |            |
| 17. | CIVIL DEFENSE  | 7720  |                   |            |
| 18. | OEM  | 7720  |                   |            |
|     | 911 COORDINATOR                                      | 7720  | <u>39,047.36</u>  | <u>1.0</u> |
|     | 911 DISPATCHER                                       | 7720  | <u>131,147.90</u> | <u>4.0</u> |
|     | CSEPP  | 7720  |                   |            |
|     | CLERICAL   | 8810  | <u>32,911.08</u>  | <u>1.0</u> |
| 19. | AMBULANCE  | 7705  |                   |            |
|     | CLERICAL   | 8810  |                   |            |
| 20. | DEPUTY PROSECUTING ATTY CLERICAL                     | 8810  | <u>85,013.42</u>  | <u>3.0</u> |
|     | OTHER PROS. ATTY. EMPL. (SPECIFY)                    | 8810  |                   |            |
|     |  |       |                   |            |
|     |  |       |                   |            |
| 21. | PUBLIC DEFENDERS OFFICE                              |       |                   |            |
|     | (COUNTY EMPLOYEES ONLY)                              |       |                   |            |
|     | CLERICAL   | 8810  |                   |            |
|     | OTHER PERSONNEL                                      | 8810  |                   |            |
| 22. | COUNTY CIVIL ATTORNEY                                | 8810  | <u>5,999.76</u>   | <u>1.0</u> |
|     | CLERICAL   | 8810  |                   |            |

|  |                              |   |   |
|--|------------------------------|---|---|
| 23. PROBATE COURT ( EXCLUDE JUDGE)<br>CLERICAL   | 8810                         |   |   |
| 24. QUORUM COURT<br>CLERICAL   | 8810                         | <u>30,015.93</u>  | <u>11.0</u>                                       |
|  | 8810                         |   |   |
| 25. DISTRICT COURT<br>CLERICAL   | 8810                         | <u>132,923.63</u>   | <u>4.0</u>  |
|  | 8810                         |   |   |
| 26. JUVENILE COURT (EXCLUDE JUDGE)<br>INTAKE OFFICERS<br>JUVENILE PROBATION OFFICER<br>BAILIFF<br>CLERICAL | 7720<br>7720<br>7720<br>8810 | <u>41,286.84</u><br><u>39,879.86</u><br><u></u><br><u>18,691.47</u> | <u>1.0</u><br><u>1.0</u><br><u></u><br><u>0.5</u> |
| 27. CIRCUIT COURT (EXCLUDE JUDGE)<br>BAILIFF<br>CLERICAL (COUNTY EMPLOYEES ONLY)                           | 7720<br>8810                 | <u></u><br><u>12,460.99</u>   | <u></u><br><u>0.5</u>                             |
| 28. CHANCERY COURT (EXCLUDE JUDGE)<br>BAILIFF<br>CLERICAL (COUNTY EMPLOYEES ONLY)                          | 7720<br>8810                 | <u></u><br><u></u>  | <u></u><br><u></u>                                |
| 29. CIRCUIT/CHANCERY COURT (EXCL. JUDGE)<br>BAILIFF<br>CLERICAL (COUNTY EMPLOYEES ONLY)                    | 7720<br>8810                 | <u></u><br><u></u>  | <u></u><br><u></u>                                |
| 30. VETERAN SERVICES   | 8810                         | <u>69,786.38</u>  | <u>2.0</u>  |
| 31. ELECTION COMMISSION<br>ELECTION WORKERS<br>POLL WORKERS  | 8742<br>8810<br>8810         | <u>2,700.00</u><br><u></u><br><u>8,516.00</u>                       | <u>3.0</u><br><u></u><br><u>52.0</u>              |
| 32. EQUALIZATION BOARD<br>(COUNTY MEMBER ONLY)   | 8810                         | <u>500.00</u>   | <u>1.0</u>  |
| 33. PLANNING BOARD   | 8810                         | <u></u>   | <u></u>   |

|  |      |           |     |
|--|------|-----------|-----|
| 34. PARK, ALL EMPLOYEES                              | 9102 |           |     |
| 35. LIFEGUARDS                                       | 9063 |           |     |
| 36. LAKE PATROL - SHADY LAKE PATROL                  | 7720 | 5,443.20  | 2.0 |
| 37. BOATING SAFETY                                   | 7720 |           |     |
| 38. FOREST PATROL                                    | 7720 |           |     |
| 39. CHILD SUPPORT ENFORCEMENT                        | 8810 |           |     |
| DIRECTOR   | 8742 |           |     |
| INVESTIGATOR   | 9410 |           |     |
| 40. SENIOR CITIZENS PROGRAMS<br>(IF COUNTY EMPLOYED) |      |           |     |
| CLERICAL & DIRECTOR                                  | 8868 |           |     |
| COOKS & BUILDING MAINTENANCE                         | 9101 |           |     |
| DRIVERS  | 7380 |           |     |
| 41. HEALTH DEPARTMENT / CUSTODIAL                    | 9015 |           |     |
| 42. PUBLIC HOUSING<br>(ALL EMPLOYEES)                | 9033 |           |     |
| 43. WORKFARE   | 8810 |           |     |
| CUSTODIAL  | 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 7720 \_\_\_\_\_  
ALL OTHER EMPLOYEES 7403 \_\_\_\_\_
49. DRUG TASK FORCE 7720 PAID BY STATE OF ARKANSAS  
CLERICAL 8810 \_\_\_\_\_
50. CONSTABLES (NO. OF VOL. 9 ) 7720 \_\_\_\_\_  
PLEASE ATTACH LIST
51. COPS FAST PROGRAM 7720 \_\_\_\_\_  
CLERICAL 8810 \_\_\_\_\_
- 52 ANIMAL CONTROL - SHELTER & DRIVERS 8831 \_\_\_\_\_
53. OTHER COUNTY EMPLOYEES NOT LISTED UNDER ITEMS 1-52 (PLEASE SPECIFY).  
VOLUNTEERS ARE TO BE SHOWN ON NEXT PAGE.

