



**IMPORTANT NOTICE: A \$25 FILING FEE MUST ACCOMPANY THIS APPEAL, WITHIN THE DEADLINE REFERENCED BY THE BILL.**

Checks should be made payable to: City of Milwaukee and a copy of the bill should be included with your appeal

**IMPORTANT NOTICE FOR CUSTOMERS PAYING BY CHECK**

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction.

IF THE CHARGES HAVE ALREADY APPEARED ON YOUR TAX BILL, THIS APPEAL CANNOT BE FILED

**PLEASE READ CAREFULLY:**

This Board may only determine if the City Department followed proper administrative procedures. It cannot hear appeals as to whether a Building Order is valid or not (those must be appealed to the Standards and Appeals Commission).

TO: Administrative Review Appeals Board  
City Hall, Rm. 205  
200 E. Wells St.  
Milwaukee, WI 53202  
(414) 286-2231

Broadway Construction LLC  
1932 E Park Place

DATE: 3/9/2022

RE: Milwaukee, WI 53211  
(Address of property in question)

Under ch. 68, Wis. Stats., s. 320-11 of the Milwaukee Code of Ordinances, this is a written petition for appeal and hearing.

I am appealing the administrative procedure followed by Dept. of Administration Office of Equity and Inclusion  
(Name of City Department)

Amount of the charges \$ 25

Charge relative to: Denial of Broadway Construction LLC SBE Recertification

I feel the City's procedure was improper due to the following reasons and I have attached any supporting evidence, including city employee's names/dates which I spoke to regarding this issue and copies of any city orders received:

Please See Attached.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Nicole Platt  
Name (please print)

1932 E Park Place Milwaukee, WI 53211      414-640-6996  
Mailing address and zip code      Daytime phone numbers

broadwayconstructionwi@gmail.com  
E-Mail Address(s)



3/9/2022

Administrative Review Appeals Board  
City Hall, Rm. 205  
200 E Wells Street  
Milwaukee, WI 53202

Broadway Construction LLC hereby appeals the City's Office of Equity and Inclusion's determination to deny Broadway's SBE Reapplication dated 2/10/22 for the following reasons:

The City of Milwaukee ordinance 370-25(3) provides "the business shall have demonstrated capacity to perform independently or as a subcontractor relative to its field of operation." The City OEI denied Broadway's application alleging that it did not demonstrate its capacity to perform independently or as a subcontractor relative to its field of operation. Contrary to the City's position, Broadway serves as a Construction Manager, and independently performs Estimating, Project Management, Supervision, and has Office Staff. Information sufficient to inform the City of Broadway's capacity was provided to Ms. Nikki Purvis on 5/24/2021 in addition to 11/1/2021, 11/18/2021, 11/19/2021, 11/29/2021, and 12/14/2021 including substantial supporting documentation including taxes, payroll records, payroll taxes, contracts, subcontracts, change orders, financial statements, and lease documents.

The denial of Broadway's SBE Certification was made based upon an incorrect understanding and application of how Broadway operates its business. Broadway was asked a series of questions and answered them fully and completely. Instead of using the information provided, Ms. Purvis created her own narrative to state that Broadway Construction "runs paperwork through the office" which does not align with providing meaningful services for the types of construction contracts submitted as supporting documentation" while selectively excluding other answers and context as a basis to deny Broadway. Broadway's actual answer to Ms. Purvis' inquiry in its entirety was:

All of the paperwork for the entire project runs through our office. So all of the hours spent Project Managing and Supervising the project are our participation hours. The Superintendent manages, schedules, and supervises all the subs and is on site daily to ensure everything is being done on time and per scope. He then communicates the with Project Manager who does all of the other paperwork for the owner. This includes submittals, RFIs, project documentation, project monies/budget, progress reports, billings, meetings, schedules, etc. All of the management of the job. All communication from Owners goes through Broadway to the subs. The Superintendent serves as the direct supervision of field contractors.

Broadway's answer has been taken out of context making it seem like Broadway is not able to operate independently, however, Broadway further substantiated its answer with payroll reports

# BROADWAY CONSTRUCTION, LLC

from 2019, 2020, and 2021 (which are also included along with this appeal). Payroll for 2019 only included administrative time, as this was the year in which Broadway was mobilizing operations, however payroll from 2020 and 2021 shows an Estimator, Project Manager, Superintendent, and office staff time. Information regarding those positions was ignored by the City and further Ms. Purvis did not ask any follow up questions to inquire about the roles and responsibilities of the staff, relative to Broadway's field of operation.

As Broadway's business focus is General Contracting, which includes specifically Estimating and Project Management, Broadway clearly demonstrated the capacity to perform independently or as a subcontractor relative to its field of operation, consistent with City of Milwaukee Ordinance. All of the attached supporting documentation, which was previously provided to Ms. Purvis, further substantiates Broadway's position.

Broadway acknowledges that a certain portion of its business includes office administration. However, office administration is an essential component to any General Contracting business and cannot exist without it. The documents of record show that office administration or "run[ning] paperwork through the office" is not the only or central function of Broadway.

From 2018 to present Broadway has successfully performed estimating, project management, and superintendent services on the following jobs: Conservancy for Healing and Heritage Stone Placement, Hurtado Residence Carpentry, Montana Parking Lot Concrete, MMSD SSWRF Tunnel Concrete, Menards Angle Iron Replacement, MCTC Fire Hydrant Repair, Ft. McCoy Repair HVAC & Roof at B164, Ft. McCoy Repair HVAC & Boiler at B110, Ft. McCoy Fencing Replacement, Ft. McCoy Repair Site 079 to 80 ton capacity, Veolia WRF Concrete Repairs, and Saukville Window Repair. In none of these jobs did Broadway simply run paperwork through its office.

Broadway sincerely appreciates the Board's willingness to review and consider this appeal. Should you need any further information or have any further questions, please do not hesitate to reach out.

Respectfully,



Nicole Platt, Sole Member



Department of Administration  
Office of Equity and Inclusion

Cavalier Johnson  
Mayor

Sharon Robinson  
Director of Administration

Nikki Purvis  
Chief Equity Officer

February 10, 2022

VIA E-MAIL ([broadwayconstructionwi@gmail.com](mailto:broadwayconstructionwi@gmail.com))

Nicole Platt  
Broadway Construction  
1932 E. Park Place  
Milwaukee, WI 53211

Dear Ms. Platt:

Thank you for your application pursuing Small Business Enterprise (SBE) recertification with the City of Milwaukee. Again, I truly appreciate your patience with the unusually delayed review process; we've been inundated with applications and working diligently to clear the backlog.

After a thorough review, I regret to inform you that the Office of Equity & Inclusion (OEI) is unable to recertify **Broadway Construction** as a Small Business Enterprise. This office carefully based its decision to deny the renewal application on the following:

- **Failure to perform independently or as a subcontractor.** As defined by Chapter 370-25-3 of the Milwaukee Code of Ordinance, one of the requirements for certification states that the business shall have demonstrated capacity to perform independently or as a subcontractor relative to its field of operation. Per your application and communication with this office, Broadway Construction depends on relationships with subcontractors and independent contractors to compete for and perform the services identified in the supporting documentation. Additionally, Broadway Construction "runs paperwork through the office" which does not align with providing meaningful services for the types of construction contracts submitted as supporting documentation.

Because of the firm's inability to meet the above-mentioned criteria, **Broadway Construction** is denied certification with the City of Milwaukee's Office of Equity & Inclusion SBE program for a period of three (3) calendar years.

If you wish to appeal this decision, you must do so within 30 days of the date of this letter. Appeals should be filed with the Administrative Review and Appeals Board, Office of the City Clerk, City Hall Room 205, 200 East Wells Street, Milwaukee, WI 53202. Please call (414) 286-2221 for further instructions. A \$25 fee is required when filing this appeal.

Please note, OEI staff are working remotely and the office is closed to the public. If you have questions, please feel free to email me at [npurvi@milwaukee.gov](mailto:npurvi@milwaukee.gov) or call me at 414-286-5948.

Sincerely,

DocuSigned by:  
*Nikki Purvis*  
68EF51D474DB41A...  
Nikki Purvis

## SBE Renewal

TYPE	SBE Renewal
CERTIFYING AGENCY	City of Milwaukee
BUSINESS NAME	Broadway Construction
CURRENT STATUS	Processing Complete
APPLICATION NUMBER	9795443
CONTACT PERSON	Nicole Platt

## General Information

### 1.A. Company Name

Broadway Construction

### 1.B. Primary Contact and Title

Nicole Platt, Managing Member

### 1.C. Phone

414-640-6996

### 1.D. Fax

### 1.E. E-mail

broadwayconstructionwi@gmail.com

### 1.F. Address

1932 E. Park Place  
Milwaukee, WI 53211

### 1.G. Race/Ethnicity Group Identity

African American

### 1.H. Gender

Female

### 1.I. Legal Structure of Business

LLC

## Renewal Information

### 2.A. Provide a brief description of product(s)/service(s)/specialty.

Residential and Commercial Construction Management Services

### 2.B. Have there been any changes in the business commodities, trades or services?

No

**2.C. Please list the number of employees for the most recent three (3) years**

Year Ending	Number Employees
2020	4
2019	2
2018	1

**2.D. Has there been any change(s) in ownership of the business within the last three (3) years? If YES, please explain.**

No

**2.E. Have you or any other owner(s) been employed by or assumed ownership of another company in a similar field or industry in the last three (3) years? If YES, please provide the name of the company, title and, if applicable, the percentage of ownership.**

Yes, I was employed at Platt Construction as the Secretary through December 2020.

**2.F. Have you or any other owner(s) been charged with ANY criminal activity related to the business within the last three (3) years? If YES, please list the charge and if it resulted in a conviction.**

No.

**2.G. Does your company hold any certifications by agencies other than the City of Milwaukee?**Yes - State of Wisconsin DOA - WBE and MBE  
SBA - HUBZone**2.H. Has the company been debarred from participating in a certification program or contracting with a government agency within the last three (3) years? If YES, please identify the certifying agency and the length of debarment?**

No

**2.I. Has the company had a contract terminated by a government agency within the last three (3) years? If YES, please identify the certifying agency and the reason for termination?**

No.

**Mandatory Documents****Certification Affidavit**

Attached by Nicole Platt on 2/19/2021

 [SBE Certification Affidavit.pdf](#) (PDF, 118.58 KB)**Copies of the previous three years of business taxes reporting activity**

Attached by Nicole Platt on 2/19/2021

 [2017 Tax Return.pdf](#) (PDF, 1.66 MB) [2018 Tax Return.pdf](#) (PDF, 0.98 MB) [2019 Tax Return.pdf](#) (PDF, 1.70 MB)**Electronic Signature**

SIGNATURE

**Nicole Platt**

TITLE

**Managing Member**

ORGANIZATION

**Broadway Construction**

DATE 2/19/2021  
IP NUMBER 71.66.11.90  
TOKEN 6046BBF0240F0BF8B987C661E42269656D97E26D9D11C04368...

## Q & A

Hi Nicole,

I have a couple of questions:

1. You reported as salary of [REDACTED] from Platt Construction. What's your role in the company? Do you work full-time for Platt?
2. You reported [REDACTED] in income from Platt Construction. What type of work does this consist of? Do you have copies of contracts executed?
3. Since your initial certification, have you performed as a subcontractor for Platt Construction on any projects for the City of Milwaukee?

Asked: 5/19/2021  
Due: 5/26/2021  
Answered: 5/24/2021  
Reviewed: 6/9/2021

Hi Nikki,

1. I was the Corporate Secretary/VP of Admin at Platt Construction through December 2020. I have resigned and am a full time employee at Broadway Construction as of January 1, 2021. See attached resignation letter.
2. This work was for Concrete Restoration for MMSD at South Shore. This work was subbed out to 1 vendor. Please see attached contracts.
3. We have not performed any work as a subcontractor for Platt Construction for the City of Milwaukee since our initial certification.

I have also attached my 2020 tax return for your review. This was not completed when I submitted the renewal in February. Please let me know if you need anything else. Thanks!

Nikki Platt

-   [2020 Taxes.pdf](#) (PDF, 1.28 MB)
-   [Change Orders.pdf](#) (PDF, 101.52 KB)
-   [CMR Signed Subcontract.pdf](#) (PDF, 1.95 MB)
-   [Resignation Letter from PLatt.pdf](#) (PDF, 38.17 KB)
-   [Signed Subcontract - MMSD.pdf](#) (PDF, 573.44 KB)

Hi Nicole,

I just noticed that your company moved locations. Can you provide a copy of the lease for 1932 E. Park Place. Also can you provide copies of your most recent financial statements (detailed profit and loss statement and balance sheet)?

Asked: 10/26/2021  
Due: 11/2/2021  
Answered: 11/1/2021  
Reviewed: 11/1/2021

Also, WDFI records indicate a change in registered agent in the last couple of years (below). Can you share the details of these changes and copies of the paperwork supporting these changes.

