

Form **941 for 2021: Employer's QUARTERLY Federal Tax Return**
 (Rev. July 2020) Department of the Treasury — Internal Revenue Service

950120
 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/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 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: *June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)* 1

2 Wages, tips, and other compensation 2

3 Federal income tax withheld from wages, tips, and other compensation 3

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
5a Taxable social security wages	<input type="text" value="57,686.72"/>	× 0.124 =	<input type="text" value="7,153.15"/>
5a (i) Qualified sick leave wages	<input type="text" value="0.00"/>	× 0.062 =	<input type="text" value="0.00"/>
5a (ii) Qualified family leave wages	<input type="text" value="0.00"/>	× 0.062 =	<input type="text" value="0.00"/>
5b Taxable social security tips	<input type="text" value="0.00"/>	× 0.124 =	<input type="text" value="0.00"/>
5c Taxable Medicare wages & tips	<input type="text" value="57,686.72"/>	× 0.029 =	<input type="text" value="1,672.91"/>
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value="0.00"/>	× 0.009 =	<input type="text" value="0.00"/>
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d			<input type="text" value="8,826.06"/>
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)			<input type="text" value="."/>
6 Total taxes before adjustments. Add lines 3, 5e, and 5f			<input type="text" value="14,720.87"/>
7 Current quarter's adjustment for fractions of cents			<input type="text" value="0.03"/>
8 Current quarter's adjustment for sick pay			<input type="text" value="0.00"/>
9 Current quarter's adjustments for tips and group-term life insurance			<input type="text" value="0.00"/>
10 Total taxes after adjustments. Combine lines 6 through 9			<input type="text" value="14,720.90"/>
11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974			<input type="text" value="."/>
11b Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1			<input type="text" value="."/>
11c Nonrefundable portion of employee retention credit from Worksheet 1			<input type="text" value="."/>

Name (not your trade name) HAWAII ALLIANCE FOR ARTS EDUCATION Employer identification number (EIN) 99-0211535

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 14,720.90
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 9,672.81
13b Deferred amount of social security tax 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, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d 13e 9,672.81
13f Total advances received from filing Form(s) 7200 for the quarter 13f .
13g Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e 13g 9,672.81
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions 14 5,048.09
15 Overpayment. If line 13g 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.
[X] 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 []

CLIENT REFERENCE

Name (not your trade name) HAWAII ALLIANCE FOR ARTS EDUCATION Employer identification number (EIN) 99-0211535

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... 18 If you're a seasonal employer... 19 Qualified health plan expenses allocable to qualified sick leave wages... 20 Qualified health plan expenses allocable to qualified family leave wages... 21 Qualified wages for the employee retention credit... 22 Qualified health plan expenses allocable to wages reported on line 21... 23 Credit from Form 5884-C, line 11, for this quarter... 24 Deferred amount of the employee share of social security tax included on line 13b... 25 Reserved for future use

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 [] No. Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

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 [] 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

960311

OMB No. 1545-0029

Employer identification number (EIN) 9 9 - 0 2 1 1 5 3 5

Name (not your trade name) HAWAII ALLIANCE FOR ARTS EDUCATION

Calendar year (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	0.00	9	0.00	17	0.00	25	0.00
2	0.00	10	0.00	18	0.00	26	0.00
3	0.00	11	0.00	19	0.00	27	0.00
4	0.00	12	0.00	20	0.00	28	0.00
5	0.00	13	0.00	21	0.00	29	4,836.41
6	0.00	14	0.00	22	0.00	30	0.00
7	0.00	15	0.00	23	0.00	31	0.00
8	0.00	16	0.00	24	0.00		

Tax liability for Month 1

4,836.41

Month 2

1	0.00	9	0.00	17	0.00	25	0.00
2	0.00	10	0.00	18	0.00	26	4,836.40
3	0.00	11	0.00	19	0.00	27	0.00
4	0.00	12	0.00	20	0.00	28	0.00
5	0.00	13	0.00	21	0.00	29	0.00
6	0.00	14	0.00	22	0.00	30	0.00
7	0.00	15	0.00	23	0.00	31	0.00
8	0.00	16	0.00	24	0.00		

Tax liability for Month 2

4,836.40

Month 3

1	0.00	9	0.00	17	0.00	25	0.00
2	0.00	10	0.00	18	0.00	26	0.00
3	0.00	11	0.00	19	0.00	27	0.00
4	0.00	12	0.00	20	0.00	28	0.00
5	0.00	13	0.00	21	0.00	29	0.00
6	0.00	14	0.00	22	0.00	30	0.00
7	0.00	15	0.00	23	0.00	31	5,048.09
8	0.00	16	0.00	24	0.00		