| <u>DEPARTMENT</u>           | <u>CLASS CODE</u> | <u>ACTUAL PAYROLL</u> | <u>NUMBER OF EMPLOYEES</u> |
|-----------------------------|-------------------|-----------------------|----------------------------|
| Polk Co. Off. Comp(Maint)   | 9015              | 31,565.28             | 1.0                        |
| School Resourse Officers    | 7720              | 210,830.45            | 5.0                        |
| Treasurer's Automation      | 8810              | 2,900.53              | 1.0                        |
| Stop VAWA                   | 7720              | 41,122.46             | 1.0                        |
| County Recorder's Cost Fund | 8810              | 30,100.28             | 1.0                        |
| Reappraisal                 | 8742              | 79,962.98             | 2.0                        |
| Grannis Patrol              | 7720              | 7,167.12              | 2.0                        |
|                             |                   |                       |                            |
|                             |                   |                       |                            |
|                             |                   |                       |                            |

**VOLUNTEERS**

- 1. VOLUNTEER FIREMEN  
(NUMBER OF VOLUNTEERS 201) 7711 \_\_\_\_\_
- 2. FIRST RESPONDERS  
(NUMBER OF VOLUNTEERS- 1) 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 HALE

DATE 01/31/22

PHONE NUMBER: (479) 394-8141

2021

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

1. 3,697,993.61 IRS 941 Totals  
Enter the total of all 4 quarter of your IRS 941's (Line 2 – wages, tips & other compensation)
2. + 1,335.00 Deferred Comp Total  
If your county participates in a deferred comp plan (i.e. Nationwide) enter the deferred comp total here.  
+ 151,399.32 APERS Retirement
3. + 58,203.47 Cafeteria Plan Total  
If your county participates in a Cafeteria Plan enter the total here.
4. 0 Volunteer Total  
Enter the total amount of payroll listed for volunteers (based on the \$300 minimum)
5. + 8,224.50 Other payroll not included in 941 totals (i.e. poll workers, equalization board members, etc.)  
- Overtime 26,338.26, - 41,176.74 on Drug Task Force, as the State of Ark. pays for him
6. - 600.00 EQB Less 1/3 overtime wages  
Workers' compensation premiums are based on straight time only so this amount will be deducted.
7. 3,849,040.90 Add lines 1 through 5 & subtract line 6
8. 3,849,040.90 Worksheet Total  
Line 7 & 8 should match. This should be the total payroll on your worksheet.



1st Quarter 2021 18/21 Fed 4-9-21

Form **941 for 2021: Employer's QUARTERLY Federal Tax Return**  
 (Rev. March 2021) Department of the Treasury - Internal Revenue Service

950121  
 OMB No. 1545-0029

Employer identification number (EIN)   -

Name (not your trade name)

Trade name (if any)

Address   
Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/country Foreign postal code

Report for this Quarter of 2021  
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

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

|   |  |  |   |
|---|--|--|---|
| 1 | Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4) | 1  | <input type="text" value="136"/>        |
| 2 | Wages, tips, and other compensation  | 2  | <input type="text" value="775,213.18"/> |
| 3 | Federal income tax withheld from wages, tips, and other compensation   | 3  | <input type="text" value="56,793.50"/>  |
| 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      | <input type="text" value="807,339.50"/> | $\times 0.124 =$ | <input type="text" value="100,110.10"/> |
| 5a (i)  | <input type="text" value=""/>           | $\times 0.062 =$ | <input type="text" value=""/>           |
| 5a (ii) | <input type="text" value=""/>           | $\times 0.062 =$ | <input type="text" value=""/>           |
| 5b      | <input type="text" value=""/>           | $\times 0.124 =$ | <input type="text" value=""/>           |
| 5c      | <input type="text" value="807,339.50"/> | $\times 0.029 =$ | <input type="text" value="23,412.85"/>  |
| 5d      | <input type="text" value=""/>           | $\times 0.009 =$ | <input type="text" value=""/>           |

|     |   |     |   |
|-----|---|-----|---|
| 5e  | Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d | 5e  | <input type="text" value="123,522.95"/> |
| 5f  | Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)                     | 5f  | <input type="text" value="0.00"/>       |
| 6   | Total taxes before adjustments. Add lines 3, 5e, and 5f   | 6   | <input type="text" value="180,316.45"/> |
| 7   | Current quarter's adjustment for fractions of cents   | 7   | <input type="text" value="PLUS 0.69"/>  |
| 8   | Current quarter's adjustment for sick pay   | 8   | <input type="text" value="0.00"/>       |
| 9   | Current quarter's adjustments for tips and group-term life insurance                                | 9   | <input type="text" value="0.00"/>       |
| 10  | Total taxes after adjustments. Combine lines 6 through 9  | 10  | <input type="text" value="180,317.14"/> |
| 11a | Qualified small business payroll tax credit for increasing research activities. Attach Form 8974    | 11a | <input type="text" value="0.00"/>       |
| 11b | Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1          | 11b | <input type="text" value="0.00"/>       |
| 11c | Nonrefundable portion of employee retention credit from Worksheet 1                                 | 11c | <input type="text" value="0.00"/>       |