09/19/2018 Change of Registered Agent 09/19/2018 OnlineForm 5  
08/03/2020 Change of Registered Agent 08/03/2020 OnlineForm 5

Please upload those documents as soon as possible. This should cover any remaining inquiries, and I can proceed with completing my review.

Thanks again for your patience with this process.

Best,

Nikki

Good Morning Nikki,

I have attached a copy of my lease and current financial statements.

I am still the registered agent for the WDFI. I would imagine that these changes would be my change in residential address. I do not have any paperwork as I did not formally make any change. I have always been and continue to be the registered agent. Thanks.

Let me know if you need anything else!

Nikki

  [Financial Statements at 93021.pdf](#) (PDF, 1.02 MB)

  [Lease 1932 E. Park Place.pdf](#) (PDF, 738.26 KB)

Hi Nichole,

Please forgive the delay; I am working diligently to clear up our backlog.

Just so I'm clear, Broadway Construction does not self perform any work, correct? Based on your response to my previous question regarding the MMSD contract, you stated that Broadway subbed the work to one vendor.

Is this true for all contracts?

Thanks,

Nikki

Hi Nikki,

I understand. Thank you!

You are correct, we do not self perform any field work. We serve as a Construction Manager, estimating, project managing, and we have a superintendent on staff for supervision.

We do not always sub the work to only one vendor. It depends on the job. Most of the time it is several vendors. Let me know if you need any further clarifications.

Thanks!

Nikki

Thanks for the swift response.

I do have a couple of follow up questions.

If you do not perform any field work, how do you contribute to fulfilling the scope of work detailed in the contract?

Or, are these services (Construction Manager, estimating, project managing, and we have a superintendent on staff for supervision) specifically provided to secure contracts?

Nikki

Asked: 11/18/2021  
Due: 11/25/2021  
Answered: 11/18/2021  
Reviewed: 11/18/2021

Asked: 11/18/2021  
Due: 11/25/2021  
Answered: 11/18/2021  
Reviewed: 11/18/2021

No problem at all!

Yes that's correct. All of the paperwork for the entire project runs through our office. So all of the hours spent Project Managing and Supervising the project are our participation hours. The Superintendent manages, schedules, and supervises all the subs and is on site daily to ensure everything is being done on time and per scope. He then communicates the with Project Manager who does all of the other paperwork for the owner. This includes submittals, RFIs, project documentation, project monies/budget, progress reports, billings, meetings, schedules, etc. All of the management of the job.

All communication from Owners goes through Broadway to the subs. The Superintendent serves as the direct supervision of field contractors.

Nikki

Thanks, Nicole.

Few more questions:

Asked: 11/18/2021

Due: 11/25/2021

Answered: 11/19/2021

Received: Pending

You mentioned "all of the paperwork for the entire project runs through our office. So all of the hours spent Project Managing and Supervising the project are our participation hours." When you respond to bids, do you indicate that Broadway Construction is fulfilling 100% of the participation hours or do you identify what percentage of work will be subcontracted? If you have copies of the bid documents that would be helpful.

On average, what percentage of the projects would you say is attributed to the paperwork you described?

Can you provide copies of contracts awarded to Broadway other than from Platt Construction?

Can you also provide payroll records for the past three years?

I appreciate your responsiveness.

Nikki

Hi Nikki,

Thank you! I'd be happy to provide you with this requested information. I'll start gathering it for you today. Can you please clarify further what you are actually looking for in the below question?

'You mentioned "all of the paperwork for the entire project runs through our office. So all of the hours spent Project Managing and Supervising the project are our participation hours." When you respond to bids, do you indicate that Broadway Construction is fulfilling 100% of the participation hours or do you identify what percentage of work will be subcontracted? If you have copies of the bid documents that would be helpful.'

Thanks. Happy Friday!

Nikki

Hi Nicole,

Thanks for working to gather this information.

You asked for clarification of the question below:

Asked: 11/22/2021

Due: 11/29/2021

Answered: 11/29/2021

Reviewed: 12/1/2021

You mentioned "all of the paperwork for the entire project runs through our office. So all of the hours spent Project Managing and Supervising the project are our participation hours." When you respond to bids, do you indicate that Broadway Construction is fulfilling 100% of the participation hours or do you identify what percentage of work will be subcontracted? If you have copies of the bid documents that would be helpful.'

When you respond to bids, do you indicate the percentage of work Broadway Construction will fulfill as it relates to participation? For example, the City asks contractors to submit a Form A that asks bidders to identify the SBE firms they plan to use, what percentage of the contract they'll perform, and whether they'll self perform or subcontract a portion of the

contract.

So, if you have the bid documents that illustrate how your firm responded to fulfill participation for the MMSD contract, that would be helpful to see.

Please let me know if you need additional clarification.

Hi Nikki,

I hope you had a wonderful Thanksgiving holiday weekend! Please see the answers to your questions below.

Your first question doesn't give us a one size fits all answer because it is very situation specific. In answering the question, I am assuming that you are questioning jobs with SBE requirement which Broadway has been awarded. To date, we have not been awarded any SBE job. We have bid on several but not successfully won a job yet. I am well aware of the requirements of the SBE participation and when the time comes and I receive a successful award, would properly and accurately represent the percentage of work that Broadway completes versus that which our subcontractors would complete.

I have attached several contracts which Broadway has been awarded other than from Platt Construction.

I have also attached the payroll records for the past three years.

Let me know if you need anything further from me. Thanks again!

Nikki

-   [Broadway 1st Qtr 2020 941.pdf](#) (PDF, 843.21 KB)
-   [Broadway 1st Qtr 2021 941.pdf](#) (PDF, 861.84 KB)
-   [Broadway 2nd Qtr 2019 - 941.pdf](#) (PDF, 662.36 KB)
-   [Broadway 2nd Qtr 2020 941.pdf](#) (PDF, 843.23 KB)
-   [Broadway 2nd Qtr 2021 941.pdf](#) (PDF, 862.88 KB)
-   [Broadway 3rd Qtr 2019 - 941.pdf](#) (PDF, 662.38 KB)
-   [Broadway 3rd Qtr 2020 941.pdf](#) (PDF, 843.33 KB)
-   [Broadway 3rd Qtr 2021 941.pdf](#) (PDF, 0.86 MB)
-   [Broadway 4th Qtr 2019 - 941.pdf](#) (PDF, 662.40 KB)
-   [Broadway 4th Qtr 2020 941.pdf](#) (PDF, 844.34 KB)
-   [Contract.pdf](#) (PDF, 2.30 MB)
-   [MPS Cloverlook Field House Renovations Executed Contract.pdf](#) (PDF, 5.51 MB)
-   [MPS Custer Fieldhouse Renovations Executed Contract.pdf](#) (PDF, 4.82 MB)
-   [MPS Franklin Square Field House Renovations Executed Contract.pdf](#) (PDF, 4.84 MB)
-   [Signed Subcontract.pdf](#) (PDF, 11.55 MB)

Nicole,

Thanks for sharing this information. I am looking for actual payroll reports with names.

My question about responding to bids is not specific to SBE participation. I was asking to see how you responded to the MMSD contract.

I see you have a subcontractor award for the Milwaukee Tool project. What percentage of that contract is self-performed? For the other contracts provided, same question.

Nikki

Asked: 12/13/2021  
Due: 12/20/2021  
Answered: 12/14/2021  
Reviewed: 1/6/2022

Nikki,

Thank you for your inquiry.

I have attached the payroll reports for you. It is important to note that I didn't have any accounting software until 2020. In 2019 the only employee was [REDACTED] and it was manually calculated. I have attached the spreadsheet that we used. 2020 and 2021 reports are included here.

The MMSD Contract doesn't fully depict the nature of our contracting/subcontracting relationship. The reason being is that we were a sub to Platt for this job and we hired a sub to perform work as well. I can tell you that we self-performed 10% of the subcontract that we were awarded from Platt. I cannot speak to how Platt submitted their participation paperwork, however, upon information and belief they didn't use Broadway's participation toward their requirement because they had already met the requirement without our subcontract.

So, to answer your question, we do indicate what percentage of the contract Broadway will self-perform. We do not answer that 100% of the contract is performed by Broadway if it is not. Pursuant to requirements, we represent the true nature of the SBE/MBE/WBE/HUBZone participation. As an example, if we were awarded a \$100,000 SBE electrical project we would indicate that Broadway fulfills 20% SBE at \$20,000; Roman Electric is doing 75% at \$75,000; and Platt Construction fulfills 5% at \$5,000.

Milwaukee Tool subcontract, 27% self-performed  
Fort McCoy Repair Bridge 079 to 80 Ton Capacity, 13% self-performed  
MPS Fieldhouse Renovations, Clovernook, 23% self-performed  
MPS Fieldhouse Renovations, Custer, 24% self-performed  
MPS Fieldhouse Renovations, Franklin Square, 26% self-performed

Thank you!

Nikki

 [2019 Payroll.pdf](#) (PDF, 115.43 KB)

 [2020 Payroll.pdf](#) (PDF, 1.89 MB)

 [2021 Payroll.pdf](#) (PDF, 8.35 MB)



# AFFIDAVIT – SBE CERTIFICATION

The City of Milwaukee Office of Equity and Inclusion reserves the right to reject and disqualify any application that does not meet the requirements for the Small Business Enterprise (SBE) Certification.

Any person, firm or corporation knowingly engaging in fraud, misrepresentation or attempts, direct or indirect, to evade the provisions of this chapter by providing false, misleading or fraudulent information shall, upon conviction, forfeit not less than \$2,000 no more than \$5,000 together with the cost of prosecution (Milwaukee Code of Ordinances, Chapter 370).

The undersigned does solemnly declare and affirm under the penalties of perjury that the foregoing statements and documents are true and correct to include all material information necessary to identify and explain the operation of:

**Broadway Construction LLC** as well as the ownership thereof.  
(Company Name)

If there is any change (during the ensuing year) in the information submitted herein, the undersigned would inform the City of Milwaukee Office of Equity and Inclusion within 30 days of such change(s).

I authorize the City of Milwaukee’s Office of Equity and Inclusion to verify the accuracy of the statements provided in order to determine whether I meet the standards for SBE certification.

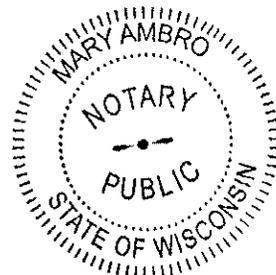
I swear or affirm that all statements are true and correct and include all material information requested.

Business Owner’s Signature *Nicole Platt* Date 2/19/2021

Subscribed and sworn to before me this 19th day of February 2021,  
in the State of Wisconsin and County of Milwaukee.

Notary Public Signature *Mary Ambro*  
My commission expires: 8/6/2023

[Notary Seal]



**From:** [Nikki Platt](#)  
**To:** [Purvis, Nikki](#)  
**Cc:** [Teague, Dontreal](#)  
**Subject:** RE: Broadway Construction SBE Cert Renewal Status?  
**Date:** Tuesday, October 19, 2021 10:45:00 AM

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Thank you very much Nikki! I appreciate your efforts!

Have a good week!

Nikki Platt

Sole Member, Broadway Construction LLC  
1932 E. Park Place Milwaukee, WI 53211  
Ph: 262-945-6579, Email: [nikki@broadwayconstructionwi.biz](mailto:nikki@broadwayconstructionwi.biz)

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**From:** Purvis, Nikki <[npurvi@milwaukee.gov](mailto:npurvi@milwaukee.gov)>  
**Sent:** Tuesday, October 19, 2021 9:30 AM  
**To:** Nikki Platt <[nikki@broadwayconstructionwi.biz](mailto:nikki@broadwayconstructionwi.biz)>  
**Cc:** Teague, Dontreal <[dteagu@milwaukee.gov](mailto:dteagu@milwaukee.gov)>  
**Subject:** RE: Broadway Construction SBE Cert Renewal Status?

Good morning Nikki,

Thanks for your message. Please accept my deepest apology; due to our office's reorganization and other extenuating circumstances, we are extremely behind. I will do my very best to complete your application review by week's end.

Thanks again for your patience and understanding.

Best,

**Nikki Purvis | Chief Equity Officer**

Department of Administration | Office of Equity and Inclusion  
City Hall, Room 606 | 200 E. Wells St., Milwaukee, WI 53202  
P: (414) 286-5553 F: (414) 286-8547 TDD: 711 W: [milwaukee.gov/OEI](http://milwaukee.gov/OEI)



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**From:** Nikki Platt <[nikki@broadwayconstructionwi.biz](mailto:nikki@broadwayconstructionwi.biz)>  
**Sent:** Monday, October 18, 2021 3:05 PM  
**To:** Purvis, Nikki <[npurvi@milwaukee.gov](mailto:npurvi@milwaukee.gov)>  
**Cc:** Teague, Dontreal <[dteagu@milwaukee.gov](mailto:dteagu@milwaukee.gov)>  
**Subject:** RE: Broadway Construction SBE Cert Renewal Status?

Good Afternoon Nikki and Dontreal,

Can someone please provide a status update on Broadway Construction's SBE renewal?

