

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

Cheeks 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 necount, 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	
	(111) 200-2231		1932 E Park Place	
DATE	3/9/2022	RE:	Milwaukee, WI 53211	
		_	(Address of property in question)	<b>-</b>
Under c	h. 68, Wis. Stats., s. 320-11 of the Milwaukee C	Code of Ordinances, th	is is a written petition for appeal and hearing.	
	pealing the administrative procedure follows	nd by Dept. of Ac	lministration Office of Equity ar	nd Inclusion
Amoun	t of the charges \$_25			
Charge	retative to: Denial of Broadway Con	struction LLC S	BE Recertification	
	e City's procedure was improper due to the i ig city employee's names/dates which I spoke			
Pleas	e See Attached.			
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	Muaru 4	Car		
		Signature	*	
		Nicole Platt		
	И	ame (please print)		
ì	932 E Park Place Milwaukee, WI	53211	414-640-6996	
	Mailing address and zip code		Daytime phone numbers	
	-			
	broadwaycon	structionwi@gn	pail com	
		3-Mail Address(s)	AMAAIN VAAA	



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

Phone: 414.640.6996

Email: broadwayconstructionwi@gmail.com



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 to not hesitate to reach out.

Phone: 414.640.6996

Email: broadwayconstructionwi@gmail.com

Respectfully,

Nicole Platt, Sole Member

Mudy Plats



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)
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 <a href="mailto:npurvi@milwaukee.gov">npurvi@milwaukee.gov</a> 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

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Year Ending	Number Employe	28
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.

Nο

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

2.1. 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:

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

- 1. You reported as salary of prom Platt Construction. What's your role in the company? Do you work full-time for Platt?
- 2. You reported 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?

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.
- 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

(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.

hanks 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 re have any paperwork as I did not formally make any change. I have always been and continue to be the re	
Let me know if you need anything elsel	
Nikki	
[दे 🕁 <u>Financial Statements at 93021.pdf</u> (PDF, 1.02 MB)	
ित् 🕁 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.	Asked: 11/18/2021 Due: 11/25/2021
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.	Answered: 11/18/2021 Reviewed: 11/18/2021
Is this true for all contracts?	
Thanks,	•
Nikki	
HI Nikki,	
l understand. Thank youl	
You are correct, we do not self perform any field work. We serve as a Construction Manager, estimating, have a superintendent on staff for supervision.	project managing, and we
We do not always sub the work to only one vendor. It depends on the job. Most of the time it is several versions you need any further clarifications.	vendors. Let me know if
Thanksi .	
Thanks for the swift response.	Asked: 11/18/2021
I do have a couple of follow up questions.	Due: 11/25/2021 Answered: 11/18/2021
If you do not perform any field work, how do you contribute to fulfilling the scope of work detailed in the contract?	Reviewed: 11/18/2021
Or, are these services (Construction Manager, estimating, project managing, and we have a superint supervision) specifically provided to secure contracts?	endent on staff for
Nikki ·	
FET C	

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

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,

Asked: 11/22/2021 Due: 11/29/2021

Thanks for working to gather this information.

Answered: 11/29/2021 Reviewed: 12/1/2021

You asked for clarification of the question below:

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 verses 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)
- a 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)
- [a] Hroadway 2nd Qtr 2021 941,pdf (PDF, 862.88 KB)
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  Broadway 3rd Qtr 2019 941.pdf (PDF, 662.38 KB)
- 🔁 🛂 Broadway 3rd Otr 2020 941.pdf (PDF, 843.33 KB)
- 🛕 🕹 Broadway 3rd Otr 2021 941,pdf (PDF, 0.86 MB)
- 🗘 🕁 Broadway 4th Otr 2019 941,pdf (PDF, 662.40 KB)
- Broadway 4th Qtr 2020 941.pdf (PDF, 844.34 KB)
- Contract.pdf (PDF, 2.30 MB)
- MPS Clovernook Field House Renovations Executed Contract,pdf (PDF, 5.51 MB)
- MPS Custer Fieldhouse Renovations Executed Contract.pdf (PDF, 4.82 MB)
- 🛕 上 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.

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

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

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 an additional 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 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)

(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).
1 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 Mile Plant Date 2/19/2021
Subscribed and sworn to before me this 19th day of February 20 21,
Subscribed and sworn to before me this 19th day of February 20 21, in the State of Wisconsin and County of Milwaukee .

From:

Nikki Platt

To: Cc: Purvis, Nikki Teague, Dontreal

Subject:

RE: Broadway Construction SBE Cert Renewal Status?

Date:

Tuesday, October 19, 2021 10:45:00 AM

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

From: Purvis, Nikki <npurvi@milwaukee.gov> Sent: Tuesday, October 19, 2021 9:30 AM

**To:** Nikki Platt <nikki@broadwayconstructionwi.biz> **Cc:** Teague, Dontreal <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



From: Nikki Platt < nikki@broadwayconstructionwi.biz>

Sent: Monday, October 18, 2021 3:05 PM
To: Purvis, Nikki <npurvi@milwaukee.gov>
Cc: Teague, Dontreal <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

From: Teague, Dontreal <dteagu@milwaukee.gov>

Sent: Friday, September 17, 2021 4:56 PM

To: Nikki Platt < 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



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

From: Teague, Dontreal < dteagu@milwaukee.gov>

Sent: Tuesday, May 4, 2021 12:12 PM

To: Nikki Platt < 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



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

From: Teague, Dontreal < dteagu@milwaukee.gov>

**Sent:** Thursday, March 11, 2021 1:25 PM

To: Nikki Platt < 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

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

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# Payroll Check Register 12/13/21



**Broadway Construction LLC** 

Payroll Check Register with Calculations Employee 1 to 1 Asst P

Asst Project Manager

Record# Batch#	Check#	Date	Employee# Gross		Add	Deduct	Net
			01000		riuu	Boduot	Net
1		04/30/2021	Mark International				
			4,800.00			840.96	3,959.04
Social Security	297.60	Medicare		69.60	Federal Inco	ome Tax	358.16
ER Social Security	297.60	ER Medicare		69.60	<b>ER FUTA</b>		28.80
State Income Tax	115.60	ER State Unemp		104.40			
10		05/31/2021					
		9 42	1,200.00			210.24	989.76
Social Security	74.40	Medicare		17.40	Federal Inco	ome Tax	89.54
ER Social Security	74.40	ER Medicare		17.40	<b>ER FUTA</b>		7.20
Workers' Compensatio	2.28	Liability Insurance		33.10	State Incom	ie Tax	28.90
ER State Unemploymen	34.80						
15		06/30/2021	A STATE OF THE STA				
			1,200.00			210.24	989.76
Social Security	74.40	Medicare		17.40	Federal Inco	ome Tax	89.54
ER Social Security	74.40	<b>ER Medicare</b>		17.40	<b>ER FUTA</b>		6.00
Workers' Compensatio	2.28	Liability Insurance		33.10	State Incom	e Tax	28.90
ER State Unemploymen	34.80						
23		07/31/2021	PERSONAL PROPERTY.				
			1,200.00			210.24	989.76
Social Security	74.40	Medicare		17.40	Federal Inco	ome Tax	89.54
ER Social Security	74.40	ER Medicare		17.40	<b>ER FUTA</b>		
Workers' Compensatio	2.28	Liability Insurance		33.10	State Incom	e Tax	28.90
ER State Unemploymen	34.80						
35		08/31/2021					
			1,200.00			210.24	989.76
Social Security	74.40	Medicare		17.40	Federal Inco	ome Tax	89.54
ER Social Security	74.40	ER Medicare		17.40	<b>ER FUTA</b>		
Workers' Compensatio	2.28	Liability Insurance		33.10	State Incom	e Tax	28.90
ER State Unemploymen	34.80						
44		09/30/2021	MASS COLOR				
			1,200.00			210.24	989.76
Social Security	74.40	Medicare		17.40	Federal Inco	ome Tax	89.54
ER Social Security	74.40	ER Medicare		17.40	ER FUTA		