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

Next ►

|                            |                                      |
|----------------------------|--------------------------------------|
| Name (not your trade name) | Employer identification number (EIN) |
|----------------------------|--------------------------------------|

**Part 1: Answer these questions for this quarter. (continued)**

|   |        |   |
|---|--------|---|
| 11d Total nonrefundable credits. Add lines 11a, 11b, and 11c . . . . .  | 11d    | 0 . 00  |
| 12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 . . . . .  | 12     | 180,317 . 14  |
| 13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter | 13a    | 180,317 . 14  |
| 13b Reserved for future use . . . . .   | 13b    | . . . . .   |
| 13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1   | 13c    | 0 . 00  |
| 13d Refundable portion of employee retention 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 Form(s) 7200 for the quarter . . . . .  | 13f    | 0 . 00  |
| 13g Total deposits and refundable credits less advances. Subtract line 13f from line 13e . . . . .  | 13g    | 180,317 . 14  |
| 14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions . . . . .   | 14     | 0 . 00  |
| 15 Overpayment. If line 13g is more than line 12, enter the difference  | 0 . 00 | Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund. |

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

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one:  Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a 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 12. |

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. Go to Part 3.

Name (not your trade name)

Employer identification number (EIN)

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  /  / ; also attach a statement to your return. See instructions.
- 18 If you're a seasonal employer and you don't have to file a return for every quarter 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
- 22 Qualified health plan expenses allocable to wages reported on line 21 . . . . . 22
- 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 this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

No.

Part 5: Sign here. You MUST complete all three 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

*TERRI HARRISON*

Print your name here

Print your title here

Date

Best daytime phone

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  State

ZIP code

# Schedule B (Form 941):

## Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) **7 1 - 6 0 0 8 4 6 6**

Name (not your trade name) **POLK COUNTY**

Calendar year **2 0 2 1** (Also check quarter)

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

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your **TAX LIABILITY** for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

### Month 1

|   |  |    |             |    |  |    |             |
|---|--|----|-------------|----|--|----|-------------|
| 1 |  | 9  |             | 17 |  | 25 |             |
| 2 |  | 10 |             | 18 |  | 26 |             |
| 3 |  | 11 |             | 19 |  | 27 |             |
| 4 |  | 12 |             | 20 |  | 28 | 29,821 ■ 73 |
| 5 |  | 13 |             | 21 |  | 29 |             |
| 6 |  | 14 | 30,311 ■ 10 | 22 |  | 30 |             |
| 7 |  | 15 |             | 23 |  | 31 |             |
| 8 |  | 16 |             | 24 |  |    |             |

**Tax liability for Month 1**

60,132 ■ 83

### Month 2

|   |  |    |             |    |  |    |             |
|---|--|----|-------------|----|--|----|-------------|
| 1 |  | 9  |             | 17 |  | 25 | 29,558 ■ 39 |
| 2 |  | 10 |             | 18 |  | 26 |             |
| 3 |  | 11 | 30,022 ■ 00 | 19 |  | 27 |             |
| 4 |  | 12 |             | 20 |  | 28 |             |
| 5 |  | 13 |             | 21 |  | 29 |             |
| 6 |  | 14 |             | 22 |  | 30 |             |
| 7 |  | 15 |             | 23 |  | 31 |             |
| 8 |  | 16 |             | 24 |  |    |             |

**Tax liability for Month 2**

59,580 ■ 39

### Month 3

|   |  |    |             |    |  |    |             |
|---|--|----|-------------|----|--|----|-------------|
| 1 |  | 9  |             | 17 |  | 25 | 29,921 ■ 02 |
| 2 |  | 10 |             | 18 |  | 26 |             |
| 3 |  | 11 | 30,682 ■ 90 | 19 |  | 27 |             |
| 4 |  | 12 |             | 20 |  | 28 |             |
| 5 |  | 13 |             | 21 |  | 29 |             |
| 6 |  | 14 |             | 22 |  | 30 |             |
| 7 |  | 15 |             | 23 |  | 31 |             |
| 8 |  | 16 |             | 24 |  |    |             |

**Tax liability for Month 3**

60,603 ■ 92

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

**Total must equal line 12 on Form 941 or Form 941-SS.**

**Total liability for the quarter**

180,317 ■ 14



Form **941 for 2021: Employer's QUARTERLY Federal Tax Return**  
 (Rev. March 2021) Department of the Treasury — Internal Revenue Service

950121

OMB No. 1545-0029

Employer identification number (EIN) **7 1 - 6 0 0 8 4 6 6**

Name (not your trade name) **POLK COUNTY**

Trade name (if any)

Address **507 CHURCH AVE.**  
 Number Street Suite or room number

**MENA** **AR** **71953**  
 City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2021**  
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

*2nd Quar. 2021  
 Mailed 6-22-21*

Read the separate instructions before you complete Form 941. Type or print within the boxes.

