Form **941 for 2019:** **Employer's QUARTERLY Federal Tax Return**
(Rev. April 2010) Department of the Treasury — Internal Revenue Service

951110

OMB No. 1545-0029

(EIN) Employer identification number: 48-1276226

Name *(not your trade name)*: THE NORTH VALLEY MILITARY INST

Trade name *(if any)*: NORTH VALLEY CHARTER ACADEMY

Address: COLLEGE PREPARATORY ACADEMY
Number Street Suite or room number

SUN VALLEY | CA | 91352
City State ZIP code

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

**Report for this Quarter of 2019** (Check one.)

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

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4) | | | 1 | 102 |
| 2 | Wages, tips, and other compensation | | | 2 | 1,422,776.86 |
| 3 | Income tax withheld from wages, tips, and other compensation | | | 3 | 140,047.17 |
| 4 | If no wages, tips, and other compensation are subject to social security or Medicare tax | | | | ☐ Check and go to line 6e. |
| | | Column 1 | Column 2 | | **Report wages/tips for this quarter, including those paid to qualified new employees, on lines 5a–5c. The social security tax exemption on wages/tips will be figured on lines 6c and 6d and will reduce the tax on line 6e.* |
| 5a | Taxable social security wages* | 602,880.57 × .124 = | 74,757.19 | | |
| 5b | Taxable social security tips* | 0.00 × .124 = | 0.00 | | |
| 5c | Taxable Medicare wages & tips* | 1,532,231.30 × .029 = | 44,434.71 | | |
| 5d | Add *Column 2* line 5a, *Column 2* line 5b, and *Column 2* line 5c | | | 5d | 119,191.90 |
| 6a | Number of qualified employees *first* paid exempt wages/tips this quarter | 0 | | | See instructions for definitions of qualified employee and exempt wages/tips. |
| 6b | Number of qualified employees paid exempt wages/tips this quarter | 0 | | | |
| 6c | Exempt wages/tips paid to qualified employees this quarter | 0.00 × .062 = | | 6d | 0.00 |
| 6e | Total taxes before adjustments (line 3 + line 5d – line 6d = line 6e) | | | 6e | 259,239.07 |
| 7a | Current quarter's adjustment for fractions of cents | | | 7a | 0.13 |
| 7b | Current quarter's adjustment for sick pay | | | 7b | 0.00 |
| 7c | Current quarter's adjustments for tips and group-term life insurance | | | 7c | . |
| 8 | Total taxes after adjustments. Combine lines 6e through 7c | | | 8 | 259,239.20 |
| 9 | Advance earned income credit (EIC) payments made to employees | | | 9 | 0.00 |
| 10 | Total taxes after adjustment for advance EIC (line 8 – line 9 = line 10) | | | 10 | 259,239.20 |
| 11 | Total deposits, including prior quarter overpayments | | | 11 | 259,239.20 |
| 12a | COBRA premium assistance payments (see instructions) | | | 12a | 0.00 |
| 12b | Number of individuals provided COBRA premium assistance | 0 | | | Complete lines 12c, 12d, and 12e only for the 2nd quarter of 2010. |
| 12c | Number of qualified employees paid exempt wages/tips March 19–31 | 0 | | | |
| 12d | Exempt wages/tips paid to qualified employees March 19–31 | 0.00 × .062 = | | 12e | 0.00 |
| 13 | Add lines 11, 12a, and 12e | | | 13 | 259,239.20 |
| 14 | Balance due. If line 10 is more than line 13, enter the difference and see instructions | | | 14 | 0.00 |
| 15 | Overpayment. If line 13 is more than line 10, enter the difference | 0.00 | Check one: ☐ Apply to next return. ☐ Send a refund. | | |

► **You MUST complete both pages of Form 941 and SIGN it.**

Next ►

Name *(not your trade name)*: THE NORTH VALLEY MILITARY INST

Employer identification number (EIN): 48-1276226

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

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

16 C A **Write the state abbreviation for the state where you made your deposits** OR **write "MU" if you made your deposits in *multiple* states.**

17 **Check one:**

- ☐ **Line 10 on this return is less than $2,500 or line 10 on the return for the preceding quarter was less than $2,500, and you did not incur a $100,000 next-day deposit obligation during the current quarter.** Go to Part 3.
- ☐ **You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.**

| | | |
|---|---|---|
| **Tax liability:** | **Month 1** | . |
| | **Month 2** | . |
| | **Month 3** | . |
| **Total liability for quarter** | | . **Total must equal line 10.** |

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

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

18 **If your business has closed or you stopped paying wages** . . . . . ☐ Check here, and enter the final date you paid wages / / .

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

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

**Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS?** See 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 both pages of Form 941 and SIGN it.

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

X **Sign your name here** Mark P Ryan

Print your name here: Dr. Mark Ryan, PhD.

Print your title here: Superintendent

Date: 01/31/2020

Best daytime phone:

## Paid preparer's use only

Check if you are self-employed . . . ☐

| | | | |
|---|---|---|---|
| Preparer's name | | Preparer's SSN/PTIN | |
| Preparer's signature | Anthony J Amato | Date | 01/31/2020 |
| Firm's name (or yours if self-employed) | Paybridge, LLC | EIN | 56-2623857 |
| Address | 13550 Falling Water Dr. #325 | Phone | |
| City | Strongsville, | State OH | ZIP code 44136 |

# Schedule B (Form 941):

960309

## Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. February 2009) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

**(EIN) Employer identification number** 48-1276226

**Name** *(not your trade name)* THE NORTH VALLEY MILITARY INST

**Calendar year** 2019 (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; DO NOT use it to show your deposits. When you file this form with Form 941 (or Form 941-SS), DO NOT change your tax liability by adjustments reported on any Forms 941-X. You must fill out this form and attach it to Form 941 (or Form 941-SS) if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was $100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in *Pub. 15 (Circular E), Employer's Tax Guide,* for details.**

**Month 1**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | 35324.89 | 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 | 33979.03 | 24 | | | |

**Tax liability for Month 1** 69303.92

**Month 2**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | 37937.80 | 9 | | 17 | | 25 | |
| 2 | | 10 | | 18 | | 26 | |
| 3 | | 11 | | 19 | | 27 | 38341.69 |
| 4 | | 12 | | 20 | | 28 | |
| 5 | | 13 | | 21 | | 29 | |
| 6 | | 14 | | 22 | | 30 | |
| 7 | | 15 | 37409.38 | 23 | | 31 | |
| 8 | | 16 | | 24 | | | |

**Tax liability for Month 2** 113688.87

**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 | 38705.56 |
| 8 | | 16 | 37540.85 | 24 | | | |

**Tax liability for Month 3** 76246.41

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

**Total must equal line 10 on Form 941** (or line 8 on Form 941-SS).

**Total liability for the quarter** 259239.20