Record# B	atch#	Check#	Date	Employee#				
				Gross	·	Add	Deduct	Net
Workers' Comper	nsatio	2.28	Liability Insurance		33.10	State Incom	ne Tax	28.90
ER State Unempl	loymen	34.80						
47	(		10/13/2021					
				1,442.31			377.55	1,064.76
Social Security		89.42	Medicare		20.91	Federal Inc	ome Tax	182.45
ER Social Securit	•	89.42	ER Medicare		20.91	ER FUTA		
Workers' Comper		2.74	Liability Insurance		39.78	State Incom	ne Tax	84.77
ER State Unempl	loymen	41.83						
50	(		10/20/2021				•	
				1,442.31			377.55	1,064.76
Social Security		89.42	Medicare		20.91	Federal Inc	ome Tax	182.45
ER Social Securit	•	89.42	ER Medicare		20.91	ER FUTA		
Workers' Comper		2.74	Liability Insurance		39.78	State Incon	ne Tax	84.77
ER State Unempl	loymen	41.83						
52			10/27/2021					
				1,442.31			377.55	1,064.76
Social Security		89.42	Medicare		20.91	Federal Inc	ome Tax	182.45
ER Social Securit	-	89.42	ER Medicare		20.91	ER FUTA		
Workers' Comper		2.74	Liability Insurance		39.78	State Incon	ne Tax	84.77
ER State Unempl	loymen	9.15						
57			11/03/2021					
			`	1,442.31			377.55	1,064.76
Social Security		89.42	Medicare		20.91	Federal inc	ome Tax	182.45
ER Social Securit	•	89.42	ER Medicare		20.91	ER FUTA		
Workers' Comper		2.74	Liability Insurance		39.78	State Incon	ne Tax	84.77
ER State Unempl	loymen							
59	•		11/10/2021					
		00.40	* * "	1,442.31			_377.55	1,064.76
Social Security		89.42	Medicare		20,91	Federal Inc	ome Tax	182.45
ER Social Securit		89.42	ER Medicare		20.91	ER FUTA		
Workers' Comper		2.74	Liability Insurance		39.78	State Incon	ne Tax	84.77
ER State Unempl	loymen							
62	(		11/17/2021					
				1,442.31			377.55	1,064.76
Social Security		89.42	Medicare		20.91	Federal Inc	ome Tax	182.45
ER Social Securit		89.42	ER Medicare		20.91	ER FUTA		
Workers' Comper		2.74	Liability Insurance		39.78	State Incon	ne Tax	84.77
ER State Unempl	loymen							

Record# Batch#	Check#	Date	Employee#				
			Gross		Add	Deduct	Net
64		11/24/2021		_			
04		11/24/2021	1,442.31			377.55	1,064.76
Social Security	89.42	Medicare	1,442.01	20.91	Federal Inco		182.45
ER Social Security	89.42	ER Medicare		20.91	ER FUTA	UITIG TAX	102.40
Workers' Compensatio	2.74	Liability Insurance		39.78	State Incom	ne Tax	84.77
ER State Unemploymen				00.10	orato moon	io ,ax	04.77
69		12/01/2021					
	_	`	1,442.31			377.55	1,064.76
Social Security	89.42	Medicare	•	20.91	Federal Inco	ome Tax	182.45
ER Social Security	89.42	ER Medicare		20.91	ER FUTA		
Workers' Compensatio	2.74	Liability Insurance		39.78	State Incom	ne Tax	84.77
ER State Unemploymen		·					
71		12/07/2021					
`		`	1,442.31			377.55	1,064.76
Social Security	89.42	Medicare		20.91	Federal Inc	ome Tax	182.45
ER Social Security	89.42	ER Medicare		20.91	ER FUTA		
Workers' Compensatio	2.74	Liability Insurance		39.78	State Incom	ne Тах	84.77
ER State Unemploymen							
	Grand Totals:		23,780.79	···	· · · · · · · · · · · · · · · · · · ·	5,290.11	18,490.68

Record# Batch# Check#	Date	Employee# Gross	Add	Deduct	Net
Gross Payroll:		23,780.79			
Add-Ons:					
Total Add-Ons:					
Total Gross + Ad	d:		23,78	0.79	
Deductions					
Social Security	1,474.38			•	
Medicare	344.79				
Federal Income Tax	2,447.91				
State Income Tax	1,023.03				
Total Deductions	t t	5,290.11			
Net Pay: Advances:		18,490.68			
Net + Advances:		18,490.68			
Overhead					
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				
Total Overhead:			2,79	91.96	
Total Cost of Pay	roll:		26,57		





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 S	AND THE RESERVE TO SERVE THE PROPERTY OF THE P	55.80
ER Medicare	13.05	ER FUTA		5.40	Workers' C		1.71
Liability Insurance	24.82	State Income Tax		9.77	ER State U	nempl	26.10
34		08/31/2021					
			210.00			16.07	193.93
Social Security	13.02	Medicare		3.05	ER Social S	Security	13.02
ER Medicare	3.05	ER FUTA		1.26	Workers' C	ompe	0.40
Liability Insurance	5.79	State Income Tax			ER State U	nempl	6.09
43		09/30/2021					
		15	615.00			47.05	567.95
Social Security	38.13	Medicare		8.92	ER Social S	Security	38.13
ER Medicare	8.92	ER FUTA		3.69	Workers' C	ompe	1.17
Liability Insurance	16.96	State Income Tax			ER State U	nempl	17.84
54		11/03/2021					
			855.00			73.38	781.62
Social Security	53.01	Medicare		12.40	ER Social S	Security	53.01
ER Medicare	12.40	ER FUTA		5.13	Workers' C		1.62
Liability Insurance	23.58	State Income Tax		7.97	ER State U	nempl	24.80
66		11/30/2021					
			423.00			32.36	390.64
Social Security	26.23	Medicare		6.13	ER Social S	Security	26.23
ER Medicare	6.13	ER FUTA		2.54	Workers' C		0.80
Liability Insurance	11.67	State Income Tax			ER State U	50 COUNTY OF STREET	12.27
	Grand Totals:		3,003.00			247.48	2,755.52





Payroll Check Register with Calculations Employee 2 to 2

Record# Batch# Check#	Date	Employee# Gross	Add	Deduct	Net
Gross Payroll: Add-Ons:		3,003.00			
Total Add-Ons:					
Total Gross + Add:	,	,	3,00	3.00	
Deductions					
Social Security	186.1 <del>9</del>				
Medicare	43,55				
State Income Tax	17.74				
Total Deductions:		247.48			
Net Pay:		2,755.52			
Advances:					
Net + Advances:		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	•			
Total Overhead:			42	3.38	
Total Cost of Payro	11:		3,42	 !6.38	





Payroll Check Register with Calculations Employee 3 to 3

Accounting Manager 1

Record# Batch#	Check#	Date	Employee# Gross		۸۵۵	Doduct	Not
			Gioss		Add	Deduct	Net
2		04/30/2021					
			4,640.00			774.60	3,865.40
Social Security	287.68	Medicare		67.28	Federal Inc	ome Tax	338.96
<b>ER Social Security</b>	287.68	ER Medicare		67.28	<b>ER FUTA</b>		27.84
State Income Tax	80.68	ER State Unemp		134.56			
11		05/31/2021		D. D.			
		10 10 10 10 10 10 10 10 10 10 10 10 10 1	1,160.00			193.65	966.35
Social Security	71.92	Medicare		16.82	Federal Inc	ome Tax	84.74
<b>ER Social Security</b>	71.92	ER Medicare		16.82	<b>ER FUTA</b>		6.96
Workers' Compensatio	2.20	Liability Insurance		31.99	State Incon	ne Tax	20.17
ER State Unemploymen	33.64						
16		06/30/2021		N. A			
			1,160.00			193.65	966.35
Social Security	71.92	Medicare		16.82	Federal Inc	ome Tax	84.74
ER Social Security	71.92	ER Medicare		16.82	ER FUTA		6.96
Workers' Compensatio	2.20	Liability Insurance		31.99	State Incon	ne Tax	20.17
ER State Unemploymen	33.64						
21		07/31/2021			)		
			299.00			22.88	276.12
Social Security	18.54	Medicare		4.34	Federal Inc	ome Tax	
ER Social Security	18.54	ER Medicare		4.34	ER FUTA		0.24
Workers' Compensatio	0.57	Liability Insurance		8.25	State Incon	ne Tax	
ER State Unemploymen	8.67						
	Grand Totals:		7,259.00			1,184.78	6,074.22