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

|                |   |                          |                                |
|----------------|---|--------------------------|--------------------------------|
| <b>1</b>       | <b>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), or Dec. 12 (Quarter 4)</b> | <b>1</b>                 | <b>140</b>                     |
| <b>2</b>       | <b>Wages, tips, and other compensation</b>  | <b>2</b>                 | <b>828,485 . 79</b>            |
| <b>3</b>       | <b>Federal income tax withheld from wages, tips, and other compensation</b>   | <b>3</b>                 | <b>58,860 . 65</b>             |
| <b>4</b>       | <b>If no wages, tips, and other compensation are subject to social security or Medicare tax</b>   | <input type="checkbox"/> | <b>Check and go to line 6.</b> |
|                |   | <b>Column 1</b>          | <b>Column 2</b>                |
| <b>5a</b>      | <b>Taxable social security wages</b>  | <b>862,402 . 77</b>      | <b>106,937 . 95</b>            |
| <b>5a (i)</b>  | <b>Qualified sick leave wages</b>   | <b>.</b>                 | <b>.</b>                       |
| <b>5a (ii)</b> | <b>Qualified family leave wages</b>   | <b>.</b>                 | <b>.</b>                       |
| <b>5b</b>      | <b>Taxable social security tips</b>   | <b>.</b>                 | <b>.</b>                       |
| <b>5c</b>      | <b>Taxable Medicare wages &amp; tips</b>  | <b>862,402 . 77</b>      | <b>25,009 . 68</b>             |
| <b>5d</b>      | <b>Taxable wages &amp; tips subject to Additional Medicare Tax withholding</b>  | <b>.</b>                 | <b>.</b>                       |
| <b>5e</b>      | <b>Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d</b>  | <b>5e</b>                | <b>131,947 . 63</b>            |
| <b>5f</b>      | <b>Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)</b>  | <b>5f</b>                | <b>0 . 00</b>                  |
| <b>6</b>       | <b>Total taxes before adjustments. Add lines 3, 5e, and 5f</b>  | <b>6</b>                 | <b>190,808 . 28</b>            |
| <b>7</b>       | <b>Current quarter's adjustment for fractions of cents</b>  | <b>7</b>                 | <b>MINUS 0 . 19</b>            |
| <b>8</b>       | <b>Current quarter's adjustment for sick pay</b>  | <b>8</b>                 | <b>0 . 00</b>                  |
| <b>9</b>       | <b>Current quarter's adjustments for tips and group-term life insurance</b>   | <b>9</b>                 | <b>0 . 00</b>                  |
| <b>10</b>      | <b>Total taxes after adjustments. Combine lines 6 through 9</b>   | <b>10</b>                | <b>190,808 . 09</b>            |
| <b>11a</b>     | <b>Qualified small business payroll tax credit for increasing research activities. Attach Form 8974</b>   | <b>11a</b>               | <b>0 . 00</b>                  |
| <b>11b</b>     | <b>Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1</b>   | <b>11b</b>               | <b>0 . 00</b>                  |
| <b>11c</b>     | <b>Nonrefundable portion of employee retention credit from Worksheet 1</b>  | <b>11c</b>               | <b>0 . 00</b>                  |

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

Next

Name (not your trade name)

Employer identification number (EIN)

**Part 1: Answer these questions for this quarter. (continued)**

|     |   |     |   |
|-----|---|-----|---|
| 11d | Total nonrefundable credits. Add lines 11a, 11b, and 11c . . . . .  | 11d | <input type="text" value="0 . 00"/>       |
| 12  | Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 . . . . .   | 12  | <input type="text" value="190,808 . 09"/> |
| 13a | Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . . . . .     | 13a | <input type="text" value="190,808 . 09"/> |
| 13b | Reserved for future use . . . . .   | 13b | <input type="text" value=" ."/>           |
| 13c | Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 . . . . .   | 13c | <input type="text" value="0 . 00"/>       |
| 13d | Refundable portion of employee retention credit from Worksheet 1 . . . . .  | 13d | <input type="text" value="0 . 00"/>       |
| 13e | Total deposits and refundable credits. Add lines 13a, 13c, and 13d . . . . .  | 13e | <input type="text" value="190,808 . 09"/> |
| 13f | Total advances received from filing Form(s) 7200 for the quarter . . . . .  | 13f | <input type="text" value="0 . 00"/>       |
| 13g | Total deposits and refundable credits less advances. Subtract line 13f from line 13e . . . . .  | 13g | <input type="text" value="190,808 . 09"/> |
| 14  | Balance due. If line 12 is more than line 13g, enter the difference and see instructions . . . . .  | 14  | <input type="text" value="0 . 00"/>       |
| 15  | Overpayment. If line 13g is more than line 12, enter the difference <input type="text" value="0 . 00"/> Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund. |     |   |

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

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one:  Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a 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 12.

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. Go to Part 3.

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

Next ▶

Name (not your trade name)

Employer identification number (EIN)

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  /  / ; also attach a statement to your return. See instructions.
- 18 If you're a seasonal employer and you don't have to file a return for every quarter 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  .
- 22 Qualified health plan expenses allocable to wages reported on line 21 . . . . . 22  .
- 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 this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

No.

Part 5: Sign here. You MUST complete all three 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

*TERRI HARRISON*

Print your name here

Print your title here

Date

Best daytime phone

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

State

ZIP code

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) 7 1 - 6 0 0 8 4 6 6

Name (not your trade name) POLK COUNTY

Calendar year 2 0 2 1 (Also check quarter)

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

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your **TAX LIABILITY** for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

**Month 1**

|   |             |    |   |    |             |    |   |
|---|-------------|----|---|----|-------------|----|---|
| 1 | .           | 9  | . | 17 | .           | 25 | . |
| 2 | .           | 10 | . | 18 | .           | 26 | . |
| 3 | .           | 11 | . | 19 | .           | 27 | . |
| 4 | .           | 12 | . | 20 | .           | 28 | . |
| 5 | .           | 13 | . | 21 | .           | 29 | . |
| 6 | .           | 14 | . | 22 | 30,447 . 77 | 30 | . |
| 7 | .           | 15 | . | 23 | .           | 31 | . |
| 8 | 30,343 . 87 | 16 | . | 24 | .           |    |   |