Tax liability for Month 3

5,048.09

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

14,720.90

Form 941-V, Payment Voucher

Purpose of Form


Complete Form 941-V if you're making a payment with Form 941. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 941

To avoid a penalty, make your payment with Form 941 **only if:**

- Your total taxes after adjustments and nonrefundable credits (Form 941, line 12) for either the current quarter or the preceding quarter are less than \$2,500, you didn't incur a \$100,000 next-day deposit obligation during the current quarter, and you're paying in full with a timely filed return; or
- You're a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 for details. In this case, the amount of your payment may be \$2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 for deposit instructions. Don't use Form 941-V to make federal tax deposits.

 **Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should've been deposited, you may be subject to a penalty. See Deposit Penalties in section 11 of Pub. 15.**

Specific Instructions

Box 1 – Employer identification number (EIN). If you don't have an EIN, you may apply for one online by visiting the IRS website at www.irs.gov/EIN. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

Box 2 – Amount paid. Enter the amount paid with Form 941.

Box 3 – Tax period. Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

Box 4 – Name and address. Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period ("1st Quarter 2020," "2nd Quarter 2020," "3rd Quarter 2020," or "4th Quarter 2020") on your check or money order. Don't send cash. Don't staple Form 941-V or your payment to Form 941 (or to each other).

- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

Note: You must also complete the entity information above Part 1 on Form 941.

✂ **Detach Here and Mail With Your Payment and Form 941.** ✂

Form **941-V**

Department of the Treasury
Internal Revenue Service

Payment Voucher

OMB No. 1545-0029

▶ Don't staple this voucher or your payment to Form 941.

2021

1 Enter your employer identification number (EIN).		2 Enter the amount of your payment. ▶ Make your check or money order payable to "United States Treasury".		Dollars	Cents
3 Tax Period		4 Enter your business name (individual name if sole proprietor).			
1st Quarter	<input type="radio"/>	3rd Quarter	Enter your address		
2nd Quarter	<input type="radio"/>	4th Quarter	Enter your city, state, and ZIP code; or your city, foreign country name, foreign province/county, and foreign postal code.		

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on Form 941 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. Form 941 is used to determine the amount of taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner, or provide false or fraudulent information, you may be subject to penalties.

You're not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of

Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941 will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping** 20 hr., 19 min.
- Learning about the law or the form** 53 min.
- Preparing, copying, assembling, and sending the form to the IRS** 1 hr., 16 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/FormComments. Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Don't send Form 941 to this address. Instead, see *Where Should You File?* in the Instructions for Form 941.

CLIENT REFERENCE COPY

CLIENT REFERENCE COPY



STATE OF HAWAII
DEPARTMENT OF TAXATION
WITHHOLDING TAX RETURN

DO NOT WRITE IN THIS AREA

30

Place an X in this box ONLY if this is an AMENDED return

M M Y Y

Quarter Ending

03 - 21

HAWAII TAX I.D. NO.

WH-149-776-3840-01

Last 4 digits of your FEIN or SSN

1535

NAME: HAWAII ALLIANCE FOR ARTS EDUCATION

This return must be filed on or before the **15th** day of the month following the close of the calendar quarter.

• ATTACH CHECK MONEY ORDER •

- 1. TOTAL WAGES PAID (include COLA, 3rd party sick leave, and other benefits) Enter "0" if no wages were paid or no tax withheld.....1 56186.72
- 2. TOTAL HAWAII INCOME TAX WITHHELD2 3589.94
 - 2a. PENALTIES PREVIOUSLY ASSESSED.....
 - 2b. INTEREST PREVIOUSLY ASSESSED.....
- 2c. TOTAL AMOUNT DUE for this quarter (Add lines 2, 2a, and 2b).....2c 3589.94
- 3. TOTAL PAYMENTS MADE for the quarter (including any penalty or interest paid during the period)3
- 4. AMOUNT OF CREDIT TO BE REFUNDED (If line 2c is greater than line 3, skip to line 5. Otherwise, line 3 minus line 2c and enter "0.00" on lines 5, 7 and 8.).....4
- 5. UNPAID TAXES due for this quarter (line 2c minus line 3).....5
- 6. **FOR LATE FILING ONLY**
 - 6a. PENALTY.....
 - 6b. INTEREST.....
- 7. TOTAL AMOUNT now due and PAYABLE (Add lines 5, 6a, and 6b)7 0.00
- 8. Enter **AMOUNT of payment**. Attach your check or money order payable to "Hawaii State Tax Collector" in U.S. dollars drawn on any U.S. bank to Form HW-14. Write the filing period and your Hawaii Tax I.D. No. on your check or money order. IF NO PAYMENT ATTACHED, ENTER "0.00." You may also e-pay at: hitax.hawaii.gov8 0.00

REMINDER: All EFT payments must be transmitted by the payment due date or a 2% EFT penalty will be applied.