# **Payroll Check Register**





# Broadway Construction LLC

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:					
Total Add-Ons:					
Total Gross + Add:			7,25	9.00	
Deductions					
Social Security	450.06				
Medicare	105.26				
Federal Income Tax	508.44				
State Income Tax 12°					
Total Deductions:		1,184.78			
Net Pay:		6,074.22			
Advances:		`			
Net + Advances:		6,074.22			
Overhead					
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				
Total Overhead:			88	35.03	
Total Cost of Payro	oll:		8,14	<del></del> 14.03	





Payroll Check Register with Calculations Employee 4 to 4 Esti

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
Social Security	426.56	Medicare		99.76	Federal Inc	ome Tax	607.76
ER Social Security	426.56	ER Medicare		99.76	ER FUTA		41.22
State Income Tax	236.04	ER State Unemp		199.52			
12		05/31/2021					
0 110 "			1,720.00			342.57	1,377.43
Social Security	106.64	Medicare		24.94		ome Tax	151.98
ER Social Security	106.64	ER Medicare		24.94	ER FUTA	_	0.72
Workers' Compensatio ER State Unemploymen	29.58 49.88	Liability Insurance		47.44	State Incon	ne lax	59.01
17		06/30/2021					
		33.33.232.1	1,720.00			342.53	1,377.47
Social Security	106.64	Medicare	.,	24.94	Federal Inc		151.94
ER Social Security	106.64	ER Medicare		24.94	<b>ER FUTA</b>		17.7.125.8
Workers' Compensatio	29.58	Liability Insurance		47.44	State Incom	ne Tax	59.01
ER State Unemploymen	49.88						
24		07/31/2021	No. No.				
			1,720.00			342.53	1,377.47
Social Security	106.64	Medicare		24.94	Federal Inc	ome Tax	151.94
ER Social Security	106.64	ER Medicare		24.94	ER FUTA		
Workers' Compensatio	29.58	Liability Insurance		47.44	State Incom	ne Tax	59.01
ER State Unemploymen	49.88						
36		08/31/2021	Stewart				
			1,720.00			342.53	1,377.47
Social Security	106.64	Medicare		24.94		ome Tax	151.94
ER Social Security	106.64	ER Medicare		24.94	ER FUTA	_	
Workers' Compensatio	29.58	Liability Insurance		47.44	State Incom	ne Tax	59.01
ER State Unemploymen	49.88						
45		09/30/2021	4 700 00			0.40.50	
Coolal Coourity	106.64	Medicare	1,720.00	24.04	Endoral In-	342.53	1,377.47
Social Security ER Social Security	106.64	ER Medicare		24.94 24.94	Federal Inc	ome rax	151.94
LIN Social Security	100.04	LIX MEGICALE		24.94	EKFUIA		

Record# Batch#	Check#	Date	Employee#				
	THE STATE OF THE S		Gross		Add	Deduct	Net
Workers' Compensatio	29.58	Liability Insurance		47.44	State Incon	ne Tax	59.01
ER State Unemploymen	6.96	·					
55		11/03/2021					
			1,720.00			325.87	1,394.13
Social Security	106.64	Medicare		24.94	Federal Income Tax		135.28
ER Social Security	106.64	ER Medicare		24.94	ER FUTA		
Workers' Compensatio	29.58	Liability Insurance		47.44	State Incor	ne Tax	59.01
ER State Unemploymen							
67		11/30/2021			)	4	
`			1,720.00			325.87	1,394.13
Social Security	106.64	Medicare		24.94	Federal inc	ome Tax	135.28
ER Social Security	106.64	ER Medicare		24.94	ER FUTA		
Workers' Compensatio	29.58	Liability Insurance		47.44	State Incor	ne Tax	59.01
ER State Unemploymen							
	Grand Totals:	-	18,920.00			3,734.55	15,185,45

Record# Batch# Check#	Date	Employee# Gross	Add	Deduct	Net
Gross Payroll:		18,920.00			
Add-Ons:					
Total Add-Ons:	-				
Total Gross + Add:	_	The state of the s	18,92	0.00	
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: Advances:		15,185.45			
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:			2,43	4.46	
Total Cost of Payro	II:	·	21,35	<del></del> 4.46	





Payroll Check Register with Calculations Employee 5 to 5

Record# Batch#	Check#	Date	Employee# Gross		Add Deduct	Net
			01033		Add Deduct	
3		04/30/2021			(Void)	
4		04/30/2021			(Void)	
6		04/30/2021			(¥0id)	
			43,846.11		18,200.48	25,645.63
Social Security	2,718.52	Medicare		635,74	Federal Income Tax	7.699.37
ER Social Security	2,718.52	ER Medicare		635.74	ER FUTA	42.00
State Income Tax	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
Social Security	286,16	Medicare		66.92	Federal Income Tax	810.46
ER Social Security	286.16	ER Medicare		66.92	ER FUTA	
Workers' Compensatio	7.89	Liability Insurance		114.57	State Income Tax	290.76
ER State Unemploymen		401K EE \$		461.54	401K Employer C	184.62
13		06/02/2021				
0 110 "	202.40	* 4 . 11	4,615.38		1,915.84	2,699.54
Social Security	286.16	Medicare		66.92	Federal Income Tax	810.46
ER Social Security	286.17	ER Medicare		66.92	ER FUTA	555 = 5
Workers' Compensatio ER State Unemploymen	7.89	Liability Insurance 401K EE %		114.57	State Income Tax	290.76
401K Employer Contri	404.60	40 IK EE %		461.54	401K EE \$	
40 (K Employer Conti	184.62					
14		06/21/2021				
Onetal Canadalia	000.40	6.4	4,615.38	00.00	1,915.85	2,699.53
Social Security	286.16	Medicare		66.92	Federal Income Tax	810.46
ER Social Security	286.16	ER Medicare		66.92	ER FUTA	
Workers' Compensatio	7.89	Liability Insurance 401K EE %		114.57	State Income Tax	290.77
ER State Unemploymen 401K Employer Contri	184.62	40 IN CE 76		461.54	401K EE \$	
40 IN Employer Contin	104.02					
18		06/30/2021				
			4,615.38		1,915.85	2,699.53
Social Security	286.16	Medicare		66.92	Federal Income Tax	810.46
ER Social Security	286.16	ER Medicare		66.92	ER FUTA	
Workers' Compensatio	7.89	Liability Insurance		114.57	State Income Tax	290.77