Tax liability for Month 1

60,791 . 64

**Month 2**

|   |             |    |   |    |             |    |   |
|---|-------------|----|---|----|-------------|----|---|
| 1 | .           | 9  | . | 17 | .           | 25 | . |
| 2 | .           | 10 | . | 18 | .           | 26 | . |
| 3 | .           | 11 | . | 19 | .           | 27 | . |
| 4 | .           | 12 | . | 20 | 30,922 . 67 | 28 | . |
| 5 | .           | 13 | . | 21 | .           | 29 | . |
| 6 | 35,955 . 95 | 14 | . | 22 | .           | 30 | . |
| 7 | .           | 15 | . | 23 | .           | 31 | . |
| 8 | .           | 16 | . | 24 | .           |    |   |

Tax liability for Month 2

66,878 . 62

**Month 3**

|   |             |    |   |    |             |    |   |
|---|-------------|----|---|----|-------------|----|---|
| 1 | .           | 9  | . | 17 | 30,008 . 72 | 25 | . |
| 2 | .           | 10 | . | 18 | .           | 26 | . |
| 3 | 33,129 . 11 | 11 | . | 19 | .           | 27 | . |
| 4 | .           | 12 | . | 20 | .           | 28 | . |
| 5 | .           | 13 | . | 21 | .           | 29 | . |
| 6 | .           | 14 | . | 22 | .           | 30 | . |
| 7 | .           | 15 | . | 23 | .           | 31 | . |
| 8 | .           | 16 | . | 24 | .           |    |   |

Tax liability for Month 3

63,137 . 83

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

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter

190,808 . 09



Form **941 for 2021: Employer's QUARTERLY Federal Tax Return**  
 (Rev. March 2021) Department of the Treasury — Internal Revenue Service

950121  
 OMB No. 1545-0029

Employer identification number (EIN) **7 1 - 6 0 0 8 4 6 6**

Name (not your trade name) **POLK COUNTY**

Trade name (if any)

Address **507 CHURCH AVE.**  
 Number Street Suite or room number

**MENA** **AR** **71953**  
 City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2021**  
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

*2nd Quarter  
 Mailed 9-30-20*

Read the separate instructions before you complete Form 941. Type or print within the boxes.

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

|                |   |   |                     |
|----------------|---|---|---------------------|
| <b>1</b>       | <b>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), or Dec. 12 (Quarter 4)</b> | <b>1</b>  | <b>139</b>          |
| <b>2</b>       | <b>Wages, tips, and other compensation</b>  | <b>2</b>  | <b>920,181 . 55</b> |
| <b>3</b>       | <b>Federal income tax withheld from wages, tips, and other compensation</b>   | <b>3</b>  | <b>67,884 . 61</b>  |
| <b>4</b>       | <b>If no wages, tips, and other compensation are subject to social security or Medicare tax</b>   | <input type="checkbox"/> <b>Check and go to line 6.</b> |                     |
|                |   | <b>Column 1</b>   | <b>Column 2</b>     |
| <b>5a</b>      | <b>Taxable social security wages</b>  | <b>958,143 . 50</b>                                     | <b>118,809 . 80</b> |
| <b>5a (i)</b>  | <b>Qualified sick leave wages</b>   |   |                     |
| <b>5a (ii)</b> | <b>Qualified family leave wages</b>   |   |                     |
| <b>5b</b>      | <b>Taxable social security tips</b>   |   |                     |
| <b>5c</b>      | <b>Taxable Medicare wages &amp; tips</b>  | <b>958,143 . 50</b>                                     | <b>27,786 . 17</b>  |
| <b>5d</b>      | <b>Taxable wages &amp; tips subject to Additional Medicare Tax withholding</b>  |   |                     |
| <b>5e</b>      | <b>Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d</b>  | <b>5e</b>   | <b>146,595 . 97</b> |
| <b>5f</b>      | <b>Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)</b>  | <b>5f</b>   | <b>0 . 00</b>       |
| <b>6</b>       | <b>Total taxes before adjustments. Add lines 3, 5e, and 5f</b>  | <b>6</b>  | <b>214,480 . 58</b> |
| <b>7</b>       | <b>Current quarter's adjustment for fractions of cents</b>  | <b>7</b>  | <b>MINUS 0 . 27</b> |
| <b>8</b>       | <b>Current quarter's adjustment for sick pay</b>  | <b>8</b>  | <b>0 . 00</b>       |
| <b>9</b>       | <b>Current quarter's adjustments for tips and group-term life insurance</b>   | <b>9</b>  | <b>0 . 00</b>       |
| <b>10</b>      | <b>Total taxes after adjustments. Combine lines 6 through 9</b>   | <b>10</b>   | <b>214,480 . 31</b> |
| <b>11a</b>     | <b>Qualified small business payroll tax credit for increasing research activities. Attach Form 8974</b>   | <b>11a</b>  | <b>0 . 00</b>       |
| <b>11b</b>     | <b>Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1</b>   | <b>11b</b>  | <b>0 . 00</b>       |
| <b>11c</b>     | <b>Nonrefundable portion of employee retention credit from Worksheet 1</b>  | <b>11c</b>  | <b>0 . 00</b>       |

Name (not your trade name)

Employer identification number (EIN)

Part 1: Answer these questions for this quarter. (continued)

11d Total nonrefundable credits. Add lines 11a, 11b, and 11c . . . . . 11d

12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 . . . . . 12

13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . . . . . 13a

13b Reserved for future use . . . . . 13b

13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 . . . . . 13c

13d Refundable portion of employee retention credit from Worksheet 1 . . . . . 13d

13e Total deposits and refundable credits. Add lines 13a, 13c, and 13d . . . . . 13e

13f Total advances received from filing Form(s) 7200 for the quarter . . . . . 13f

13g Total deposits and refundable credits less advances. Subtract line 13f from line 13e . . . . . 13g

14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions . . . . . 14

15 Overpayment. If line 13g is more than line 12, enter the difference  Check one:  Apply to next return.  Send a refund.