It's been 8 months since we submitted our renewal paperwork and there are opportunities coming out to bid for SBE that we are interested in. Please provide some type of update as soon as you can!

Thanks in advance!

Nikki Platt

Sole Member, Broadway Construction LLC  
1932 E. Park Place Milwaukee, WI 53211  
Ph: 262-945-6579, Email: [nikki@broadwayconstructionwi.biz](mailto:nikki@broadwayconstructionwi.biz)

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**From:** Teague, Dontreal <[dteagu@milwaukee.gov](mailto:dteagu@milwaukee.gov)>  
**Sent:** Friday, September 17, 2021 4:56 PM  
**To:** Nikki Platt <[nikki@broadwayconstructionwi.biz](mailto:nikki@broadwayconstructionwi.biz)>  
**Subject:** RE: Broadway Construction SBE Cert Renewal Status?

Hello Ms. Platt,

Thank you for your message. I've had a chance to speak with Nikki. She will be available to follow up with you sometime next week.

Best,

**Dontreal Teague | Business Inclusion Program Coordinator**  
Department of Administration | Office of Equity and Inclusion  
City Hall, Room 606 | 200 E. Wells St., Milwaukee, WI 53202  
P: (414) 286-3916 F: (414) 286-8547 TDD: 711 W: [milwaukee.gov/OEI](http://milwaukee.gov/OEI)



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**From:** [Nikki Platt](#)  
**Sent:** Monday, September 13, 2021 2:23 PM  
**To:** [Teague, Dontreal](#)  
**Subject:** RE: Broadway Construction SBE Cert Renewal Status?

Good Afternoon Dontreal,

I hope you are doing well! I just wanted to follow up again on the SBE status for Broadway? I responded to some questions which Nikki Purvis asked in May and have not heard anything back yet. Please let me know if you can provide some insight. Thanks!

Nikki Platt

Sole Member, Broadway Construction LLC

1932 E. Park Place Milwaukee, WI 53211

Ph: 262-945-6579, Email: [nikki@broadwayconstructionwi.biz](mailto:nikki@broadwayconstructionwi.biz)

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**From:** Teague, Dontreal <[dteagu@milwaukee.gov](mailto:dteagu@milwaukee.gov)>  
**Sent:** Tuesday, May 4, 2021 12:12 PM  
**To:** Nikki Platt <[nikki@broadwayconstructionwi.biz](mailto:nikki@broadwayconstructionwi.biz)>  
**Subject:** RE: Broadway Construction SBE Cert Renewal Status?

Hello Ms. Platt,

Thank you for following up. Your application is currently pending final review from the Chief Equity Officer. I have submitted with a recommendation of approval. If you have been awarded a contract, feel free to loop the contractor or department in on our conversation.

Best,

**Dontreal Teague | Business Inclusion Program Coordinator**

Department of Administration | Office of Equity and Inclusion

City Hall, Room 606 | 200 E. Wells St., Milwaukee, WI 53202

P: (414) 286-3916 F: (414) 286-8547 TDD: 711 W: [milwaukee.gov/OEI](http://milwaukee.gov/OEI)



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**From:** [Nikki Platt](#)  
**Sent:** Tuesday, May 4, 2021 10:56 AM  
**To:** [Teague, Dontreal](#)  
**Subject:** RE: Broadway Construction SBE Cert Renewal Status?

Good Morning Dontreal,

Happy almost summer time!

Just wanted to follow up again on the status of my SBE renewal. It has been a few months since I last checked and it still said Received and In process from 2/22/21. Do you know when we will hear something back?

As always, thanks for your assistance!

Nikki Platt

Sole Member, Broadway Construction LLC

1932 E. Park Place Milwaukee, WI 53211

Ph: 262-945-6579, Email: [nikki@broadwayconstructionwi.biz](mailto:nikki@broadwayconstructionwi.biz)

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**From:** Teague, Dontreal <[dteagu@milwaukee.gov](mailto:dteagu@milwaukee.gov)>  
**Sent:** Thursday, March 11, 2021 1:25 PM  
**To:** Nikki Platt <[nikki@broadwayconstructionwi.biz](mailto:nikki@broadwayconstructionwi.biz)>  
**Subject:** RE: Broadway Construction SBE Cert Renewal Status?

Hi Nikki,

Everything is well, hope the same for you. Your renewal application is currently in processing, and unfortunately, it would not make it pass the final review by COB today. I can make an effort to get the process wrapped up on my end sooner, but it would still pend that final review.

Best,  
Dontreal

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**From:** [Nikki Platt](#)  
**Sent:** Wednesday, March 10, 2021 2:39 PM  
**To:** [Teague, Dontreal](#)  
**Subject:** Broadway Construction SBE Cert Renewal Status?

Hi Dontreal,

I hope all is well!

We are bidding a job tomorrow and we have to provide a current SBE Certificate. Ours expired at the end of February and I know you are probably still reviewing the renewal, as it has only been a few weeks, but are you able to provide a status update? Is there any way you can put a rush on it so we can have a current certificate for tomorrow?

Let me know. Thanks!

Nikki Platt  
Managing Member, Broadway Construction LLC  
1932 E. Park Place Milwaukee, WI 53211  
Ph: 262-945-6579, Email: [nikki@broadwayconstructionwi.biz](mailto:nikki@broadwayconstructionwi.biz)

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Broadway Construction LLC

# Payroll Check Register

12/13/21

## Payroll Check Register

with Calculations  
Employee 1 to 1

Asst Project Manager

Record#	Batch#	Check#	Date	Employee#	Gross	Add	Deduct	Net
1			04/30/2021		4,800.00		840.96	3,959.04
		297.60	Medicare		69.60	Federal Income Tax		358.16
		297.60	ER Medicare		69.60	ER FUTA		28.80
		115.60	ER State Unemp		104.40			
10			05/31/2021		1,200.00		210.24	989.76
		74.40	Medicare		17.40	Federal Income Tax		89.54
		74.40	ER Medicare		17.40	ER FUTA		7.20
		2.28	Liability Insurance		33.10	State Income Tax		28.90
		34.80	ER State Unemployem					
15			06/30/2021		1,200.00		210.24	989.76
		74.40	Medicare		17.40	Federal Income Tax		89.54
		74.40	ER Medicare		17.40	ER FUTA		6.00
		2.28	Liability Insurance		33.10	State Income Tax		28.90
		34.80	ER State Unemployem					
23			07/31/2021		1,200.00		210.24	989.76
		74.40	Medicare		17.40	Federal Income Tax		89.54
		74.40	ER Medicare		17.40	ER FUTA		
		2.28	Liability Insurance		33.10	State Income Tax		28.90
		34.80	ER State Unemployem					
35			08/31/2021		1,200.00		210.24	989.76
		74.40	Medicare		17.40	Federal Income Tax		89.54
		74.40	ER Medicare		17.40	ER FUTA		
		2.28	Liability Insurance		33.10	State Income Tax		28.90
		34.80	ER State Unemployem					
44			09/30/2021		1,200.00		210.24	989.76
		74.40	Medicare		17.40	Federal Income Tax		89.54
		74.40	ER Medicare		17.40	ER FUTA		

Payroll Check Register

12/13/21

Continued...

Record#	Batch#	Check#	Date	Employee#	Gross	Add	Deduct	Net
Workers' Compensatio		2.28	Liability Insurance		33.10	State Income Tax		28.90
ER State Unemploymen		34.80						
47			10/13/2021		1,442.31		377.55	1,064.76
Social Security		89.42	Medicare		20.91	Federal Income Tax		182.45
ER Social Security		89.42	ER Medicare		20.91	ER FUTA		
Workers' Compensatio		2.74	Liability Insurance		39.78	State Income Tax		84.77
ER State Unemploymen		41.83						
50			10/20/2021		1,442.31		377.55	1,064.76
Social Security		89.42	Medicare		20.91	Federal Income Tax		182.45
ER Social Security		89.42	ER Medicare		20.91	ER FUTA		
Workers' Compensatio		2.74	Liability Insurance		39.78	State Income Tax		84.77
ER State Unemploymen		41.83						
52			10/27/2021		1,442.31		377.55	1,064.76
Social Security		89.42	Medicare		20.91	Federal Income Tax		182.45
ER Social Security		89.42	ER Medicare		20.91	ER FUTA		
Workers' Compensatio		2.74	Liability Insurance		39.78	State Income Tax		84.77
ER State Unemploymen		9.15						
57			11/03/2021		1,442.31		377.55	1,064.76
Social Security		89.42	Medicare		20.91	Federal Income Tax		182.45
ER Social Security		89.42	ER Medicare		20.91	ER FUTA		
Workers' Compensatio		2.74	Liability Insurance		39.78	State Income Tax		84.77
ER State Unemploymen								
59			11/10/2021		1,442.31		377.55	1,064.76
Social Security		89.42	Medicare		20.91	Federal Income Tax		182.45
ER Social Security		89.42	ER Medicare		20.91	ER FUTA		
Workers' Compensatio		2.74	Liability Insurance		39.78	State Income Tax		84.77
ER State Unemploymen								
62			11/17/2021		1,442.31		377.55	1,064.76
Social Security		89.42	Medicare		20.91	Federal Income Tax		182.45
ER Social Security		89.42	ER Medicare		20.91	ER FUTA		
Workers' Compensatio		2.74	Liability Insurance		39.78	State Income Tax		84.77
ER State Unemploymen								

Payroll Check Register

12/13/21

Continued...

Record#	Batch#	Check#	Date	Employee#	Gross	Add	Deduct	Net
64			11/24/2021		1,442.31		377.55	1,064.76
		89.42	Medicare		20.91	Federal Income Tax		182.45
		89.42	ER Medicare		20.91	ER FUTA		
		2.74	Liability Insurance		39.78	State Income Tax		84.77
69			12/01/2021		1,442.31		377.55	1,064.76
		89.42	Medicare		20.91	Federal Income Tax		182.45
		89.42	ER Medicare		20.91	ER FUTA		
		2.74	Liability Insurance		39.78	State Income Tax		84.77
71			12/07/2021		1,442.31		377.55	1,064.76
		89.42	Medicare		20.91	Federal Income Tax		182.45
		89.42	ER Medicare		20.91	ER FUTA		
		2.74	Liability Insurance		39.78	State Income Tax		84.77
<b>Grand Totals:</b>					<b>23,780.79</b>		<b>5,290.11</b>	<b>18,490.68</b>

Payroll Check Register

12/13/21

Continued...

Record#	Batch#	Check#	Date	Employee#	Gross	Add	Deduct	Net
Gross Payroll:					23,780.79			
Add-Ons:								
<b>Total Add-Ons:</b>								
<b>Total Gross + Add:</b>						<b>23,780.79</b>		
<b>Deductions</b>								
Social Security					1,474.38			
Medicare					344.79			
Federal Income Tax					2,447.91			
State Income Tax					1,023.03			
<b>Total Deductions:</b>					<b>5,290.11</b>			
<b>Net Pay:</b>					<b>18,490.68</b>			
<b>Advances:</b>								
<b>Net + Advances:</b>					<b>18,490.68</b>			
<b>Overhead</b>								
ER Social Security					1,474.38			
ER Medicare					344.79			
ER FUTA					42.00			
Workers' Compensation					36.06			
Liability Insurance					523.52			
ER State Unemployment					371.21			
<b>Total Overhead:</b>						<b>2,791.96</b>		
<b>Total Cost of Payroll:</b>						<b>26,572.75</b>		



Broadway Construction LLC

# Payroll Check Register

12/13/21

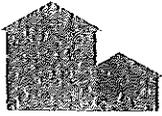
## Payroll Check Register

with Calculations

Employee 2 to 2

Accounting Manager 2

Record#	Batch#	Check#	Date	Employee#	Gross	Add	Deduct	Net
22			07/31/2021		900.00		78.62	821.38
Social Security		55.80	Medicare		13.05	ER Social Security		55.80
ER Medicare		13.05	ER FUTA		5.40	Workers' Compe		1.71
Liability Insurance		24.82	State Income Tax		9.77	ER State Unempl		26.10
34			08/31/2021		210.00		16.07	193.93
Social Security		13.02	Medicare		3.05	ER Social Security		13.02
ER Medicare		3.05	ER FUTA		1.26	Workers' Compe		0.40
Liability Insurance		5.79	State Income Tax			ER State Unempl		6.09
43			09/30/2021		615.00		47.05	567.95
Social Security		38.13	Medicare		8.92	ER Social Security		38.13
ER Medicare		8.92	ER FUTA		3.69	Workers' Compe		1.17
Liability Insurance		16.96	State Income Tax			ER State Unempl		17.84
54			11/03/2021		855.00		73.38	781.62
Social Security		53.01	Medicare		12.40	ER Social Security		53.01
ER Medicare		12.40	ER FUTA		5.13	Workers' Compe		1.62
Liability Insurance		23.58	State Income Tax		7.97	ER State Unempl		24.80
66			11/30/2021		423.00		32.36	390.64
Social Security		26.23	Medicare		6.13	ER Social Security		26.23
ER Medicare		6.13	ER FUTA		2.54	Workers' Compe		0.80
Liability Insurance		11.67	State Income Tax			ER State Unempl		12.27
<b>Grand Totals:</b>					<b>3,003.00</b>		<b>247.48</b>	<b>2,755.52</b>