Record# Batch#	Check#	Date	Employee# Gross		Add	Deduct	Net
	. ,,,,,		01033		Auu	Deduct	1761
ER State Unemploymen		401K EE %		461.54	401K EE \$		
401K Employer Contri	184.62						
19		07/14/2021					
0 :10 "	000.40		4,615.38		<b></b>	1,915.85	2,699.53
Social Security ER Social Security	286.16 286.16	Medicare ER Medicare		66.92	Federal Inco	me Tax	810.46
Workers' Compensatio	7.89	Liability Insurance	•	66.92 114.57	State Income	Tav	290.77
ER State Unemploymen	7.00	401K EE %	•	461.54		5 10A	290.11
401K Employer Contri	184.62	10 111 LL 70		401.04	4011CE W		
25		07/28/2021				(Void)	
26		07/28/2021					
			4,615.38			1,915.85	2,699.53
Social Security	286.16	Medicare		66.92	Federal Inco	me Tax	810.46
ER Social Security	286.17	ER Medicare		66.92		Tau	000 77
Workers' Compensatio ER State Unemploymen	7.89	Liability Insurance 401K EE %	•	114.57 461.54	State Income 401K EE \$	ax	290.77
401K Employer Contri	184.62	40 IN EE 70		401,54	401N EE Ø		
30		08/11/2021				(Void)	
31		08/11/2021			1	(1.2127	
			4,615.38			1,915.85	2,699.53
Social Security	286.16	Medicare		66.92		me Tax	810.46
ER Social Security	286.16	ER Medicare		66.92	ER FUTA	. T	000 ==
Workers' Compensatio ER State Unemploymen	7.89	Liability Insurance 401K EE %	ı	114.57	State Income	a lax	290.77
401K Employer Contri	184.62	40 IN EE %		461.54	401K EE \$		
	104.02						
32		08/25/2021	4,615.38		)	1,915.85	2,699.53
Social Security	286.16	Medicare	1,0 10.00	66.92	Federal Inco		810.46
ER Social Security	286.15	ER Medicare		66.92	ER FUTA		0,0.10
Workers' Compensatio	7.89	Liability Insurance	ı	114.57	State Income	Tax	290.77
ER State Unemploymen		401K EE %		461.54	401K EE \$		
401K Employer Contri	184.62						
38		09/08/2021					
On atal On anyth	000.42	Marthaga	4,615.38	05.55	<b></b>	1,915.85	2,699.53
Social Security	286.16	Medicare		66.92	Federal Inco	me Tax	810.46
ER Social Security	286.16	ER Medicare		66.92	ER FUTA	. T	000 ==
Workers' Compensatio ER State Unemploymen	7.89	Liability Insurance 401K EE %		114.57 461.54	State Income 401K EE \$	e iax	290.77
401K Employer Contri	184.62	TOTICEE 70		401.04	4011 EE \$		
-10 III Employer Conti	104.02						

Record# Batch#	Check#	Date	Employee# Gross		Add	Deduct	Net
44		00/00/0004					
41		09/22/2021	4,615,38			1.045.05	0.000.00
ocial Security	286.16	Medicare	4,010.00	66.92	Federal Inc	1,915.85 ome Tax	2,699.53 810.46
R Social Security	286.16	ER Medicare		66.92	ER FUTA	ome tax	010.40
Vorkers' Compensatio	7.89	Liability Insurance		114.57	State Incom	ne Tax	290.77
R State Unemploymen		401K EE %		461.54	401K EE \$		
01K Employer Contri	184.62						
46		10/06/2021					
			4,615.38			1,915,85	2,699.53
ocial Security	286.16	Medicare		66.92	Federal Inc		810.46
R Social Security	286.16	ER Medicare		66.92	<b>ER FUTA</b>		
orkers' Compensatio	7.89	Liability Insurance		114.57	State Incom	ne Тах	290.77
R State Unemploymen		401K EE %		461.54	401K EE \$		
01K Employer Contri	184.62						
49		10/20/2021					
		·	4,615.38			1,915.85	2,699.53
ocial Security	286.16	Medicare		66.92	Federal Inc	ome Tax	810.46
R Social Security	286.16	ER Medicare		66.92	ER FUTA		
lorkers' Compensatio	7.89	Liability Insurance		114.57	State Incon	ne Тах	290.77
R State Unemploymen		401K EE %		461.54	401K EE \$		•
01K Employer Contri	184.62						
56		11/03/2021					
			4,615.38			1,915.85	2,699.53
ocial Security	286.16	Medicare		66.92	Federal Inc	ome Tax	810.46
R Social Security	286.16	ER Medicare		66.92		_	
Vorkers' Compensatio	7.89	Liability Insurance		114.57	State Incom	ne Tax	290.77
R State Unemploymen	494.60	401K EE %		461.54	401K EE \$		
01K Employer Contri	184.62						
61		11/17/2021					
		·	4,615.38			1,915.85	2,699.53
ocial Security	286.16	Medicare			Federal Inc	ome Tax	810.46
R Social Security	286.16	ER Medicare		66.92		_	
Orkers' Compensatio	7.89	Liability Insurance		114.57		ne Tax	290.77
R State Unemploymen 01K Employer Contri	404.60	401K EE %		461.54	401K EE \$		
TIN Employer Conti	184.62						
68		12/01/2021					
ocial Security	286.16	Medicare	4,615.38	66.92	Federal Inc	1,915.85	2,699.53
R Social Security	286.16	ER Medicare		66.92	ER FUTA	UIIIC IAX	810.46
orkers' Compensatio	7.89	Liability Insurance		114.57	State Incom	ne Tav	290,77
ondio componiumo	1.00	Endomey Hourdillo		114.01	JIGIT HIGH	ie Ian	280.77
							12/13/

# Payroll Check Register

12/13/21

Record# Batch#	Check#	Date	Employee# Gross	Add	Deduct	Net
ER State Unemploymen 401K Employer Contri	184,62	401K EE %	461	.54 401K EE \$	Б	
	Grand Totals:	<del></del>	113,076.81		46,938.21	66,138.60

Record# Batch# Check#	Date	Employee# Gross	Add	Deduct	Net
		GIOSS	Auu	Deduct	ING
Gross Payroll:		113,076.81			
Add-Ons:		•			
Total Add-Ons:					
Total Gross + Add:	<del>-</del>		113,076.	81	
Deductions					
Social Security	7,010.92				
Medicare	1,639.54				
Federal Income Tax	19,856.27	٠			
State Income Tax	7,123.75				
401K EE %	6,461.56				
401K EE \$	4,846.17				
Total Deductions:		46,938.21			
Net Pay: Advances:		66,138.60			
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 Payro	11:	<del></del>	126,781.	48	