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

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one:  Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a 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 12.

- 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. Go to Part 3.

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

Next ▶

Name (not your trade name)

Employer identification number (EIN)

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  /  /  ; also attach a statement to your return. See instructions.
- 18 If you're a seasonal employer and you don't have to file a return for every quarter 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
- 22 Qualified health plan expenses allocable to wages reported on line 21 . . . . . 22
- 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 this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

No.

Part 5: Sign here. You MUST complete all three 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

*TERRI HARRISON*

Print your name here

Print your title here

Date

Best daytime phone

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

State

ZIP code

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) 7 1 - 6 0 0 8 4 6 6

Name (not your trade name) POLK COUNTY

Calendar year 2 0 2 1 (Also check quarter)

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

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

**Month 1**

|   |  |  |  |
|---|--|--|--|
| 1 <span style="border: 1px solid black; padding: 2px;">30,475</span> <span style="border: 1px solid black; padding: 2px;">76</span> | 9 <span style="border: 1px solid black; padding: 2px;">.</span>  | 17 <span style="border: 1px solid black; padding: 2px;">.</span> | 25 <span style="border: 1px solid black; padding: 2px;">.</span>   |
| 2 <span style="border: 1px solid black; padding: 2px;">.</span>   | 10 <span style="border: 1px solid black; padding: 2px;">.</span>   | 18 <span style="border: 1px solid black; padding: 2px;">.</span> | 26 <span style="border: 1px solid black; padding: 2px;">.</span>   |
| 3 <span style="border: 1px solid black; padding: 2px;">.</span>   | 11 <span style="border: 1px solid black; padding: 2px;">.</span>   | 19 <span style="border: 1px solid black; padding: 2px;">.</span> | 27 <span style="border: 1px solid black; padding: 2px;">.</span>   |
| 4 <span style="border: 1px solid black; padding: 2px;">.</span>   | 12 <span style="border: 1px solid black; padding: 2px;">.</span>   | 20 <span style="border: 1px solid black; padding: 2px;">.</span> | 28 <span style="border: 1px solid black; padding: 2px;">.</span>   |
| 5 <span style="border: 1px solid black; padding: 2px;">.</span>   | 13 <span style="border: 1px solid black; padding: 2px;">.</span>   | 21 <span style="border: 1px solid black; padding: 2px;">.</span> | 29 <span style="border: 1px solid black; padding: 2px;">31,378</span> <span style="border: 1px solid black; padding: 2px;">91</span> |
| 6 <span style="border: 1px solid black; padding: 2px;">.</span>   | 14 <span style="border: 1px solid black; padding: 2px;">.</span>   | 22 <span style="border: 1px solid black; padding: 2px;">.</span> | 30 <span style="border: 1px solid black; padding: 2px;">.</span>   |
| 7 <span style="border: 1px solid black; padding: 2px;">.</span>   | 15 <span style="border: 1px solid black; padding: 2px;">29,904</span> <span style="border: 1px solid black; padding: 2px;">34</span> | 23 <span style="border: 1px solid black; padding: 2px;">.</span> | 31 <span style="border: 1px solid black; padding: 2px;">.</span>   |
| 8 <span style="border: 1px solid black; padding: 2px;">.</span>   | 16 <span style="border: 1px solid black; padding: 2px;">.</span>   | 24 <span style="border: 1px solid black; padding: 2px;">.</span> |  |

**Tax liability for Month 1**

91,759 01

**Month 2**

|   |  |  |  |
|---|--|--|--|
| 1 <span style="border: 1px solid black; padding: 2px;">.</span> | 9 <span style="border: 1px solid black; padding: 2px;">.</span>  | 17 <span style="border: 1px solid black; padding: 2px;">.</span> | 25 <span style="border: 1px solid black; padding: 2px;">.</span>   |
| 2 <span style="border: 1px solid black; padding: 2px;">.</span> | 10 <span style="border: 1px solid black; padding: 2px;">.</span>   | 18 <span style="border: 1px solid black; padding: 2px;">.</span> | 26 <span style="border: 1px solid black; padding: 2px;">29,890</span> <span style="border: 1px solid black; padding: 2px;">17</span> |
| 3 <span style="border: 1px solid black; padding: 2px;">.</span> | 11 <span style="border: 1px solid black; padding: 2px;">.</span>   | 19 <span style="border: 1px solid black; padding: 2px;">.</span> | 27 <span style="border: 1px solid black; padding: 2px;">.</span>   |
| 4 <span style="border: 1px solid black; padding: 2px;">.</span> | 12 <span style="border: 1px solid black; padding: 2px;">31,215</span> <span style="border: 1px solid black; padding: 2px;">14</span> | 20 <span style="border: 1px solid black; padding: 2px;">.</span> | 28 <span style="border: 1px solid black; padding: 2px;">.</span>   |
| 5 <span style="border: 1px solid black; padding: 2px;">.</span> | 13 <span style="border: 1px solid black; padding: 2px;">.</span>   | 21 <span style="border: 1px solid black; padding: 2px;">.</span> | 29 <span style="border: 1px solid black; padding: 2px;">.</span>   |
| 6 <span style="border: 1px solid black; padding: 2px;">.</span> | 14 <span style="border: 1px solid black; padding: 2px;">.</span>   | 22 <span style="border: 1px solid black; padding: 2px;">.</span> | 30 <span style="border: 1px solid black; padding: 2px;">.</span>   |
| 7 <span style="border: 1px solid black; padding: 2px;">.</span> | 15 <span style="border: 1px solid black; padding: 2px;">.</span>   | 23 <span style="border: 1px solid black; padding: 2px;">.</span> | 31 <span style="border: 1px solid black; padding: 2px;">.</span>   |
| 8 <span style="border: 1px solid black; padding: 2px;">.</span> | 16 <span style="border: 1px solid black; padding: 2px;">.</span>   | 24 <span style="border: 1px solid black; padding: 2px;">.</span> |  |