Broadway Construction LLC

# Payroll Check Register

12/13/21

Payroll Check Register  
with Calculations  
Employee 2 to 2

Record#	Batch#	Check#	Date	Employee#	Gross	Add	Deduct	Net
Gross Payroll:					3,003.00			
Add-Ons:								
<b>Total Add-Ons:</b>								
<b>Total Gross + Add:</b>							3,003.00	
Deductions								
			Social Security		186.19			
			Medicare		43.55			
			State Income Tax		17.74			
<b>Total Deductions:</b>					247.48			
<b>Net Pay:</b>					2,755.52			
<b>Advances:</b>								
<b>Net + Advances:</b>					2,755.52			
Overhead								
			ER Social Security		186.19			
			ER Medicare		43.55			
			ER FUTA		18.02			
			Workers' Compensation		5.70			
			Liability Insurance		82.82			
			ER State Unemployment		87.10			
<b>Total Overhead:</b>							423.38	
<b>Total Cost of Payroll:</b>							3,426.38	



Broadway Construction LLC

# Payroll Check Register

12/13/21

## Payroll Check Register

with Calculations

Employee 3 to 3

Accounting Manager 1

Record#	Batch#	Check#	Date	Employee#	Gross	Add	Deduct	Net
2			04/30/2021		4,640.00		774.60	3,865.40
		287.68	Medicare		67.28	Federal Income Tax		338.96
		287.68	ER Medicare		67.28	ER FUTA		27.84
		80.68	ER State Unemp		134.56			
11			05/31/2021		1,160.00		193.65	966.35
		71.92	Medicare		16.82	Federal Income Tax		84.74
		71.92	ER Medicare		16.82	ER FUTA		6.96
		2.20	Liability Insurance		31.99	State Income Tax		20.17
		33.64						
16			06/30/2021		1,160.00		193.65	966.35
		71.92	Medicare		16.82	Federal Income Tax		84.74
		71.92	ER Medicare		16.82	ER FUTA		6.96
		2.20	Liability Insurance		31.99	State Income Tax		20.17
		33.64						
21			07/31/2021		299.00		22.88	276.12
		18.54	Medicare		4.34	Federal Income Tax		
		18.54	ER Medicare		4.34	ER FUTA		0.24
		0.57	Liability Insurance		8.25	State Income Tax		
		8.67						
<b>Grand Totals:</b>					<b>7,259.00</b>		<b>1,184.78</b>	<b>6,074.22</b>



Broadway Construction LLC

# Payroll Check Register

12/13/21

Payroll Check Register  
with Calculations  
Employee 3 to 3

Record#	Batch#	Check#	Date	Employee#	Gross	Add	Deduct	Net
Gross Payroll:					7,259.00			
Add-Ons:								
<b>Total Add-Ons:</b>								
<b>Total Gross + Add:</b>						7,259.00		
<b>Deductions</b>								
Social Security					450.06			
Medicare					105.26			
Federal Income Tax					508.44			
State Income Tax					121.02			
<b>Total Deductions:</b>					1,184.78			
<b>Net Pay:</b>					6,074.22			
<b>Advances:</b>								
<b>Net + Advances:</b>					6,074.22			
<b>Overhead</b>								
ER Social Security					450.06			
ER Medicare					105.26			
ER FUTA					42.00			
Workers' Compensation					4.97			
Liability Insurance					72.23			
ER State Unemployment					210.51			
<b>Total Overhead:</b>						885.03		
<b>Total Cost of Payroll:</b>						8,144.03		



## Payroll Check Register

with Calculations  
Employee 4 to 4

Estimator/Project Manager

Record#	Batch#	Check#	Date	Employee#	Gross	Add	Deduct	Net
5			04/30/2021		6,880.00		1,370.12	5,509.88
		426.56	Medicare		99.76	Federal Income Tax		607.76
		426.56	ER Medicare		99.76	ER FUTA		41.22
		236.04	ER State Unemp		199.52			
12			05/31/2021		1,720.00		342.57	1,377.43
		106.64	Medicare		24.94	Federal Income Tax		151.98
		106.64	ER Medicare		24.94	ER FUTA		0.72
		29.58	Liability Insurance		47.44	State Income Tax		59.01
		49.88						
17			06/30/2021		1,720.00		342.53	1,377.47
		106.64	Medicare		24.94	Federal Income Tax		151.94
		106.64	ER Medicare		24.94	ER FUTA		
		29.58	Liability Insurance		47.44	State Income Tax		59.01
		49.88						
24			07/31/2021		1,720.00		342.53	1,377.47
		106.64	Medicare		24.94	Federal Income Tax		151.94
		106.64	ER Medicare		24.94	ER FUTA		
		29.58	Liability Insurance		47.44	State Income Tax		59.01
		49.88						
36			08/31/2021		1,720.00		342.53	1,377.47
		106.64	Medicare		24.94	Federal Income Tax		151.94
		106.64	ER Medicare		24.94	ER FUTA		
		29.58	Liability Insurance		47.44	State Income Tax		59.01
		49.88						
45			09/30/2021		1,720.00		342.53	1,377.47
		106.64	Medicare		24.94	Federal Income Tax		151.94
		106.64	ER Medicare		24.94	ER FUTA		

Payroll Check Register

12/13/21

Continued...

Record#	Batch#	Check#	Date	Employee# Gross	Add	Deduct	Net
Workers' Compensatio ER State Unemploymen		29.58 6.96	Liability Insurance	47.44	State Income Tax		59.01
55			11/03/2021				
				1,720.00		325.87	1,394.13
Social Security ER Social Security		106.64 106.64	Medicare ER Medicare	24.94 24.94	Federal Income Tax ER FUTA		135.28
Workers' Compensatio ER State Unemploymen		29.58	Liability Insurance	47.44	State Income Tax		59.01
67			11/30/2021				
				1,720.00		325.87	1,394.13
Social Security ER Social Security		106.64 106.64	Medicare ER Medicare	24.94 24.94	Federal Income Tax ER FUTA		135.28
Workers' Compensatio ER State Unemploymen		29.58	Liability Insurance	47.44	State Income Tax		59.01
<b>Grand Totals:</b>				<b>18,920.00</b>		<b>3,734.55</b>	<b>15,185.45</b>

Payroll Check Register

12/13/21

Continued...

Record#	Batch#	Check#	Date	Employee# Gross	Add	Deduct	Net
Gross Payroll:				18,920.00			
Add-Ons:							
Total Add-Ons:							
Total Gross + Add:					18,920.00		
Deductions							
Social Security			1,173.04				
Medicare			274.34				
Federal Income Tax			1,638.06				
State Income Tax			649.11				
Total Deductions:				3,734.55			
Net Pay:				15,185.45			
Advances:							
Net + Advances:				15,185.45			
Overhead							
ER Social Security			1,173.04				
ER Medicare			274.34				
ER FUTA			41.94				
Workers' Compensation			207.06				
Liability Insurance			332.08				
ER State Unemployment			406.00				
Total Overhead:					2,434.46		
Total Cost of Payroll:					21,354.46		



Broadway Construction LLC

# Payroll Check Register

12/13/21

Payroll Check Register  
with Calculations  
Employee 5 to 5

Record#	Batch#	Check#	Date	Employee#	Gross	Add	Deduct	Net
3			04/30/2021				(Void)	
4			04/30/2021				(Void)	
6			04/30/2021					
					43,846.11		18,200.48	25,645.63
		2,718.52	Medicare		635.74	Federal Income Tax		7,699.37
		2,718.52	ER Medicare		635.74	ER FUTA		42.00
		2,762.22	ER State Unemp		406.00	401K EE \$		4,384.63
7			04/30/2021				(Void)	
8			05/19/2021				(Void)	
9			05/19/2021					
					4,615.38		1,915.84	2,699.54
		286.16	Medicare		66.92	Federal Income Tax		810.46
		286.16	ER Medicare		66.92	ER FUTA		
		7.89	Liability Insurance		114.57	State Income Tax		290.76
			401K EE \$		461.54	401K Employer C		184.62
13			06/02/2021					
					4,615.38		1,915.84	2,699.54
		286.16	Medicare		66.92	Federal Income Tax		810.46
		286.17	ER Medicare		66.92	ER FUTA		
		7.89	Liability Insurance		114.57	State Income Tax		290.76
			401K EE %		461.54	401K EE \$		
		184.62						
14			06/21/2021					
					4,615.38		1,915.85	2,699.53
		286.16	Medicare		66.92	Federal Income Tax		810.46
		286.16	ER Medicare		66.92	ER FUTA		
		7.89	Liability Insurance		114.57	State Income Tax		290.77
			401K EE %		461.54	401K EE \$		
		184.62						
18			06/30/2021					
					4,615.38		1,915.85	2,699.53
		286.16	Medicare		66.92	Federal Income Tax		810.46
		286.16	ER Medicare		66.92	ER FUTA		
		7.89	Liability Insurance		114.57	State Income Tax		290.77



Payroll Check Register

12/13/21

Continued...

Record#	Batch#	Check#	Date	Employee#	Gross	Add	Deduct	Net
41			09/22/2021		4,615.38		1,915.85	2,699.53
		286.16	Medicare		66.92		Federal Income Tax	810.46
		286.16	ER Medicare		66.92		ER FUTA	
		7.89	Liability Insurance		114.57		State Income Tax	290.77
		184.62	401K EE %		461.54		401K EE \$	
46			10/06/2021		4,615.38		1,915.85	2,699.53
		286.16	Medicare		66.92		Federal Income Tax	810.46
		286.16	ER Medicare		66.92		ER FUTA	
		7.89	Liability Insurance		114.57		State Income Tax	290.77
		184.62	401K EE %		461.54		401K EE \$	
49			10/20/2021		4,615.38		1,915.85	2,699.53
		286.16	Medicare		66.92		Federal Income Tax	810.46
		286.16	ER Medicare		66.92		ER FUTA	
		7.89	Liability Insurance		114.57		State Income Tax	290.77
		184.62	401K EE %		461.54		401K EE \$	
56			11/03/2021		4,615.38		1,915.85	2,699.53
		286.16	Medicare		66.92		Federal Income Tax	810.46
		286.16	ER Medicare		66.92		ER FUTA	
		7.89	Liability Insurance		114.57		State Income Tax	290.77
		184.62	401K EE %		461.54		401K EE \$	
61			11/17/2021		4,615.38		1,915.85	2,699.53
		286.16	Medicare		66.92		Federal Income Tax	810.46
		286.16	ER Medicare		66.92		ER FUTA	
		7.89	Liability Insurance		114.57		State Income Tax	290.77
		184.62	401K EE %		461.54		401K EE \$	
68			12/01/2021		4,615.38		1,915.85	2,699.53
		286.16	Medicare		66.92		Federal Income Tax	810.46
		286.16	ER Medicare		66.92		ER FUTA	
		7.89	Liability Insurance		114.57		State Income Tax	290.77

Payroll Check Register

12/13/21

Continued...

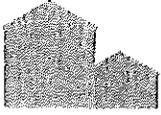
Record#	Batch#	Check#	Date	Employee#	Gross	Add	Deduct	Net
ER State Unemploymen			401K EE %		461.54	401K EE \$		
401K Employer Contri		184.62						
<b>Grand Totals:</b>					<b>113,076.81</b>		<b>46,938.21</b>	<b>66,138.60</b>

Payroll Check Register

12/13/21

Continued...

Record#	Batch#	Check#	Date	Employee#	Gross	Add	Deduct	Net
Gross Payroll:					113,076.81			
Add-Ons:								
Total Add-Ons:								
Total Gross + Add:						113,076.81		
Deductions								
Social Security					7,010.92			
Medicare					1,639.54			
Federal Income Tax					19,856.27			
State Income Tax					7,123.75			
401K EE %					6,461.56			
401K EE \$					4,846.17			
Total Deductions:					46,938.21			
Net Pay:					66,138.60			
Advances:								
Net + Advances:					66,138.60			
Overhead								
ER Social Security					7,010.93			
ER Medicare					1,639.54			
ER FUTA					42.00			
Workers' Compensation					118.35			
Liability Insurance					1,718.55			
ER State Unemployment					406.00			
401K Employer Contributio					2,769.30			
Total Overhead:						13,704.67		
Total Cost of Payroll:						126,781.48		



Broadway Construction LLC

# Payroll Check Register

12/13/21

Payroll Check Register  
with Calculations  
Employee 6 to 6

Record#	Batch#	Check#	Date	Employee#	Gross	Add	Deduct	Net
20			07/31/2021		339.60		45.68	293.92
		21.06	Medicare		4.92	Federal Income Tax		9.83
		21.06	ER Medicare		4.92	ER FUTA		2.04
		0.65	Liability Insurance		9.37	State Income Tax		9.87
		9.85						
27			08/11/2021		1,018.80		137.04	881.76
		63.18	Medicare		14.76	Federal Income Tax		29.49
		63.18	ER Medicare		14.76	ER FUTA		6.11
		1.94	Liability Insurance		28.10	State Income Tax		29.61
		29.55						
28			08/25/2021		305.64		37.69	267.95
		18.95	Medicare		4.43	Federal Income Tax		6.43
		18.95	ER Medicare		4.43	ER FUTA		1.83
		0.58	Liability Insurance		8.43	State Income Tax		7.88
		8.86						
29			08/18/2021		339.60		45.68	293.92
		21.06	Medicare		4.92	Federal Income Tax		9.83
		21.06	ER Medicare		4.92	ER FUTA		2.04
		0.65	Liability Insurance		9.37	State Income Tax		9.87
		9.85						
33			09/01/2021		271.68		30.27	241.41
		16.84	Medicare		3.94	Federal Income Tax		3.03
		16.84	ER Medicare		3.94	ER FUTA		1.63
		0.52	Liability Insurance		7.49	State Income Tax		6.46
		7.88						
37			09/08/2021		339.60		45.68	293.92
		21.06	Medicare		4.92	Federal Income Tax		9.83

Payroll Check Register

12/13/21

Continued...