Payroll Check Register with Calculations Employee 6 to 6

20	Record# Batch#	Check#	Date	Employee#				
Social Security				Gross	·	Add	Deduct	Net
Social Security	20		07/31/2021					
Social Security	20		01/3 (/202 (	339.60			45.68	293.92
Workers' Compensatio   Compe	Social Security	21.06	Medicare		4.92	Federal Inc		
27	ER Social Security	21.06	ER Medicare		4.92	ER FUTA		2.04
27	Workers' Compensatio	0.65	Liability Insurance		9.37	State Incon	ne Tax	9.87
1,018.80	ER State Unemploymen	9.85						
Social Security	27		08/11/2021					
ER Social Security 63.18 ER Medicare 14.76 ER FUTA 6.11 Workers' Compensatio 1.94 Liability Insurance 28.10 State Income Tax 29.61  28 08/25/2021 305.64 37.69 267.95  Social Security 18.95 Medicare 4.43 Federal Income Tax 6.43 ER Social Security 18.95 ER Medicare 4.43 ER FUTA 1.83 Workers' Compensatio 0.58 Liability Insurance 8.43 State Income Tax 7.88  ER State Unemploymen 8.86 293.92  Social Security 21.06 Medicare 4.92 Federal Income Tax 9.83 ER Social Security 21.06 ER Medicare 4.92 Federal Income Tax 9.87 ER State Unemploymen 9.85  33 09/01/2021 271.68 30.27 241.41  Social Security 16.84 Medicare 3.94 Federal Income Tax 9.87 ER State Unemploymen 9.85  37 09/08/2021 339.60 45.68 293.92  38 09/08/2021 39.94 ER FUTA 1.63 ER FUTA 1.64 ER FUTA 1.65				1,018.80	·		137.04	881.76
Social Security	•						ome Tax	29.49
28 08/25/2021 305.64 37.69 267.95  Social Security 18.95 Medicare 4.43 Federal Income Tax 6.43 ER Social Security 18.95 ER Medicare 4.43 ER FUTA 1.83 Workers' Compensatio 0.58 Liability Insurance 8.43 State Income Tax 7.88 ER State Unemploymen 8.86  29 08/18/2021 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  33 09/01/2021 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 Federal Income Tax 3.03 ER Social Security 16.84 ER 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	•				14.76	ER FUTA		6.11
28	•		Liability Insurance		28.10	State Incon	ne Tax	29.61
Social Security 18.95 Medicare 4.43 Federal Income Tax 6.43 ER Social Security 18.95 ER Medicare 4.43 ER FUTA 1.83 Workers' Compensatio 0.58 Liability Insurance 8.43 State Income Tax 7.88 ER State Unemploymen 8.86  29 08/18/2021 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  30 09/01/2021 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 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	ER State Unemploymen	29.55						
Social Security	28		08/25/2021					
ER Social Security 18.95 Under the ER Social Security 29				305.64				
Workers' Compensatio         0.58         Liability Insurance         8.43         State Income Tax         7.88           ER State Unemploymen         8.86         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         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         09/08/2021         339.60         45.68         293.92			/				ome Tax	
ER State Unemploymen 8.86  29  08/18/2021  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  33  09/01/2021  271.68  3.94 Federal Income Tax 3.03  ER 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								
29 08/18/2021  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  33 09/01/2021  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  39.60 45.68 293.92	•		Liability insurance		8.43	State Incon	ne lax	7.88
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  33  09/01/2021  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	ER State Unemploymen	8.86						
Social Security   21.06   Medicare   4.92   Federal Income Tax   9.83	29		08/18/2021					
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  33  09/01/2021  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  09/08/2021  339.60 45.68 293.92				339.60				
Workers' Compensatio         0.65         Liability Insurance         9.37         State Income Tax         9.87           ER State Unemploymen         9.85         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         09/08/2021         339.60         45.68         293.92	•						come Tax	
## State Unemploymen   9.85   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   30.27   241.41      Social Security   16.84   ER Medicare   3.94   ER FUTA   1.63     Federal Income Tax   6.46     Function of the complex of the co							_	
33 09/01/2021 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  39/08/2021 339.60 45.68 293.92	•		Liability Insurance		9.37	State Incon	ne Tax	9.87
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  09/08/2021 339.60 45.68 293.92	ER State Unemploymen	9.85						
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         09/08/2021         45.68         293.92	33		09/01/2021					
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         37       09/08/2021       339.60       45.68       293.92	Casial Casurity	40.04	B dan all a mar-	271.68	0.04	r 1 - 1 1		
Workers' Compensatio         0.52         Liability Insurance         7.49         State Income Tax         6.46           ER State Unemploymen         7.88         09/08/2021         339.60         45.68         293.92	•						ome lax	
FR State Unemploymen 7.88  37  09/08/2021  339.60  45.68  293.92							<b></b>	
339.60 45.68 293.92	ER State Unemploymen		Liability Insurance		7.49	State Incon	ne lax	6.46
339.60 45.68 293.92	37		09/08/2021					
Social Security 21.06 Medicare 4.92 Federal Income Tax 9.83				339.60			45.68	293.92
	Social Security	21.06	Medicare		4.92	Federal Inc	ome Tax	9.83

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 Incon	ne 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 Inc	ome 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 Incon	ne 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 Inc	ome 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 Incon	ne 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 Inc	ome Tax	
ER Social Security	10.53	ER Medicare		2.46	ER FUTA		1.02
Workers' Compensatio	0.32	Liability Insurance		4.68	State Incon	ne Tax	2.38
ER State Unemploymen	4.92						
	Grand Totals:	Treat to the second sec	3,396.00			433.36	2,962.64

. .

Record# Batch# Check#	Date	Employee# Gross	Add	Deduct	Net
	***************************************				
Gross Payroll:		3,396.00			
Add-Ons:					
Total Add-Ons:	_				
Total Gross + Add:		3,39	6.00		
Deductions					
Social Security	210.58				
Medicare	49.21				
Federal Income Tax 81.30					
State Income Tax	92.27				
Total Deductions:		433.36			
Net Pay: Advances:		2,962.64			
Net + Advances:		2,962.64			
Overhead					
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				
Total Overhead:			47	8.81	
Total Cost of Payrol	II:	**************************************	3,87	4.81	

# **Payroll Check Register**





# Broadway Construction LLC

Payroll Check Register with Calculations Employee 7 to 7

Superintendent

Record# Batch#	Check#	Date	Employee# Gross		Add	Deduct	Net
48		40/40/0004					
48		10/13/2021	2,884.62		•	905.25	1,979.37
Social Security	178.85	Medicare	2,004.02	41.83	Federal Inc		509.79
ER Social Security	178.85	ER Medicare		41.83	ER FUTA		17.31
Workers' Compensatio	5.48	Liability Insurance	<b>!</b>	79.56	State Incon	ne Tax	174.78
ER State Unemploymen	83.65	•					
51		10/20/2021					
			2,884.62			905.25	1,979.37
Social Security	178.85	Medicare		41.83	Federal Inc	ome Tax	509.79
ER Social Security	178.85	ER Medicare		41.83	ER FUTA	_	17.31
Workers' Compensatio	5.48	Liability Insurance	1	79.56	State Incon	ne Tax	174.78
ER State Unemploymen	83.65						
53		10/27/2021					
			2,884.62			905.25	1,979.37
Social Security	178.85	Medicare		41.83	Federal Inc	come Tax	509.79
ER Social Security	178.85	ER Medicare		41.83	ER FUTA	<b>T</b>	7.38
Workers' Compensatio	5.48	Liability Insurance	•	79.56	State Incon	ne ıax	174.78
ER State Unemploymen	83.65						
58		11/03/2021					
			2,884.62			905.25	1,979.37
Social Security	178.85	Medicare		41.83	Federal Inc	come Tax	509.79
ER Social Security	178.85	ER Medicare		41.83	ER FUTA	T	474.70
Workers' Compensatio	5.48 83.65	Liability Insurance	)	79.56	State Incor	ne iax	174.78
ER State Unemploymen	03.00						
60		11/10/2021					
			2,884.62			905.25	1,979.37
Social Security	178.85	Medicare		41.83		come Tax	509.79
ER Social Security	178.85	ER Medicare		41.83	ER FUTA	<b></b>	47470
Workers' Compensatio ER State Unemploymen	5.48 71.38	Liability Insurance		79.56	State Incon	ne iax	174.78
EN State Onemploymen	1 1,30						
63		11/17/2021					
			2,884.62			905.25	1,979.37
Social Security	178.85	Medicare		41.83	Federal Inc	come Tax	509.79

Report 5-1-2-21

### Continued...

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

### 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: Advances:		17,814.33			
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 Payrol	ll:		29,161	.04	

# Estimator/Project Manager, Asst Project Manager, Accounting Manager

Page: 1

	6/26/20		679670	6/26/20	8420	5/30/20	5/30/20	Employee ID Employee Masked SS No Reference Date
Regular	Regular	Regular	Regular	Regular	Regular	Regular	Regular	Рау Туре
40.00	40.00	40.00	40.00	40.00	40.00			Pay Hr
1,720.00	441.20	-441.20	441.20	1,200.00	1,200.00	6,923.20	2,978.10	Pay Amt
1,248.85	345.69	451.57	451.57	989.76	989.76	4,864.32	2,333.34	Amount
1,720.00 -59.01	441.20 -17.64 -14.56	-441.20 14.56	441.20 -14.56	1,200.00 -28.90 -39.60	1,200.00 -28.90 -39.60	6,923.20 -407.04	2,978.10 -119.07	Gross St_Income St_Unemp_C
-280.56 -106.64	-44.12 -27.35	-44.12 27.35	44.12 -27.35	-89.54 -74.40	-89.54 -74.40	-1,122.24	-297.81	Fed_Income Soc_Sec_C
-106.64 -24.94	-27.35 -6.40	27.35 6.40	-27.35 -6.40	-74.40 -17.40	-74.40 -17.40	429.28	-184.68	Soc_Sec Medicare_C
-24.94 -10.32	-6.40 -2.65	6.40 2.65	-6.40 -2.65	-17.40 -7.20	-17.40 -7.20	-100.32	43.20	MEDICARE Fed_Unemp