**Tax liability for Month 2**

61,105 31

**Month 3**

|   |   |  |  |
|---|---|--|--|
| 1 <span style="border: 1px solid black; padding: 2px;">.</span> | 9 <span style="border: 1px solid black; padding: 2px;">31,586</span> <span style="border: 1px solid black; padding: 2px;">24</span> | 17 <span style="border: 1px solid black; padding: 2px;">.</span>   | 25 <span style="border: 1px solid black; padding: 2px;">.</span> |
| 2 <span style="border: 1px solid black; padding: 2px;">.</span> | 10 <span style="border: 1px solid black; padding: 2px;">.</span>  | 18 <span style="border: 1px solid black; padding: 2px;">.</span>   | 26 <span style="border: 1px solid black; padding: 2px;">.</span> |
| 3 <span style="border: 1px solid black; padding: 2px;">.</span> | 11 <span style="border: 1px solid black; padding: 2px;">.</span>  | 19 <span style="border: 1px solid black; padding: 2px;">.</span>   | 27 <span style="border: 1px solid black; padding: 2px;">.</span> |
| 4 <span style="border: 1px solid black; padding: 2px;">.</span> | 12 <span style="border: 1px solid black; padding: 2px;">.</span>  | 20 <span style="border: 1px solid black; padding: 2px;">.</span>   | 28 <span style="border: 1px solid black; padding: 2px;">.</span> |
| 5 <span style="border: 1px solid black; padding: 2px;">.</span> | 13 <span style="border: 1px solid black; padding: 2px;">.</span>  | 21 <span style="border: 1px solid black; padding: 2px;">.</span>   | 29 <span style="border: 1px solid black; padding: 2px;">.</span> |
| 6 <span style="border: 1px solid black; padding: 2px;">.</span> | 14 <span style="border: 1px solid black; padding: 2px;">.</span>  | 22 <span style="border: 1px solid black; padding: 2px;">.</span>   | 30 <span style="border: 1px solid black; padding: 2px;">.</span> |
| 7 <span style="border: 1px solid black; padding: 2px;">.</span> | 15 <span style="border: 1px solid black; padding: 2px;">.</span>  | 23 <span style="border: 1px solid black; padding: 2px;">30,029</span> <span style="border: 1px solid black; padding: 2px;">75</span> | 31 <span style="border: 1px solid black; padding: 2px;">.</span> |
| 8 <span style="border: 1px solid black; padding: 2px;">.</span> | 16 <span style="border: 1px solid black; padding: 2px;">.</span>  | 24 <span style="border: 1px solid black; padding: 2px;">.</span>   |  |

**Tax liability for Month 3**

61,615 99

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

**Total must equal line 12 on Form 941 or Form 941-SS.**

**Total liability for the quarter**

214,480 31



4th Quarter. Voted 1-28-2022

Form **941 for 2021: Employer's QUARTERLY Federal Tax Return**  
 (Rev. June 2021) Department of the Treasury — Internal Revenue Service

951121  
 OMB No. 1545-0029

Employer identification number (EIN) **7 1 - 6 0 0 8 4 6 6**

Name (not your trade name) **POLK COUNTY**

Trade name (if any)

Address **507 CHURCH AVE.**  
 Number Street Suite or room number

**MENA** **AR** **71953**  
 City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2021  
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

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

|          |  |  |                       |
|----------|--|--|-----------------------|
| <b>1</b> | Number of employees who received wages, tips, or other compensation for the pay period including: <i>June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)</i> | <b>1</b>   | <b>126</b>            |
| <b>2</b> | Wages, tips, and other compensation  | <b>2</b>   | <b>1,174,113 . 09</b> |
| <b>3</b> | Federal income tax withheld from wages, tips, and other compensation   | <b>3</b>   | <b>96,332 . 21</b>    |
| <b>4</b> | 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         |                     |
|----------------|---|-----------------------|------------------|---------------------|
| <b>5a</b>      | Taxable social security wages*                                      | <b>1,222,842 . 16</b> | $\times 0.124 =$ | <b>151,632 . 43</b> |
| <b>5a (i)</b>  | Qualified sick leave wages*   | <b>.</b>              | $\times 0.062 =$ | <b>.</b>            |
| <b>5a (ii)</b> | Qualified family leave wages*                                       | <b>.</b>              | $\times 0.062 =$ | <b>.</b>            |
| <b>5b</b>      | Taxable social security tips  | <b>.</b>              | $\times 0.124 =$ | <b>.</b>            |
| <b>5c</b>      | Taxable Medicare wages & tips                                       | <b>1,222,842 . 16</b> | $\times 0.029 =$ | <b>35,462 . 43</b>  |
| <b>5d</b>      | Taxable wages & tips subject to Additional Medicare Tax withholding | <b>.</b>              | $\times 0.009 =$ | <b>.</b>            |