Record#	Batch#	Check#	Date	Employee#	Gross	Add	Deduct	Net
ER Social Security		21.06	ER Medicare		4.92	ER FUTA		2.04
Workers' Compensatio		0.65	Liability Insurance		9.37	State Income Tax		9.87
ER State Unemploymen		9.85						
39			09/15/2021		271.68		30.27	241.41
Social Security		16.84	Medicare		3.94	Federal Income Tax		3.03
ER Social Security		16.84	ER Medicare		3.94	ER FUTA		1.63
Workers' Compensatio		0.52	Liability Insurance		7.49	State Income Tax		6.46
ER State Unemploymen		7.88						
40			09/22/2021		339.60		45.68	293.92
Social Security		21.06	Medicare		4.92	Federal Income Tax		9.83
ER Social Security		21.06	ER Medicare		4.92	ER FUTA		2.04
Workers' Compensatio		0.65	Liability Insurance		9.37	State Income Tax		9.87
ER State Unemploymen		9.85						
42			09/29/2021		169.80		15.37	154.43
Social Security		10.53	Medicare		2.46	Federal Income Tax		
ER Social Security		10.53	ER Medicare		2.46	ER FUTA		1.02
Workers' Compensatio		0.32	Liability Insurance		4.68	State Income Tax		2.38
ER State Unemploymen		4.92						
<b>Grand Totals:</b>					<b>3,396.00</b>		<b>433.36</b>	<b>2,962.64</b>

Payroll Check Register

12/13/21

Continued...

Record#	Batch#	Check#	Date	Employee#	Gross	Add	Deduct	Net
Gross Payroll:					3,396.00			
Add-Ons:								
<b>Total Add-Ons:</b>								
<b>Total Gross + Add:</b>						<b>3,396.00</b>		
<b>Deductions</b>								
Social Security			210.58					
Medicare			49.21					
Federal Income Tax			81.30					
State Income Tax			92.27					
<b>Total Deductions:</b>					<b>433.36</b>			
<b>Net Pay:</b>					<b>2,962.64</b>			
<b>Advances:</b>								
<b>Net + Advances:</b>					<b>2,962.64</b>			
<b>Overhead</b>								
ER Social Security			210.58					
ER Medicare			49.21					
ER FUTA			20.38					
Workers' Compensation			6.48					
Liability Insurance			93.67					
ER State Unemployment			98.49					
<b>Total Overhead:</b>						<b>478.81</b>		
<b>Total Cost of Payroll:</b>						<b>3,874.81</b>		



Broadway Construction LLC

# Payroll Check Register

12/13/21

## Payroll Check Register

with Calculations

Employee 7 to 7

Superintendent

Record#	Batch#	Check#	Date	Employee#	Gross	Add	Deduct	Net
48			10/13/2021		2,884.62		905.25	1,979.37
		178.85	Medicare		41.83	Federal Income Tax		509.79
		178.85	ER Medicare		41.83	ER FUTA		17.31
		5.48	Liability Insurance		79.56	State Income Tax		174.78
		83.65						
51			10/20/2021		2,884.62		905.25	1,979.37
		178.85	Medicare		41.83	Federal Income Tax		509.79
		178.85	ER Medicare		41.83	ER FUTA		17.31
		5.48	Liability Insurance		79.56	State Income Tax		174.78
		83.65						
53			10/27/2021		2,884.62		905.25	1,979.37
		178.85	Medicare		41.83	Federal Income Tax		509.79
		178.85	ER Medicare		41.83	ER FUTA		7.38
		5.48	Liability Insurance		79.56	State Income Tax		174.78
		83.65						
58			11/03/2021		2,884.62		905.25	1,979.37
		178.85	Medicare		41.83	Federal Income Tax		509.79
		178.85	ER Medicare		41.83	ER FUTA		
		5.48	Liability Insurance		79.56	State Income Tax		174.78
		83.65						
60			11/10/2021		2,884.62		905.25	1,979.37
		178.85	Medicare		41.83	Federal Income Tax		509.79
		178.85	ER Medicare		41.83	ER FUTA		
		5.48	Liability Insurance		79.56	State Income Tax		174.78
		71.38						
63			11/17/2021		2,884.62		905.25	1,979.37
		178.85	Medicare		41.83	Federal Income Tax		509.79

Payroll Check Register

12/13/21

Continued...

Record#	Batch#	Check#	Date	Employee#	Gross	Add	Deduct	Net
ER Social Security		178.85	ER Medicare		41.83	ER FUTA		
Workers' Compensatio		5.48	Liability Insurance		79.56	State Income Tax		174.78
ER State Unemploymen								
65			11/24/2021					
					2,884.62		905.25	1,979.37
Social Security		178.85	Medicare		41.83	Federal Income Tax		509.79
ER Social Security		178.85	ER Medicare		41.83	ER FUTA		
Workers' Compensatio		5.48	Liability Insurance		79.56	State Income Tax		174.78
ER State Unemploymen								
70			12/01/2021					
					2,884.62		905.25	1,979.37
Social Security		178.85	Medicare		41.83	Federal Income Tax		509.79
ER Social Security		178.85	ER Medicare		41.83	ER FUTA		
Workers' Compensatio		5.48	Liability Insurance		79.56	State Income Tax		174.78
ER State Unemploymen								
72			12/07/2021					
					2,884.62		905.25	1,979.37
Social Security		178.85	Medicare		41.83	Federal Income Tax		509.79
ER Social Security		178.85	ER Medicare		41.83	ER FUTA		
Workers' Compensatio		5.48	Liability Insurance		79.56	State Income Tax		174.78
ER State Unemploymen								
<b>Grand Totals:</b>					<b>25,961.58</b>		<b>8,147.25</b>	<b>17,814.33</b>

Payroll Check Register

12/13/21

Continued...

Record#	Batch#	Check#	Date	Employee#				
				Gross	Add	Deduct	Net	
Gross Payroll:				25,961.58				
Add-Ons:								
Total Add-Ons:								
Total Gross + Add:					25,961.58			
Deductions								
Social Security			1,609.65					
Medicare			376.47					
Federal Income Tax			4,588.11					
State Income Tax			1,573.02					
Total Deductions:				8,147.25				
Net Pay:				17,814.33				
Advances:								
Net + Advances:				17,814.33				
Overhead								
ER Social Security			1,609.65					
ER Medicare			376.47					
ER FUTA			42.00					
Workers' Compensation			49.32					
Liability Insurance			716.04					
ER State Unemployment			405.98					
Total Overhead:					3,199.46			
Total Cost of Payroll:					29,161.04			

Estimator/Project Manager, Asst Project Manager, Accounting Manager

Broadway Construction LLC

Payroll Register

For the Period From Jan 1, 2020 to Dec 31, 2020

Filter Criteria includes: Report order is by Check Date. Report is printed in Detail Format.

Employee ID Employee Masked SS No Reference Date	Pay Type	Pay Hr	Pay Amt	Amount	Gross St_Income St_Unemp_C	Fed_Income Soc_Sec_C	Soc_Sec Medicare_C	MEDICARE Fed_Unemp
[REDACTED] 5/30/20	Regular	40.00	2,978.10	2,333.34	2,978.10 -119.07	-297.81	-184.68	-43.20
[REDACTED] 5/30/20	Regular	40.00	6,923.20	4,864.32	6,923.20 -407.04	-1,122.24	-429.28	-100.32
[REDACTED] 6/1/20	Regular	40.00	1,200.00	989.76	1,200.00 -28.90 -39.60	-89.54 -74.40	-74.40 -17.40	-17.40 -7.20
[REDACTED] 6/26/20	Regular	40.00	1,200.00	989.76	1,200.00 -28.90 -39.60	-89.54 -74.40	-74.40 -17.40	-17.40 -7.20
[REDACTED] 6/26/20	Regular	40.00	441.20	451.57	441.20 -14.56	44.12 -27.35	-27.35 -6.40	-6.40 -2.65
[REDACTED] 6/26/20	Regular	40.00	441.20	-451.57	-441.20 14.56	-44.12 27.35	27.35 6.40	6.40 2.65
[REDACTED] 6/26/20	Regular	40.00	441.20	345.69	441.20 -17.64 -14.56	-44.12 -27.35	-27.35 -6.40	-6.40 -2.65
[REDACTED] 6/26/20	Regular	40.00	1,720.00	1,248.85	1,720.00 -59.01	-280.56 -106.64	-106.64 -24.94	-24.94 -10.32

**Broadway Construction LLC**  
**Payroll Register**  
**For the Period From Jan 1, 2020 to Dec 31, 2020**

Filter Criteria includes: Report order is by Check Date. Report is printed in Detail Format.

Employee ID Employee Masked SS No Reference Date	Pay Type	Pay Hr	Pay Amt	Amount	Gross St_Income St_Unemp_C	Fed_Income Soc_Sec_C	Soc_Sec Medicare_C	MEDICARE Fed_Unemp
[REDACTED]					-56.76			
6/26/20	Regular	40.00	1,200.00	989.76	1,200.00 -28.90 -39.60	-89.54 -74.40	-74.40 -17.40	-17.40 -7.20
[REDACTED]								
7/17/20	Regular	40.00	-1,200.00	-989.76	-1,200.00 28.90 39.60	89.54 74.40	74.40 17.40	17.40 7.20
7/17/20	Regular	40.00	-441.20	-345.69	-441.20 17.64 14.56	44.12 27.35	27.35 6.40	6.40 2.65
7/17/20	Regular	40.00	-1,720.00	-1,248.85	-1,720.00 59.01 56.76	280.56 106.64	106.64 24.94	24.94 10.32
7/17/20	Regular	40.00	1,200.00	989.76	1,200.00 -28.90 -39.60	-89.54 -74.40	-74.40 -17.40	-17.40 -7.20
7/17/20	Regular	40.00	-1,200.00	-989.76	-1,200.00 28.90 39.60	89.54 74.40	74.40 17.40	17.40 7.20

**Broadway Construction LLC  
Payroll Register  
For the Period From Jan 1, 2020 to Dec 31, 2020**

Filter Criteria includes: Report order is by Check Date. Report is printed in Detail Format.

Employee ID Employee Masked SS No Reference Date	Pay Type	Pay Hr	Pay Amt	Amount	Gross St_Income St_Unemp_C	Fed_Income Soc_Sec_C	Soc_Sec Medicare_C	MEDICARE Fed_Unemp
7/17/20	Regular	40.00	1,200.00	989.76	1,200.00 -28.90 -39.60	-89.54 -74.40	-74.40 -17.40	-17.40 -7.20
7/20/20	Regular	40.00	441.20	412.64	441.20 17.64 -14.56	-12.45 -27.35	-27.35 -6.40	-6.40 -2.65
7/20/20	Regular	40.00	1,720.00	1,377.47	1,720.00 -59.01 -56.76	-151.94 -106.64	-106.64 -24.94	-24.94 -10.32
7/29/20	Regular	40.00	-1,200.00	-989.76	-1,200.00 28.90 39.60	89.54 74.40	74.40 17.40	17.40 7.20
7/29/20	Regular	40.00	1,200.00	989.76	1,200.00 -28.90 -39.60	-89.54 -74.40	-74.40 -17.40	-17.40 -7.20
7/29/20	Regular	40.00	1,720.00	1,377.47	1,720.00 -59.01 -56.76	-151.94 -106.64	-106.64 -24.94	-24.94 -10.32
7/29/20	Regular	40.00	1,160.00	966.35	1,160.00 -20.17 -38.28	-84.74 -71.92	-71.92 -16.82	-16.82 -6.96

**Broadway Construction LLC**  
**Payroll Register**  
**For the Period From Jan 1, 2020 to Dec 31, 2020**

Filter Criteria includes: Report order is by Check Date. Report is printed in Detail Format.