			The second second second		•				
Employee ID Employee Masked SS No Reference Date	Рау Туре	Pay Hr	Pay Amt	Amount	Gross St_Income St_Unemp_C	Fed_Income Soc_Sec_C	Soc_Sec Medicare_C	MEDICARE Fed_Unemp	
6/26/20					-56.76				
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	
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	
	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	

Employee ID Employee Masked SS No Reference Date	Рау Туре Рау Нг		Pay Amt	Amount	Gross St_Income St_Unemp_C	Fed_Income Soc_Sec_C	Soc_Sec Medicare_C	MEDICARE Fed_Unemp	
7/17/20									
7/20/20	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	
	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	

Employee ID Employee Masked SS No Reference 9/28/20 8/31/20 8/31/20 11/1/20 9/28/20 Date Regular Regular Regular Pay Type Pay Hr Pay Amt Regular Regular Regular Regular Regular 40.00 40.00 40.00 40,00 40.00 40.00 40.00 40.00 1,720.00 1,160.00 1,200.00 1,160.00 1,200.00 1,720.00 1,160.00 1,200.00 1 377 47 1,377.47 Amount 966.35 989.76 966.35 989.76 966.35 989.76 Gross
St\_Income
St\_Unemp\_C 1,200.00 -28.90 -39.60 1,720.00 -59.01 -56.76 1,160.00 -20.17 -38.28 1,200.00 -28.90 -39.60 1,160.00 -20.17 1,200.00 -28.90 -39.60 1,160.00 -20.17 -38.28 1,720.00 -59.01 -56.76 Fed\_Income
Soc\_Sec\_C -151.94 -106.64 -151.94 -106.64 -89.54 -74.40 -84.74 -71.92 -89.54 -74.40 -84.74 -71.92 -89.54 -74.40 -84.74 -71.92 Soc\_Sec Medicare\_C -106.64 -24.94 -106.64 -24.94 -74.40 -17.40 -71.92 -16.82 -74.40 -17.40 -71.92 -16.82 -74.40 -17.40 -71.92 -16.82 MEDICARE Fed\_Unemp -24.94 -10.32 -16.82 -6.96 -17.40 -7.20 -16.82 -6.96 -17.40 -7.20 -16.82 -0.60 -17 40 -7 20 -24 94 -10 32

	•							
Employee ID Employee Masked SS No Reference Date	Рау Туре	Pay Hr	Pay Amt	Amount	Gross St_Income St_Unemp_C	Fed_Income Soc_Sec_C	Soc_Sec Medicare_C	MEDICARE Fed_Unemp
11/1/20					-38.28			
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