\*Include taxable qualified sick and family leave wages for leave taken after March 31, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for wages paid after March 31, 2020, for leave taken before April 1, 2021.

|            |  |            |                     |
|------------|--|------------|---------------------|
| <b>5e</b>  | Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d            | <b>5e</b>  | <b>187,094 . 86</b> |
| <b>5f</b>  | Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)                                | <b>5f</b>  | <b>0 . 00</b>       |
| <b>6</b>   | Total taxes before adjustments. Add lines 3, 5e, and 5f  | <b>6</b>   | <b>283,427 . 07</b> |
| <b>7</b>   | Current quarter's adjustment for fractions of cents  | <b>7</b>   | <b>MINUS 0 . 24</b> |
| <b>8</b>   | Current quarter's adjustment for sick pay  | <b>8</b>   | <b>0 . 00</b>       |
| <b>9</b>   | Current quarter's adjustments for tips and group-term life insurance   | <b>9</b>   | <b>0 . 00</b>       |
| <b>10</b>  | Total taxes after adjustments. Combine lines 6 through 9   | <b>10</b>  | <b>283,426 . 83</b> |
| <b>11a</b> | Qualified small business payroll tax credit for increasing research activities. Attach Form 8974               | <b>11a</b> | <b>0 . 00</b>       |
| <b>11b</b> | Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 | <b>11b</b> | <b>0 . 00</b>       |
| <b>11c</b> | Nonrefundable portion of employee retention credit   | <b>11c</b> | <b>0 . 00</b>       |

Name (not your trade name)

POLK COUNTY

Employer identification number (EIN)

71-6008466

Part 1: Answer these questions for this quarter. (continued)

11d Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021 . . . . . 11d 0 . 00

11e Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters) . . . . . 11e 0 . 00

11f Number of individuals provided COBRA premium assistance 0

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 and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . . . . . 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 before April 1, 2021 . . . . . 13c 0 . 00

13d Refundable portion of employee retention credit . . . . . 13d 0 . 00

13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021 . . . . . 13e 0 . 00

13f Refundable portion of COBRA premium assistance credit (see instructions for applicable quarters) . . . . . 13f 0 . 00

13g Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f . . . . . 13g 283,426 . 83

13h Total advances received from filing Form(s) 7200 for the quarter . . . . . 13h 0 . 00

13i Total deposits and refundable credits less advances. Subtract line 13h from line 13g . . . . . 13i 283,426 . 83

14 Balance due. If line 12 is more than line 13i, enter the difference and see instructions . . . . . 14 0 . 00

15 Overpayment. If line 13i is more than line 12, enter the difference 0 . 00 Check one:  Apply to next return.  Send a refund.

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

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one:  Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a 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 12.

- 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. Go to Part 3.

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

Name (not your trade name)

POLK COUNTY

Employer identification number (EIN)

71-6008466

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 [ / / ]; also attach a statement to your return. See instructions.

18a If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . .  Check here.

18b If you're eligible for the employee retention credit solely because your business is a recovery startup business  Check here.

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 . . . . . 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 qualified sick leave wages reported on line 23 . . . . . 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 on line 26 27 [ ]

28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 . . . . . 28 [ ]

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 the instructions for details.

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 the IRS. [0] [6] [2] [9] [5]

No.

Part 5: Sign here. You MUST complete all three 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

TERRI HARRISON

Print your name here

TERRI HARRISON

Print your title here

POLK COUNTY CLERK

Date 01/12/2022

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 [ ]

State [ ]

ZIP code [ ]



# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) 7 1 - 6 0 0 8 4 6 6

Name (not your trade name) POLK COUNTY

Calendar year 2 0 2 1 (Also check quarter)

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

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

**Month 1**

|   |    |    |    |
|---|----|----|----|
| 1 | 9  | 17 | 25 |
| 2 | 10 | 18 | 26 |
| 3 | 11 | 19 | 27 |
| 4 | 12 | 20 | 28 |
| 5 | 13 | 21 | 29 |
| 6 | 14 | 22 | 30 |
| 7 | 15 | 23 | 31 |
| 8 | 16 | 24 |    |

**Tax liability for Month 1**

62,112 ■ 42

**Month 2**

|   |    |    |    |
|---|----|----|----|
| 1 | 9  | 17 | 25 |
| 2 | 10 | 18 | 26 |
| 3 | 11 | 19 | 27 |
| 4 | 12 | 20 | 28 |
| 5 | 13 | 21 | 29 |
| 6 | 14 | 22 | 30 |
| 7 | 15 | 23 | 31 |
| 8 | 16 | 24 |    |

**Tax liability for Month 2**

129,370 ■ 30

**Month 3**

|   |    |    |    |
|---|----|----|----|
| 1 | 9  | 17 | 25 |
| 2 | 10 | 18 | 26 |
| 3 | 11 | 19 | 27 |
| 4 | 12 | 20 | 28 |
| 5 | 13 | 21 | 29 |
| 6 | 14 | 22 | 30 |
| 7 | 15 | 23 | 31 |
| 8 | 16 | 24 |    |

**Tax liability for Month 3**

91,944 ■ 11

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ►  
**Total must equal line 12 on Form 941 or Form 941-SS.**

**Total liability for the quarter**

283,426 ■ 83