Employee ID Employee Masked SS No Reference Date	Pay Type	Pay Hr	Pay Amt	Amount	Gross St_Income St_Unemp_C	Fed_Income Soc_Sec_C	Soc_Sec Medicare_C	MEDICARE Fed_Unemp
[REDACTED] 8/31/20	Regular	40.00	1,200.00	989.76	1,200.00 -28.90 -39.60	-89.54 -74.40	-74.40 -17.40	-17.40 -7.20
[REDACTED] 8/31/20	Regular	40.00	1,160.00	966.35	1,160.00 -20.17 -38.28	-84.74 -71.92	-71.92 -16.82	-16.82 -6.96
[REDACTED] 8/31/20	Regular	40.00	1,720.00	1,377.47	1,720.00 -59.01 -56.76	-151.94 -106.64	-106.64 -24.94	-24.94 -10.32
[REDACTED] 9/28/20	Regular	40.00	1,200.00	989.76	1,200.00 -28.90 -39.60	-89.54 -74.40	-74.40 -17.40	-17.40 -7.20
[REDACTED] 9/28/20	Regular	40.00	1,160.00	966.35	1,160.00 -20.17 -38.28	-84.74 -71.92	-71.92 -16.82	-16.82 -6.96
[REDACTED] 9/28/20	Regular	40.00	1,720.00	1,377.47	1,720.00 -59.01 -56.76	-151.94 -106.64	-106.64 -24.94	-24.94 -10.32
[REDACTED] 9/28/20	Regular	40.00	1,200.00	989.76	1,200.00 -28.90 -39.60	-89.54 -74.40	-74.40 -17.40	-17.40 -7.20
[REDACTED] 11/1/20	Regular	40.00	1,160.00	966.35	1,160.00 -20.17	-84.74 -71.92	-71.92 -16.82	-16.82 -0.60

Filter Criteria includes: Report order is by Check Date. Report is printed in Detail Format.

**Broadway Construction LLC  
Payroll Register  
For the Period From Jan 1, 2020 to Dec 31, 2020**

Employee ID Employee Masked SS No Reference Date	Pay Type	Pay Hr	Pay Amt	Amount	Gross St_Income St_Unemp_C	Fed_Income Soc_Sec_C	Soc_Sec Medicare_C	MEDICARE Fed_Unemp
[REDACTED] 11/1/20	Regular	40.00	1,720.00	1,377.47	1,720.00 -59.01 -6.49	-151.94 -106.64	-106.64 -24.94	-24.94
Summary Total 4/1/20 thru 6/30/20	Regular	160.00	14,462.50	10,771.72	14,462.50 -660.56 -150.52	-1,923.81 -282.79	-896.75 -66.14	-209.66 -27.37
Summary Total 7/1/20 thru 9/30/20	Regular	320.00	11,040.00	9,206.55	11,040.00 -260.06 -364.32	-728.83 -684.48	-684.48 -160.08	-160.08 -66.24
Summary Total 10/1/20 thru 12/31/20	Regular	120.00	4,080.00	3,333.58	4,080.00 -108.08 -84.37	-326.22 -252.96	-252.96 -59.16	-59.16 -7.80
Report Date Final Total 1/1/20 thru 12/31/20	Regular	600.00	29,582.50	23,311.85	29,582.50 -1,028.70 -599.21	-2,978.86 -1,220.23	-1,834.19 -285.38	-428.90 -101.41

Broadway Construction, LLC  
 Payroll Summary  
 2019  
 Accounting Manager

Period Beg	Payroll Period End	Pay Date	Hours	Gross	Federal Withholding	Employee SSA	Employee Medicare	Employee State Withholding	Total Deductions	Net Pay	Employer SSA	Employer Medicare	Federal Withholding	Total Medicare	Total	Federal Deposit	State Deposit	
2/17/2019	2/23/2019	2/27/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
Total February			10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
2/24/2019	3/2/2019	3/6/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
3/2/2019	3/9/2019	3/13/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
3/10/2019	3/16/2019	3/20/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
3/17/2019	3/23/2019	3/27/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
Total March			40.00	\$ 441.20	\$ 44.12	\$ 27.36	\$ 6.40	\$ 17.64	\$ 95.52	\$ 345.68	\$ 27.36	\$ 6.40	\$ 44.12	\$ 54.72	\$ 111.64			
3/24/2019	3/30/2019	4/3/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
3/31/2019	4/6/2019	4/10/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
4/7/2019	4/13/2019	4/17/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
4/14/2019	4/20/2019	4/24/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
Total April			40.00	\$ 441.20	\$ 44.12	\$ 27.36	\$ 6.40	\$ 17.64	\$ 95.52	\$ 345.68	\$ 27.36	\$ 6.40	\$ 44.12	\$ 54.72	\$ 111.64			
4/21/2019	4/27/2019	5/29/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
4/28/2019	5/4/2019	5/29/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
5/5/2019	5/11/2019	5/29/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
5/12/2019	5/18/2019	5/29/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
5/19/2019	5/25/2019	5/29/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
Total May			50.00	\$ 551.50	\$ 55.15	\$ 34.20	\$ 8.00	\$ 22.05	\$ 119.40	\$ 432.10	\$ 34.20	\$ 8.00	\$ 55.15	\$ 68.40	\$ 139.55			
5/26/2019	6/1/2019	6/26/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
6/2/2019	6/8/2019	6/26/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
6/9/2019	6/15/2019	6/26/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
6/16/2019	6/22/2019	6/26/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
Total June			40.00	\$ 441.40	\$ 44.12	\$ 27.36	\$ 6.40	\$ 17.64	\$ 95.52	\$ 345.88	\$ 27.36	\$ 6.40	\$ 44.12	\$ 54.72	\$ 111.64			
3rd Quarter			120.00	\$ 1,303.00	\$ 130.30	\$ 80.64	\$ 24.00	\$ 66.15	\$ 358.32	\$ 1,122.68	\$ 106.08	\$ 24.00	\$ 130.30	\$ 163.44	\$ 389.55			
1/27/2019	2/2/2019	2/6/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
2/3/2019	2/9/2019	2/13/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
2/10/2019	2/16/2019	2/20/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
Total Feb			30.00	\$ 330.90	\$ 33.09	\$ 20.52	\$ 4.80	\$ 13.23	\$ 71.64	\$ 259.26	\$ 20.52	\$ 4.80	\$ 33.09	\$ 41.04	\$ 96.60	\$ 83.73		
6/29/2019	7/5/2019	8/12/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
6/30/2019	7/6/2019	8/12/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
7/7/2019	7/13/2019	8/12/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
7/14/2019	7/20/2019	8/12/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
7/21/2019	7/27/2019	8/12/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
Total July			50.00	\$ 551.50	\$ 55.15	\$ 34.20	\$ 8.00	\$ 22.05	\$ 119.40	\$ 432.10	\$ 34.20	\$ 8.00	\$ 55.15	\$ 68.40	\$ 139.55			
4th Quarter			120.00	\$ 1,303.00	\$ 130.30	\$ 80.64	\$ 24.00	\$ 66.15	\$ 358.32	\$ 1,122.68	\$ 106.08	\$ 24.00	\$ 130.30	\$ 163.44	\$ 389.55			
7/28/2019	8/3/2019	10/3/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
8/4/2019	8/10/2019	10/3/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
8/11/2019	8/17/2019	10/3/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
8/18/2019	8/24/2019	10/3/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
Total August			40.00	\$ 441.20	\$ 44.12	\$ 27.36	\$ 6.40	\$ 17.64	\$ 95.52	\$ 345.68	\$ 27.36	\$ 6.40	\$ 44.12	\$ 54.72	\$ 111.64			
8/25/2019	8/31/2019	10/3/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
9/1/2019	9/7/2019	10/3/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
9/8/2019	9/14/2019	10/3/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
9/15/2019	9/21/2019	10/3/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
Total September			40.00	\$ 441.20	\$ 44.12	\$ 27.36	\$ 6.40	\$ 17.64	\$ 95.52	\$ 345.68	\$ 27.36	\$ 6.40	\$ 44.12	\$ 54.72	\$ 111.64			
9/22/2019	9/28/2019	10/31/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
9/29/2019	10/5/2019	10/31/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
10/6/2019	10/12/2019	10/31/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
10/13/2019	10/19/2019	10/31/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
10/20/2019	10/26/2019	10/31/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
Total October			50.00	\$ 551.50	\$ 55.15	\$ 34.20	\$ 8.00	\$ 22.05	\$ 119.40	\$ 432.10	\$ 34.20	\$ 8.00	\$ 55.15	\$ 68.40	\$ 139.55			
10/27/2019	11/2/2019	12/9/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
11/3/2019	11/9/2019	12/9/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
11/10/2019	11/16/2019	12/9/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
11/17/2019	11/23/2019	12/9/2019	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 27.91			
Total November			40.00	\$ 441.20	\$ 44.12	\$ 27.36	\$ 6.40	\$ 17.64	\$ 95.52	\$ 345.68	\$ 27.36	\$ 6.40	\$ 44.12	\$ 54.72	\$ 111.64			
Total			1,200.00	\$ 13,030.00	\$ 1,303.00	\$ 806.40	\$ 240.00	\$ 661.50	\$ 3,583.20	\$ 11,226.80	\$ 1,060.80	\$ 240.00	\$ 1,303.00	\$ 1,634.40	\$ 3,895.50			

Broadway Construction, LLC  
 Payroll Summary  
 2019

Period	Payroll Period	Pay Date	Hours	Gross	Federal Withholding	Employee SSA	Employee Medicare	State Withholding	Total Deductions	Net Pay	Employer SSA	Employer Medicare	Federal Withholding	Federal Tax Summary Total	Total Federal	Federal Deposit	State Deposit	
2019			430.00	\$ 4,743.10	\$ 474.29	\$ 294.12	\$ 68.80	\$ 189.63	\$ 1,026.84	\$ 3,716.26	\$ 294.12	\$ 68.80	\$ 474.29	\$ 588.24	\$ 137.60	\$ 1,200.13		
11/24/2019	11/30/2019	1/16/2020	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 3.20	\$ 27.91		
12/1/2019	12/7/2019	1/16/2020	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 3.20	\$ 27.91		
12/8/2019	12/14/2019	1/16/2020	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 3.20	\$ 27.91		
12/15/2019	12/21/2019	1/16/2020	10.00	\$ 110.30	\$ 11.03	\$ 6.84	\$ 1.60	\$ 4.41	\$ 23.88	\$ 86.42	\$ 6.84	\$ 1.60	\$ 11.03	\$ 13.68	\$ 3.20	\$ 27.91		
<b>Total December</b>			<b>40.00</b>	<b>\$ 441.20</b>	<b>\$ 44.12</b>	<b>\$ 27.36</b>	<b>\$ 6.40</b>	<b>\$ 17.64</b>	<b>\$ 95.52</b>	<b>\$ 345.68</b>	<b>\$ 27.36</b>	<b>\$ 6.40</b>	<b>\$ 44.12</b>	<b>\$ 54.72</b>	<b>\$ 12.80</b>	<b>\$ 111.64</b>	<b>\$ 111.64</b>	<b>1/16/2020</b>

2020 (Accrue in 2019)

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

950117  
 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 2019**  
 (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>	<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>	<input type="text" value="1"/>
<b>2</b>	<b>Wages, tips, and other compensation</b>	<b>2</b>	<input type="text" value="1,985.40"/>
<b>3</b>	<b>Federal income tax withheld from wages, tips, and other compensation</b>	<b>3</b>	<input type="text" value="198.54"/>
<b>4</b>	<b>If no wages, tips, and other compensation are subject to social security or Medicare tax</b>	<input type="checkbox"/> Check and go to line 6.	
		<b>Column 1</b>	<b>Column 2</b>
<b>5a</b>	<b>Taxable social security wages</b>	<input type="text" value="1,985.40"/> × 0.124 =	<input type="text" value="246.19"/>
<b>5b</b>	<b>Taxable social security tips</b>	<input type="text" value="."/> × 0.124 =	<input type="text" value="."/>
<b>5c</b>	<b>Taxable Medicare wages &amp; tips</b>	<input type="text" value="1,985.40"/> × 0.029 =	<input type="text" value="57.58"/>
<b>5d</b>	<b>Taxable wages &amp; tips subject to Additional Medicare Tax withholding</b>	<input type="text" value="."/> × 0.009 =	<input type="text" value="."/>
<b>5e</b>	<b>Add Column 2 from lines 5a, 5b, 5c, and 5d</b>	<b>5e</b>	<input type="text" value="303.77"/>
<b>5f</b>	<b>Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)</b>	<b>5f</b>	<input type="text" value="."/>
<b>6</b>	<b>Total taxes before adjustments. Add lines 3, 5e, and 5f</b>	<b>6</b>	<input type="text" value="502.31"/>
<b>7</b>	<b>Current quarter's adjustment for fractions of cents</b>	<b>7</b>	<input type="text" value="."/> 07
<b>8</b>	<b>Current quarter's adjustment for sick pay</b>	<b>8</b>	<input type="text" value="."/>
<b>9</b>	<b>Current quarter's adjustments for tips and group-term life insurance</b>	<b>9</b>	<input type="text" value="."/>
<b>10</b>	<b>Total taxes after adjustments. Combine lines 6 through 9</b>	<b>10</b>	<input type="text" value="502.38"/>
<b>11</b>	<b>Qualified small business payroll tax credit for increasing research activities. Attach Form 8974</b>	<b>11</b>	<input type="text" value="."/>
<b>12</b>	<b>Total taxes after adjustments and credits. Subtract line 11 from line 10</b>	<b>12</b>	<input type="text" value="502.38"/>
<b>13</b>	<b>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</b>	<b>13</b>	<input type="text" value="502.38"/>
<b>14</b>	<b>Balance due. If line 12 is more than line 13, enter the difference and see instructions</b>	<b>14</b>	<input type="text" value="0.00"/>
<b>15</b>	<b>Overpayment. If line 13 is more than line 12, enter the difference</b>	<input type="text" value="0.00"/>	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

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

Next ►

Name (not your trade name)

BROADWAY CONSTRUCTION, LLC

Employer identification number (EIN)

82-2406277

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 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 are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

[X] 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	223.28
Month 2	167.46
Month 3	111.64
Total liability for quarter	502.38

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.