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	10/27/2019 11/3/2019 11/10/2019 11/17/2019	9/22 9/29 10/6 10/13 10/20	8/25 9/1 9/8 9/15	4th Q 7/28 8/4 8/11 8/18	6/23 6/30 7/17 7/14 7/21	3rd C 1/27 2/3 2/10	5/26 6/2 6/9 6/16	4/21 4/28 5/4 5/12 5/12	3/24 3/31 4/14	2/24 3/3 3/10 3/17	2/17	Pe B
		9/22/2019 9/29/2019 10/6/2019 10/13/2019 10/13/2019 110/20/2019	8/25/2019 9/1/2019 9/8/2019 9/15/2019	4th Quarter 7/28/2019 8/4/2019 8/11/2019 8/18/2019	6/23/2019 6/30/2019 7/7/2019 7/14/2019 7/21/2019	3rd Quarter 1/27/2019 2/3/2019 2/10/2019	5/26/2019 6/2/2019 6/9/2019 6/16/2019	4/21/2019 4/28/2019 5/5/2019 5/12/2019 5/12/2019 5/19/2019	3/24/2019 3/31/2019 4/7/2019 4/14/2019	2/24/2019 3/3/2019 3/10/2019 3/17/2019	2/17/2019	Period Beg
	11/2/2019 11/9/2019 11/16/2019 11/16/2019 11/23/2019 Total	9/28/2019 10/3 10/5/2019 10/3 10/12/2019 10/3 10/19/2019 10/3 10/26/2019 10/3 Total C	8/31/2019 9/7/2019 9/14/2019 9/21/2019 9/21/2019 Total	8/3/2019 8/10/2019 8/17/2019 8/24/2019	6/29/2019 7/6/2019 7/13/2019 7/20/2019 7/27/2019	2/2/2019 2/9/2019 2/16/2019	6/1/2019 6/8/2019 6/15/2019 6/22/2019	4/27/2019 5/4/2019 5/11/2019 5/18/2019 5/25/2019	3/30/2019 4/6/2019 4/13/2019 4/20/2019	3/2/2019 3/9/2019 3/16/2019 3/23/2019	2/23/2019 2 Total	Payroll Period End
	12/9/2019 12/9/2019 12/9/2019 12/9/2019 12/9/2019 November	10/31/2019 10/31/2019 10/31/2019 10/31/2019 10/31/2019 10/31/2019 Total October	10/3/2019 10/3/2019 10/3/2019 10/3/2019 10/3/2019 September	10/3/2019 10/3/2019 10/3/2019 10/3/2019 10/3/2019	8/12/2019 8/12/2019 8/12/2019 8/12/2019 8/12/2019 8/12/2019 Total July	2/6/2019 2/13/2019 2/20/2019 Total Feb	6/26/2019 6/26/2019 6/26/2019 6/26/2019 Total June	5/29/2019 5/29/2019 5/29/2019 5/29/2019 5/29/2019 Total May	4/3/2019 4/10/2019 4/17/2019 4/17/2019 4/24/2019 Total April	3/6/2019 3/13/2019 3/20/2019 3/27/2019 3/27/2019 Total March	2/27/2019 al February	Pay Date
I	10.00 10.00 10.00 10.00	10.00 10.00 10.00 10.00	10.00 10.00 10.00 10.00	10.00 10.00 10.00	10.00 10.00 10.00 10.00 10.00	10.00 10.00 10.00 30.00	10.00 10.00 10.00 10.00	10.00 10.00 10.00 10.00 10.00	10.00 10.00 10.00 40.00	10.00 10.00 10.00 10.00 40.00	10.00	Hours
	\$ 110.30 \$ 110.30 \$ 110.30 \$ 110.30 \$ 441.20	\$ 110.30 \$ 110.30 \$ 110.30 \$ 110.30 \$ 110.30	\$ 110.30 \$ 110.30 \$ 110.30 \$ 110.30 \$ 441.20	\$ 110.30 \$ 110.30 \$ 110.30 \$ 110.30 \$ 441.20	\$ 110.30 \$ 110.30 \$ 110.30 \$ 110.30 \$ 110.30 \$ 551.50	\$ 110.30 \$ 110.30 \$ 110.30 \$ 330.90	\$ 110.30 \$ 110.30 \$ 110.30 \$ 110.50 \$ 441.40	\$ 110.30 \$ 110.30 \$ 110.30 \$ 110.30 \$ 110.30 \$ 551.50	\$ 110.30 \$ 110.30 \$ 110.30 \$ 110.30 \$ 441.20	\$ 110.30 \$ 110.30 \$ 110.30 \$ 110.30 \$ 441.20	\$ 110.30 \$ 110.30	Gross
	\$ \$ \$ 11.0 \$ \$ 11.0	\$ 55 11	\$ 11.0 \$ 11.0 \$ 11.0	\$ 11.03 \$ 11.03 \$ 11.03 \$ 11.03 \$ 44.12	\$ 11.03 \$ 11.03 \$ 11.03 \$ 11.03 \$ 11.03 \$ 55,15	\$ 11.0 \$ 11.0 \$ 33.0	s s s 11.0 s s 11.0 44.1	5 1 1 1 1 1	s s 11.0 s 11.0	s s s 11.0	\$ 11.03 \$ 11.03	Federal Withholding
	10000000000000000000000000000000000000	03 03 03 03 03 03 03 03 03 03 03 03 03 0	.03 & & &	<mark>0</mark>	w w w w w	.03 \$ .03 \$	.03 \$ \$	15 10 10 10 10 10 10 10 10 10 10 10 10 10	.03 \$ \$ .03 \$ \$ .03 \$ \$ .03 \$ \$ .03 \$ \$ .03 \$ \$ .03 \$	.03 \$ \$ .12 \$ \$ 2	s s	Employee
	0.84 0.84 0.84 0.84 0.84 0.84	5.84 5.84 5.84 5.84 5.84 5.84 5.84 5.84	6.84 \$ 6.84 \$ 6.84 \$	5.84 s s	5.84 6.84	6.84 \$ 6.84 \$ 6.84 \$	6.84 S 6.84 S 6.84 S	5.84 5.84 5.84 5.84 5.84 5.84 5.84 5.84	6.84 S 6.84 S 6.84 S 6.84 S	6.84 s s	6.84 S	
	1.60 \$ 1.60 \$ 1.60 \$ 1.60 \$	1.60 \$ 1.60 \$ 1.60 \$ 1.60 \$ \$ 1.60 \$ \$	1.60 \$ 1.60 \$ 1.60 \$ 1.60 \$	1.60 \$ 1.60 \$ 1.60 \$	1.60 \$ 1.60 \$ 1.60 \$ 1.60 \$ \$	1.60 \$ 1.60 \$ 1.60 \$	1.60 \$ 1.60 \$ 1.60 \$	1.60 \$ 1.60 \$ 1.60 \$ 1.60 \$ 5	1.60 \$ 1.60 \$ 1.60 \$ 6.40 \$	1.60 \$ 1.60 \$ 1.60 \$ 6.40 \$	1.60 <b>s</b>	Employee Medicare Wit
	4.41 S 4.41 S 4.41 S 4.41 S	4.41 S 4.41 S 4.41 S 4.41 S 4.41 S	4.41 S 4.41 S 4.41 S 4.41 S	4.41 S 4.41 S 4.41 S 4.41 S	4.41 S 4.41 S 4.41 S 4.41 S 4.41 S 22.05 S	4.41 S 4.41 S 4.41 S 13.23 S	4.41 S 4.41 S 4.41 S 4.41 S 4.41 S	4.41 S 4.41 S 4.41 S 4.41 S 4.41 S	4.41 S 4.41 S 4.41 S 4.41 S 17.64 S	4.41 S 4.41 S 4.41 S 4.41 S 77.64 S	4.41 S	State Withholding [
	23.88 23.88 23.88 23.88 95.52	23.88 23.88 23.88 23.88 23.88 23.88	23.88 23.88 23.88 23.88 95.52	23.88 23.88 23.88 23.88 23.88	23.88 23.88 23.88 23.88 23.88 23.88	23.88 23.88 23.88 71.64	23.88 23.88 23.88 23.88 95.52	23.88 23.88 23.88 23.88 23.88 23.88	23.88 23.88 23.88 23.88 95.52	23.88 23.88 23.88 23.88 95.52	23.88 23.88	Total Deductions
	\$ 86.42 \$ 86.42 \$ 86.42 \$ 86.42 \$ 86.42	\$ 86.42 \$ 86.42 \$ 86.42 \$ 86.42 \$ 86.42 \$ 86.42	\$ 86.42 \$ 86.42 \$ 86.42 \$ 86.42 \$ 86.42	\$ 86.42 \$ 86.42 \$ 86.42 \$ 86.42 \$ 86.42	\$ 86.42 \$ 86.42 \$ 86.42 \$ 86.42 \$ 86.42 \$ 86.42	\$ 86.42 \$ 86.42 \$ 86.42 259.26	\$ 86.42 \$ 86.42 \$ 86.42 \$ 86.62 \$ 86.62	\$ 86.42 \$ 86.42 \$ 86.42 \$ 86.42 \$ 86.42 \$ 86.42	\$ 86.42 \$ 86.42 \$ 86.42 \$ 86.42 \$ 345.68	\$ 86.42 \$ 86.42 \$ 86.42 \$ 86.42 \$ 345.68	\$ 86,42 \$ 86,42	Net Pay
T	6.84 6.84 6.84 5.2736	34 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6.84 6.84 5 6.84	5 5 5 84 5 84 5 84 5 84	\$ 34 5 5 6 8 8 8 8 8 8 8	6.84 6.84 5.84 5.84	6.84 6.84 6.84 6.84 7.736	\$ 5.00 5.84 5.84 5.84 5.84 5.84 5.84 5.84 5.84	6.84 6.84 6.84 6.84 27.36	6.84 6.84 6.84 6.84	\$ 6.84	Employer SSA
	1.60 1.60 1.60 1.60	1.60 1.60 1.60 1.60 1.60	1.60 1.60 1.60 1.60	1.60 1.60 1.60 1.60 5.640	8	1.60 1.60 1.60 \$ 4.80	<b>5</b>	(S)	6	60	\$	Employer Medicare
+	60000 66666	600000	8 8 8 8 8 8 8 8 8 8	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8 8 8 8	4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	40.60.60 60 60.60 60 60 60 60 60 60 60 60 60 60 60 60 6	000000 000000 000000000000000000000000	60 8 8	
	11.03 \$ 11.03 \$ 11.03 \$ 11.03 \$	11.03 \$ 11.03 \$ 11.03 \$ 11.03 \$ 11.03 \$ 5 11.0	11.03 \$ 11.03 \$ 11.03 \$ 11.03 \$	11.03 \$ 11.03 \$ 11.03 \$ 11.03 \$	11.03 \$ 11.03 \$ 11.03 \$ 11.03 \$ 5.515 \$ 5.515	11.03 \$ 11.03 \$ 11.03 \$ 33.09 \$	11.03 S 11.03 S 11.03 S 11.03 S	11.03 \$ 11.03 \$ 11.03 \$ 11.03 \$ 55.15 \$ 55.15	11.03 \$ 11.03 \$ 11.03 \$ 11.03 \$ 44.12 \$	11.03 \$ 11.03 \$ 11.03 \$ 11.03 \$ 44.12 \$	11.03 \$ 11.03 \$	Federal Withholding
	13.68 \$ 13.68 \$ 13.68 \$ 13.68 \$ 54.72 \$	13.68 \$ 13.68 \$ 13.68 \$ 13.68 \$ 13.68 \$ \$	13.68 \$ 13.68 \$ 13.68 \$ 13.68 \$	13.68 \$ 13.68 \$ 13.68 \$ 13.68 \$ 54.72 \$	13.68 \$ 13.68 \$ 13.68 \$ 13.68 \$ \$ 13	13.68 \$ 13.68 \$ 41.04 \$	13.68 \$ 13.68 \$ 13.68 \$ 13.68 \$ 54.72 \$	13.68 \$ 13.68 \$ 13.68 \$ 13.68 \$ 13.68 \$	13.68 \$ 13.68 \$ 13.68 \$ 54.72 \$	13.68 \$ 13.68 \$ 13.68 \$ 13.68 \$ 54.72 \$	13.68 \$ 13.68 \$	Federal Tax Summary Total Total SSA Medicare
	3.20 3.20 3.20 3.20 3.20	3.20 3.20 3.20 3.20 3.20 3.20	3.20 3.20 3.20 3.20 3.20	3.20 3.20 3.20 3.20 3.20	3.20 3.20 3.20 3.20 3.20 3.20	3.20 3.20 3.20 9.60	3.20 3.20 3.20 3.20 3.20	3.20 3.20 3.20 3.20 3.20 3.20	3.20 3.20 3.20 3.20 3.20 5 12.80	3.20 3.20 3.20 3.20 3.20 3.20	\$ 3.20 \$ 3.20	Summary Total Medicare
	\$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 111.64	\$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 139.55	\$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 111.64	\$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91	\$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 139.55	\$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 83.73	\$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 111.64	\$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91	\$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 111.64	\$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 27.91 \$ 111.64	\$ 27.91 \$ 27.91	Total Federal
	v	W	so.	49	σ		s,	v	w w			D Fee
	111.64	139.55	111.64	111.64	139.55	Record July 2019-Paid July \$ 83.73	111.64	139.55	223.28 27.91			Federal Deposit
						9-Paid July						State Deposit
	12/9/2019	11/5/219	10/9/2019	10/9/2019	8/16/2019	7/24/2019	7/3/2019	6/5/2019	4/24/2019 5/3/2019			