AMOUNT OF PAYMENT
0.00

I declare under the penalties set forth in section 231-36, HRS, that this is a true and correct return, prepared in accordance with the withholding provisions of the Hawaii Income Tax Law and the rules issued thereunder.

SIGNATURE	DATE
TITLE	DAYTIME PHONE NUMBER ()

— MAILING ADDRESS —
HAWAII DEPARTMENT OF TAXATION
P.O. BOX 3827
HONOLULU, HI 96812-3827

ID NO 44

Form HW-14 **30**

STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
UNEMPLOYMENT INSURANCE DIVISION
**QUARTERLY WAGE, CONTRIBUTION AND
EMPLOYMENT AND TRAINING ASSESSMENT REPORT**

DO NOT WRITE IN THIS SPACE

TAX OFFICE RECEIVED DATE

HAWAII ALLIANCE FOR ARTS EDUCATION

P O BOX 3948

HONOLULU

HI 96812

FEDERAL I.D. NUMBER

99-0211535

ACCOUNT NUMBER

000110513 2

FOR QUARTER ENDING

03/31/21

DELINQUENT AFTER

04/30/21

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1) EMPLOYEE'S SSA #	2) EMPLOYEE'S NAME (LAST, FIRST)	3) TOTAL QTR WAGES PAID
575766886	AHSING, ROBERTA	17196.15
559850501	CHAN, TRACY	1250.00
575826396	FREITAS, TRISHA	12000.00
439908460	PASQUA, MARCIA	9990.57
555459700	SKILLMAN-KASHYAP, TERI	17250.00

MAIL OR DELIVER REPORTS AND REMITTANCES TO:

STATE TAX COLLECTOR
P.O. Box 3223, Honolulu, Hawaii 96801
OR
830 Punchbowl Street
Honolulu, HI 96813

4) TOTAL WAGES
ON THIS PAGE

57686.72

CONTRIBUTION
RATE 0.6100

EMPLOYMENT & TNG
ASSESSMENT RATE

5) TOTAL FROM
OTHER PAGES

17) NUMBER OF COVERED WORKERS
IN THE PAY PERIOD INCLUDING
THE 12TH DAY OF EACH MONTH

1ST MONTH	2ND MONTH	3RD MONTH
4	4	5

I CERTIFY THAT THE INFORMATION ON THIS REPORT IS TRUE AND CORRECT

SIGNED BY: _____

PRINT NAME: _____

TITLE: _____

TELEPHONE NUMBER: _____

DATE: _____

RETURN ORIGINAL FORM WITH PAYMENT

Print your characters like this

0123456789

ABCDEFGHIJKLMN OPQRSTUVWXYZ

6) TOTAL WAGES PAID THIS QUARTER (sum of items 4 and 5)	57686	72
7) LESS WAGES PAID THIS QUARTER to Each Employee in Excess of Year's First \$	47,400.00	0 00
8) NET TAXABLE WAGES (subtract item 7 from item 6)	57686	72
9) CONTRIBUTIONS DUE (multiply item 8 by >>>> 0.6100)	351	89
10) E & T ASSESSMENT DUE (multiply item 8 by >>>>)	0	00
11) AMOUNT DUE (SUM OF ITEM 9 AND 10)	351	89
12) OVERPAYMENT (enter NOTIFICATION OF CREDIT amount)		
13) ADJUSTED CONTRIBUTIONS DUE (subtract item 12 from item 11)	351	89
14) PENALTY AND INTEREST		
15) TOTAL PAYMENT DUE (sum of items 13 and 14)	351	89
16) TOTAL REMITTANCE - PAY IN US DOLLARS ONLY MAKE CHECK PAYABLE TO: HAWAII STATE TAX COLLECTOR PLEASE INDICATE YOUR U.I. ACCT. NUMBER ON CHECK		