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

17 If your business has closed or you stopped paying wages . . . . . [ ] Check here, and enter the final date you paid wages / / .

18 If you are a seasonal employer and you don't 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. [ ] [ ] [ ] [ ] [ ]

[X] No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

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



Sign your name here

[ ]

Print your name here

NICOLE PLATT

Print your title here

MANAGING MEMBER

Date

/ /

Best daytime phone

414-761-3868

Paid Preparer Use Only

Check if you are 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

[ ]

# 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 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](http://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 2019," "2nd Quarter 2019," "3rd Quarter 2019," or "4th Quarter 2019") 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. ▼** ✂

<b>Form 941-V</b> Department of the Treasury Internal Revenue Service		<b>Payment Voucher</b> ▶ Don't staple this voucher or your payment to Form 941.		OMB No. 1545-0029 <b>2019</b>	
<b>1</b> Enter your employer identification number (EIN).		<b>2</b> Enter the amount of your payment. ▶ Make your check or money order payable to "United States Treasury"		Dollars	Cents
<b>3</b> Tax Period <input type="radio"/> 1st Quarter <input type="radio"/> 3rd Quarter <input type="radio"/> 2nd Quarter <input type="radio"/> 4th Quarter		<b>4</b> Enter your business name (individual name if sole proprietor). _____ Enter your address. _____ 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** . . . . . 13 hr., 52 min.
- Learning about the law or the form** . . . . . 47 min.
- Preparing, copying, assembling, and sending the form to the IRS** . . . . . 1 hr., 3 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](http://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.

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 2019**  
 (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="1"/>
2	Wages, tips, and other compensation	2	<input type="text" value="882.40"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="88.24"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
		Column 1	Column 2
5a	Taxable social security wages	<input type="text" value="882.40"/> × 0.124 =	<input type="text" value="109.42"/>
5b	Taxable social security tips	<input type="text" value="."/> × 0.124 =	<input type="text" value="."/>
5c	Taxable Medicare wages & tips	<input type="text" value="882.40"/> × 0.029 =	<input type="text" value="25.59"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value="."/> × 0.009 =	<input type="text" value="."/>
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<input type="text" value="135.01"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text" value="."/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="223.25"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value="."/> 03
8	Current quarter's adjustment for sick pay	8	<input type="text" value="."/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text" value="."/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="223.28"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<input type="text" value="."/>
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	<input type="text" value="223.28"/>
13	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	13	<input type="text" value="223.28"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	<input type="text" value="0.00"/>
15	Overpayment. If line 13 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.

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

Next ►

Name (not your trade name)

BROADWAY CONSTRUCTION, LLC

Employer identification number (EIN)

82-2406277

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 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 are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

[X] 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 83. 73

Month 2 139. 55

Month 3 0. 00

Total liability for quarter 223. 28 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.

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

17 If your business has closed or you stopped paying wages . . . . . [ ] Check here, and enter the final date you paid wages / / .

18 If you are a seasonal employer and you don't 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. [ ] [ ] [ ] [ ] [ ]

[X] No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

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



Sign your name here

[ ]

Print your name here

NICOLE PLATT

Print your title here

MANAGING MEMBER

Date

/ /

Best daytime phone

414-761-3868

Paid Preparer Use Only

Check if you are 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

[ ]

# 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 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](http://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 2019," "2nd Quarter 2019," "3rd Quarter 2019," or "4th Quarter 2019") 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.

**2019**

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).			
<input type="radio"/> 1st Quarter	<input type="radio"/> 3rd Quarter	Enter your address.			
<input type="radio"/> 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** . . . . . 13 hr., 52 min.

**Learning about the law or the form** . . . . . 47 min.

**Preparing, copying, assembling, and sending the form to the IRS** . . . . . 1 hr., 3 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](http://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.

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 2019**  
(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: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<input type="text" value="1"/>
2	Wages, tips, and other compensation	2	<input type="text" value="1,875"/> <input type="text" value="30"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="187"/> <input type="text" value="51"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
		Column 1	Column 2
5a	Taxable social security wages	<input type="text" value="1,875"/> <input type="text" value="30"/>	<input type="text" value="232"/> <input type="text" value="54"/>
5b	Taxable social security tips	<input type="text"/>	<input type="text"/>
5c	Taxable Medicare wages & tips	<input type="text" value="1,875"/> <input type="text" value="30"/>	<input type="text" value="54"/> <input type="text" value="38"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	<input type="text"/>
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	<input type="text" value="286"/> <input type="text" value="92"/>	
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	<input type="text"/>	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	<input type="text" value="474"/> <input type="text" value="43"/>	
7	Current quarter's adjustment for fractions of cents	<input type="text"/> <input type="text" value="04"/>	
8	Current quarter's adjustment for sick pay	<input type="text"/>	
9	Current quarter's adjustments for tips and group-term life insurance	<input type="text"/>	
10	Total taxes after adjustments. Combine lines 6 through 9	<input type="text" value="474"/> <input type="text" value="47"/>	
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	<input type="text"/>	
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	<input type="text" value="474"/> <input type="text" value="47"/>	
13	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	<input type="text" value="474"/> <input type="text" value="47"/>	
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	<input type="text" value="0"/> <input type="text" value="00"/>	
15	Overpayment. If line 13 is more than line 12, enter the difference	<input type="text" value="0"/> <input type="text" value="00"/>	

Check one:  Apply to next return.  Send a refund.

Name (not your trade name) BROADWAY CONSTRUCTION, LLC Employer identification number (EIN) 82-2406277

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 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 are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

[X] 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 1 223.28

Month 2 139.55

Month 3 111.64

Total liability for quarter 474.47 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.

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

17 If your business has closed or you stopped paying wages . . . . . [ ] Check here, and enter the final date you paid wages / / .

18 If you are a seasonal employer and you don't 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. [ ] [ ] [ ] [ ] [ ]

[X] No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

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



Sign your name here

[Signature box]

Print your name here

NICOLE PLATT

Print your title here

MANAGING MEMBER

Date / /

Best daytime phone 414-640-6996

Paid Preparer Use Only

Check if you are 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

# 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 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](http://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 2019," "2nd Quarter 2019," "3rd Quarter 2019," or "4th Quarter 2019") 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

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

OMB No. 1545-0029

**2019**

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).			
<input type="radio"/> 1st Quarter	<input type="radio"/> 3rd Quarter	Enter your address.			
<input type="radio"/> 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** . . . . . 13 hr., 52 min.
- Learning about the law or the form** . . . . . 47 min.
- Preparing, copying, assembling, and sending the form to the IRS** . . . . . 1 hr., 3 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](http://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.

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 2020**  
 (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: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<input type="text" value="1"/>
2	Wages, tips, and other compensation	2	<input type="text" value="441"/> <input type="text" value="20"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="44"/> <input type="text" value="12"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
		Column 1	Column 2
5a	Taxable social security wages	<input type="text" value="441"/> <input type="text" value="20"/>	<input type="text" value="54"/> <input type="text" value="71"/>
5b	Taxable social security tips	<input type="text"/>	<input type="text"/>
5c	Taxable Medicare wages & tips	<input type="text" value="441"/> <input type="text" value="20"/>	<input type="text" value="12"/> <input type="text" value="79"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	<input type="text"/>
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	<input type="text" value="67"/> <input type="text" value="50"/>	
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	<input type="text"/>	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	<input type="text" value="111"/> <input type="text" value="62"/>	
7	Current quarter's adjustment for fractions of cents	<input type="text"/> <input type="text" value="02"/>	
8	Current quarter's adjustment for sick pay	<input type="text"/>	
9	Current quarter's adjustments for tips and group-term life insurance	<input type="text"/>	
10	Total taxes after adjustments. Combine lines 6 through 9	<input type="text" value="111"/> <input type="text" value="64"/>	
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	<input type="text"/>	
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	<input type="text" value="111"/> <input type="text" value="64"/>	
13	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	<input type="text" value="111"/> <input type="text" value="64"/>	
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	<input type="text" value="0"/> <input type="text" value="00"/>	
15	Overpayment. If line 13 is more than line 12, enter the difference	<input type="text"/>	

Check one:  Apply to next return.  Send a refund.

Name (not your trade name) BROADWAY CONSTRUCTION, LLC Employer identification number (EIN) 82-2406277

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 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 are a monthly schedule depositor, complete the deposit schedule below; If you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

[X] 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 1 111.64, Month 2 0.00, Month 3 0.00, Total liability for quarter 111.64

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

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

17 If your business has closed or you stopped paying wages . . . . . [ ] Check here, and enter the final date you paid wages / / .

18 If you are a seasonal employer and you don't 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.



Sign your name here

[ ]

Print your name here

NICOLE PLATT

Print your title here

MANAGING MEMBER

Date / /

Best daytime phone 414-640-6996

Paid Preparer Use Only

Check if you are 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 [ ]

# 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 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](http://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.** ▼



<b>Form 941-V</b> Department of the Treasury Internal Revenue Service		<b>Payment Voucher</b> ▶ Don't staple this voucher or your payment to Form 941.		OMB No. 1545-0029 <b>2020</b>	
<b>1</b> Enter your employer identification number (EIN).		<b>2</b> <b>Enter the amount of your payment. ▶</b> Make your check or money order payable to "United States Treasury"		Dollars	Cents
<b>3</b> Tax Period		<b>4</b> Enter your business name (individual name if sole proprietor). Enter your address.			
<input type="radio"/> 1st Quarter	<input type="radio"/> 3rd Quarter	Enter your city, state, and ZIP code; or your city, foreign country name, foreign province/county, and foreign postal code.			
<input type="radio"/> 2nd Quarter	<input type="radio"/> 4th Quarter				

**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** . . . . . 13 hr., 52 min.
- Learning about the law or the form** . . . . . 47 min.
- Preparing, copying, assembling, and sending the form to the IRS** . . . . . 1 hr., 3 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](http://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.

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

950117  
 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 2020**  
 (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: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<input type="text" value="2"/>
2	Wages, tips, and other compensation	2	<input type="text" value="9,460"/> <input type="text" value="10"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="1,375"/> <input type="text" value="93"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
		Column 1	Column 2
5a	Taxable social security wages	<input type="text" value="9,460"/> <input type="text" value="10"/>	<input type="text" value="1,173"/> <input type="text" value="05"/>
5b	Taxable social security tips	<input type="text" value=""/>	<input type="text" value=""/>
5c	Taxable Medicare wages & tips	<input type="text" value="9,460"/> <input type="text" value="10"/>	<input type="text" value="274"/> <input type="text" value="34"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value=""/>	<input type="text" value=""/>
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<input type="text" value="1,447"/> <input type="text" value="39"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text" value=""/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="2,823"/> <input type="text" value="32"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value=""/> <input type="text" value="05"/>
8	Current quarter's adjustment for sick pay	8	<input type="text" value=""/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text" value=""/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="2,823"/> <input type="text" value="37"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<input type="text" value=""/>
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	<input type="text" value="2,823"/> <input type="text" value="37"/>
13	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	13	<input type="text" value="2,823"/> <input type="text" value="37"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	<input type="text" value="0"/> <input type="text" value="00"/>
15	Overpayment. If line 13 is more than line 12, enter the difference	<input type="text" value=""/>	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

▶ You MUST complete both pages of Form 941 and SIGN it. Next ▶

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. Cat. No. 17001Z Form 941 (Rev. 1-2020)



# 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 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.



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## 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](http://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.** ✂

<b>Form 941-V</b> Department of the Treasury Internal Revenue Service		<b>Payment Voucher</b>		OMB No. 1545-0029 <b>2020</b>	
<b>1</b> Enter your employer identification number (EIN).		<b>2</b> Enter the amount of your payment. ▶ <small>Make your check or money order payable to "United States Treasury"</small>		Dollars	Cents
<b>3</b> Tax Period		<b>4</b> Enter your business name (individual name if sole proprietor).			
<input type="radio"/> 1st Quarter	<input type="radio"/> 3rd Quarter	Enter your address.			
<input type="radio"/> 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.			

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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.

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

950117  
 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 2020**  
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

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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="3"/>
2	Wages, tips, and other compensation	2	<input type="text" value="15,601"/> <input type="text" value="20"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="1,232"/> <input type="text" value="59"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
		Column 1	Column 2
5a	Taxable social security wages	<input type="text" value="15,601"/> <input type="text" value="20"/>	<input type="text" value="1,934"/> <input type="text" value="55"/>
5b	Taxable social security tips	<input type="text"/>	<input type="text"/>
5c	Taxable Medicare wages & tips	<input type="text" value="15,601"/> <input type="text" value="20"/>	<input type="text" value="452"/> <input type="text" value="43"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	<input type="text"/>
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d		<input type="text" value="2,386"/> <input type="text" value="98"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)		<input type="text"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f		<input type="text" value="3,619"/> <input type="text" value="57"/>
7	Current quarter's adjustment for fractions of cents		<input type="text" value=""/> <input type="text" value="00"/>
8	Current quarter's adjustment for sick pay		<input type="text"/>
9	Current quarter's adjustments for tips and group-term life insurance		<input type="text"/>
10	Total taxes after adjustments. Combine lines 6 through 9		<input type="text" value="3,619"/> <input type="text" value="57"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974		<input type="text"/>
12	Total taxes after adjustments and credits. Subtract line 11 from line 10		<input type="text" value="3,619"/> <input type="text" value="57"/>
13	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		<input type="text" value="3,619"/> <input type="text" value="57"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions		<input type="text" value="0"/> <input type="text" value="00"/>
15	Overpayment. If line 13 is more than line 12, enter the difference	<input type="text"/>	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

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





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<b>Form 941-V</b> Department of the Treasury Internal Revenue Service		<b>Payment Voucher</b> ▶ Don't staple this voucher or your payment to Form 941.		OMB No. 1545-0029 <b>2020</b>	
<b>1</b> Enter your employer identification number (EIN).		<b>2</b> Enter the amount of your payment. ▶ Make your check or money order payable to "United States Treasury"		Dollars	Cents
<b>3</b> Tax Period		<b>4</b> Enter your business name (individual name if sole proprietor).			
<input type="radio"/> 1st Quarter	<input type="radio"/> 3rd Quarter	Enter your address.			
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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 2020**  
 (Check one.)

1: January, February, March

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**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	<input type="text" value="3"/>
2	Wages, tips, and other compensation	2	<input type="text" value="12,240.00"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="978.66"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
		Column 1	Column 2
5a	Taxable social security wages	<input type="text" value="12,240.00"/>	<input type="text" value="1,517.76"/>
5b	Taxable social security tips	<input type="text" value=""/>	<input type="text" value=""/>
5c	Taxable Medicare wages & tips	<input type="text" value="12,240.00"/>	<input type="text" value="354.96"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value=""/>	<input type="text" value=""/>
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d		<input type="text" value="1,872.72"/>
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="2,851.38"/>
7	Current quarter's adjustment for fractions of cents		<input type="text" value="00"/>
8	Current quarter's adjustment for sick pay		<input type="text" value=""/>
9	Current quarter's adjustments for tips and group-term life insurance		<input type="text" value=""/>
10	Total taxes after adjustments. Combine lines 6 through 9		<input type="text" value="2,851.38"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974		<input type="text" value=""/>
12	Total taxes after adjustments and credits. Subtract line 11 from line 10		<input type="text" value="2,851.38"/>
13	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		<input type="text" value="3,124.52"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions		<input type="text" value="0.00"/>
15	Overpayment. If line 13 is more than line 12, enter the difference	<input type="text" value="273.14"/>	Check one: <input checked="" type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

Name (not your trade name)

BROADWAY CONSTRUCTION, LLC

Employer identification number (EIN)

82-2406277

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 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 are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

[X] 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 [ ] 0. 00

Month 2 [ ] 950. 46

Month 3 [ ] 2,174. 06

Total liability for quarter [ ] 3,124. 52

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.

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

17 If your business has closed or you stopped paying wages . . . . . [ ] Check here, and enter the final date you paid wages [ ] / [ ] / [ ] .

18 If you are a seasonal employer and you don't 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. [ ] [ ] [ ] [ ] [ ]

[X] No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

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



Sign your name here

[ ]

Print your name here

NICOLE PLATT

Print your title here

MANAGING MEMBER

Date

[ ] / [ ] / [ ]

Best daytime phone

414-640-6996

Paid Preparer Use Only

Check if you are 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

[ ]

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*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](http://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. ▼** ✂

<b>Form 941-V</b> Department of the Treasury Internal Revenue Service		<b>Payment Voucher</b> ▶ Don't staple this voucher or your payment to Form 941.		OMB No. 1545-0029 <b>2020</b>	
<b>1</b> Enter your employer identification number (EIN).		<b>2</b> Enter the amount of your payment. ▶ Make your check or money order payable to "United States Treasury"		Dollars	Cents
<b>3</b> Tax Period		<b>4</b> Enter your business name (individual name if sole proprietor). Enter your address.			
<input type="radio"/> 1st Quarter	<input type="radio"/> 3rd Quarter	Enter your city, state, and ZIP code; or your city, foreign country name, foreign province/county, and foreign postal code.			
<input type="radio"/> 2nd Quarter	<input type="radio"/> 4th Quarter				

**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** . . . . . 13 hr., 52 min.
- Learning about the law or the form** . . . . . 47 min.
- Preparing, copying, assembling, and sending the form to the IRS** . . . . . 1 hr., 3 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](http://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.

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/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.**

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	<input type="text" value="4"/>
2	Wages, tips, and other compensation	2	<input type="text" value="42,239.97"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="6,246.65"/>
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.	
		<b>Column 1</b>	<b>Column 2</b>
5a	Taxable social security wages	<input type="text" value="42,239.97"/>	<input type="text" value="5,237.76"/>
5a (i)	Qualified sick leave wages	<input type="text" value=""/>	<input type="text" value=""/>
5a (ii)	Qualified family leave wages	<input type="text" value=""/>	<input type="text" value=""/>
5b	Taxable social security tips	<input type="text" value=""/>	<input type="text" value=""/>
5c	Taxable Medicare wages & tips	<input type="text" value="42,239.97"/>	<input type="text" value="1,224.96"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value=""/>	<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="6,462.72"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text" value=""/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="12,709.37"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value="04"/>
8	Current quarter's adjustment for sick pay	8	<input type="text" value=""/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text" value=""/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="12,709.41"/>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<input type="text" value=""/>
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	<input type="text" value=""/>
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	<input type="text" value=""/>

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

Next ▶

Name (not your trade name) <b>BROADWAY CONSTRUCTION, LLC</b>	Employer identification number (EIN) <b>82-2406277</b>
---	---

**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	12,709 . 41
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	12,709 . 41
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	12,709 . 41
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	12,709 . 41
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 <span style="border: 1px solid black; padding: 0 20px;"> </span> . . . . .		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	3,983 . 70	
	Month 2	3,983 . 70	
	Month 3	4,742 . 01	
	<b>Total liability for quarter</b>	<b>12,709 . 41</b>	<b>Total must equal line 12.</b>

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) BROADWAY CONSTRUCTION, LLC Employer Identification number (EIN) 82-2406277

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 Reserved for future use... 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 [ ] [ ] Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [ ] [ ] [ ] [ ] [ ]

No. [X]

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 NICOLE PLATT

Print your title here MANAGING MEMBER

Date [ ] / [ ] / [ ]

Best daytime phone 414-640-6996

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 [ ]

**This page intentionally left blank**

# 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](http://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 2021," "2nd Quarter 2021," "3rd Quarter 2021," or "4th Quarter 2021") 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

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

OMB No. 1545-0029

**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).			
<input type="radio"/> 1st Quarter	<input type="radio"/> 3rd Quarter	Enter your address.			
<input type="radio"/> 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](http://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.

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/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.**

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	<input type="text" value="4"/>
2	Wages, tips, and other compensation	2	<input type="text" value="38,316"/> <input type="text" value="87"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="6,651"/> <input type="text" value="92"/>
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.	
		<b>Column 1</b>	<b>Column 2</b>
5a	Taxable social security wages	<input type="text" value="44,547"/> <input type="text" value="66"/>	<input type="text" value="5,523"/> <input type="text" value="91"/>
5a	(i) Qualified sick leave wages	<input type="text" value=""/>	<input type="text" value=""/>
5a	(ii) Qualified family leave wages	<input type="text" value=""/>	<input type="text" value=""/>
5b	Taxable social security tips	<input type="text" value=""/>	<input type="text" value=""/>
5c	Taxable Medicare wages & tips	<input type="text" value="44,547"/> <input type="text" value="66"/>	<input type="text" value="1,291"/> <input type="text" value="88"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value=""/>	<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="6,815"/> <input type="text" value="79"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text" value=""/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="13,467"/> <input type="text" value="71"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value=""/> <input type="text" value="01"/>
8	Current quarter's adjustment for sick pay	8	<input type="text" value=""/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text" value=""/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="13,467"/> <input type="text" value="72"/>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<input type="text" value=""/>
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	<input type="text" value=""/>
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	<input type="text" value=""/>

Name (not your trade name) <b>BROADWAY CONSTRUCTION, LLC</b>	Employer identification number (EIN) <b>82-2406277</b>
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**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	13,467 . 72
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	13,467 . 72
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	13,467 . 72
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	13,467 . 72
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:  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	2,274 . 93
	Month 2	4,742 . 01
	Month 3	6,450 . 78
	<b>Total liability for quarter</b>	<b>13,467 . 72</b>

**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) BROADWAY CONSTRUCTION, LLC Employer identification number (EIN) 82-2406277

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 Reserved for future use... 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 [ ] [ ] Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [ ] [ ] [ ] [ ] [ ] [X] 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 [ ] Print your name here NICOLE PLATT Print your title here PRESIDENT Date [ ] Best daytime phone 414-640-6996

Paid Preparer Use Only Preparer's name [ ] Preparer's signature [ ] Firm's name (or yours if self-employed) [ ] Address [ ] City [ ] State [ ] Check if you're self-employed [ ] PTIN [ ] Date [ ] EIN [ ] Phone [ ] ZIP code [ ]

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# 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](http://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 2021," "2nd Quarter 2021," "3rd Quarter 2021," or "4th Quarter 2021") 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. ▼** ✂

<b>Form 941-V</b> Department of the Treasury Internal Revenue Service		<b>Payment Voucher</b> ▶ Don't staple this voucher or your payment to Form 941.		OMB No. 1545-0029 <b>2021</b>	
<b>1</b> Enter your employer identification number (EIN).		<b>2</b> Enter the amount of your payment. ▶ Make your check or money order payable to "United States Treasury"		Dollars	Cents
<b>3</b> Tax Period <input type="radio"/> 1st Quarter <input type="radio"/> 3rd Quarter <input type="radio"/> 2nd Quarter <input type="radio"/> 4th Quarter		<b>4</b> Enter your business name (individual name if sole proprietor). Enter your address.  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](http://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.

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/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.**

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="6"/>
2	Wages, tips, and other compensation	2	<input type="text" value="39,103.04"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="5,668.50"/>
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.	
		<b>Column 1</b>	<b>Column 2</b>
5a	Taxable social security wages	<input type="text" value="41,872.28"/> × 0.124 =	<input type="text" value="5,192.16"/>
5a (i)	Qualified sick leave wages	<input type="text" value="."/> × 0.062 =	<input type="text" value="."/>
5a (ii)	Qualified family leave wages	<input type="text" value="."/> × 0.062 =	<input type="text" value="."/>
5b	Taxable social security tips	<input type="text" value="."/> × 0.124 =	<input type="text" value="."/>
5c	Taxable Medicare wages & tips	<input type="text" value="41,872.28"/> × 0.029 =	<input type="text" value="1,214.30"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value="."/> × 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="6,406.46"/>
5f	Section 3121(g) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text" value="."/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="12,074.96"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value="."/> 06
8	Current quarter's adjustment for sick pay	8	<input type="text" value="."/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text" value="."/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="12,075.02"/>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<input type="text" value="."/>
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	<input type="text" value="."/>
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	<input type="text" value="."/>

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

Next ▶

Name (not your trade name)

BROADWAY CONSTRUCTION, LLC

Employer identification number (EIN)

82-2406277

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	<input type="text" value="3,033.24"/>
Month 2	<input type="text" value="4,267.08"/>
Month 3	<input type="text" value="4,774.70"/>
Total liability for quarter	<input type="text" value="12,075.02"/>

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)

BROADWAY CONSTRUCTION, LLC

82-2406277

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

Print your name here

NICOLE PLATT

Print your title here

PRESIDENT

Date

/  /

Best daytime phone

414-640-6996

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

## Receipt of A.R.A.B. Appeal Fee

Date:	3/11/22
Received Of:	Nicole Platt
For SBE Certification of:	Broadway Construction, LLC
Received By:	LME
Check # (If Applicable):	1285
Amount Received	\$25.00

CITY OF MILWAUKEE  
2022 MAR 11 P 2:48  
CITY CLERK'S OFFICE