Payroll   Payroll   Payroll   Payroll   Period   Payroll   Pederal   Total   Total   Payroll   Pederal   Total   Payroll   Payroll   Pederal   Payroll   Pederal   Payroll   Pederal   Payroll   Payroll   Payroll   Pederal   Payroll   Pederal   Payroll   Pederal   Payroll   Payroll   Pederal   Payroll   Payroll   Payroll   Pederal   Payroll   Payroll   Pederal   Payroll   Pederal   Payroll   Payroll   Payroll   Payroll   Pederal   Payroll   Payroll   Pederal   Payroll   Pederal   Payroll   Payroll   Payroll   Payroll   Payroll   Payroll   Payroll   Payroll   Payroll   Pederal   Payroll   Pederal   Payroll
Payroll
Pay Hours Gross Withholding SSA Medicare Withholding Deductions Net Pay SSA Medicare Withholding Deductions SSA Medicare Withholding Deductions SSA Medicare Withholding S
Pay         Hours         Gross         Federal Withholding         Employee         State         Total         Employer         Employer Withholding         Employer Pederal         Employer         Federal Pederal           430.00         \$ 4743.10         \$ 474.29         \$ 294.12         \$ 68.80         \$ 189.63         \$ 1,026.84         \$ 3,716.26         \$ 294.12         \$ 68.80         \$ 474.29         \$ 474.
Federal Employee Employee State Total Gross Withholding SSA Medicare Withholding Deductions Net Pay SSA Medicare Withholding Deductions Net Pay SSA Medicare Withholding Deductions Net Pay SSA Medicare Withholding SSA SA
Federal withholding         Employee         Employee         Employee         Employee         Employer Withholding Deductions         Met Pay         SSA         Medicare         Withholding           \$ 474.29         \$ 294.12         \$ 68.80         \$ 189.63         \$ 1,026.84         \$ 3,716.26         \$ 294.12         \$ 68.80         \$ 474.29         \$           \$ 11.03         \$ 6.84         \$ 1.60         \$ 4.41         \$ 23.88         \$ 86.42         6.84         1.60         \$ 11.03         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 86.42         6.84
Federal withholding         Employee         Employee         Employee         Employee         Employer Withholding Deductions         Met Pay         SSA         Medicare         Withholding           \$ 474.29         \$ 294.12         \$ 68.80         \$ 189.63         \$ 1,026.84         \$ 3,716.26         \$ 294.12         \$ 68.80         \$ 474.29         \$           \$ 11.03         \$ 6.84         \$ 1.60         \$ 4.41         \$ 23.88         \$ 86.42         6.84         1.60         \$ 11.03         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 86.42         6.84         1.60         \$ 11.03         \$ 86.42         6.84
Employee         Employee         State         Total         Employer Pay         Employer Pay         Employer Pay         Federal Pay           \$ 294.12         \$ 68.80         \$ 189.63         \$ 1,026.84         \$ 3,716.26         \$ 294.12         \$ 68.80         \$ 44.1         \$ 23.88         \$ 3,716.26         \$ 294.12         \$ 68.80         \$ 44.1         \$ 23.88         \$ 86.42         \$ 6.84         1.60         \$ 11.03         \$ 11.03         \$ 5         \$ 6.84         \$ 1.60         \$ 4.41         \$ 23.88         \$ 86.42         6.84         1.60         \$ 11.03         \$ 11.03         \$ 6.84         \$ 1.60         \$ 11.03
Employee         Employee         State         Total         Employer Pay         Employer Pay         Employer Pay         Federal Pay           \$ 294.12         \$ 68.80         \$ 189.63         \$ 1,026.84         \$ 3,716.26         \$ 294.12         \$ 68.80         \$ 44.1         \$ 23.88         \$ 3,716.26         \$ 294.12         \$ 68.80         \$ 44.1         \$ 23.88         \$ 86.42         \$ 6.84         1.60         \$ 11.03         \$ 11.03         \$ 5         \$ 6.84         \$ 1.60         \$ 4.41         \$ 23.88         \$ 86.42         6.84         1.60         \$ 11.03         \$ 11.03         \$ 6.84         \$ 1.60         \$ 11.03
Employee   State   Total   Employer   Employer   Federal
Employee   State   Total   Employer   Employer   Federal
State         Total         Employer         Employer Employer         Federal Federal           Withholding Deductions         Net Pay         SSA         Medicare         Withholding           \$ 189.63         \$ 1,026.84         \$ 3,716.26         \$ 294.12         \$ 68.80         \$ 474.29         \$           \$ 4.41         \$ 23.88         \$ 86.42         6.84         1.60         \$ 11.03         \$           \$ 4.41         \$ 23.88         \$ 86.42         6.84         1.60         \$ 11.03         \$           \$ 4.41         \$ 23.88         \$ 86.42         6.84         1.60         \$ 11.03         \$           \$ 4.41         \$ 23.88         \$ 86.42         6.84         1.60         \$ 11.03         \$           \$ 4.41         \$ 23.88         \$ 86.42         6.84         1.60         \$ 11.03         \$           \$ 4.41         \$ 23.88         \$ 86.42         6.84         1.60         \$ 11.03         \$           \$ 10.00         \$ 10.00         \$ 10.00         \$ 10.00         \$ 10.00         \$           \$ 10.00         \$ 10.00         \$ 10.00         \$ 10.00         \$ 10.00         \$ 10.00           \$ 10.00         \$ 10.00         \$ 10.00         \$ 10.00
Net Pay   Employer   Employer   Federal
Net Pay   Employer   Employer   Federal
Net Pay   Employer   Employer   Federal
Employer Employer Federal SSA Medicare Withholding  \$ 294.12 \$ 68.80 \$ 474.29 \$  6.84 1.60 \$ 11.03 \$  6.84 1.60 \$ 11.03 \$  6.84 1.60 \$ 11.03 \$  6.84 1.60 \$ 11.03 \$  6.84 1.60 \$ 11.03 \$  6.84 1.60 \$ 11.03 \$  6.84 1.60 \$ 11.03 \$  6.84 1.60 \$ 11.03 \$
Employer Employer Federal SSA Medicare Withholding  \$ 294.12 \$ 68.80 \$ 474.29 \$  6.84 1.60 \$ 11.03 \$  6.84 1.60 \$ 11.03 \$  6.84 1.60 \$ 11.03 \$  6.84 1.60 \$ 11.03 \$  6.84 1.60 \$ 11.03 \$  6.84 1.60 \$ 11.03 \$  6.84 1.60 \$ 11.03 \$  6.84 1.60 \$ 11.03 \$
Employer   Federal
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Federal Tax Summary Total Total SSA Medicare 588.24 \$ 137.60 13.68 \$ 3.20 13.68 \$ 3.20 13.68 \$ 3.20 13.68 \$ 3.20 13.68 \$ 3.20 13.68 \$ 3.20
37.60 \$ 3.20 \$ 3.20 \$ 3.20 \$ 3.20 \$
Total Federal 1,200,13 27.91 27.91 27.91 111.64
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Federal Deposit
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State Deposit  1/16/2020

**941 for 2019:** Employer's QUARTERLY Federal Tax Return 950117 Department of the Treasury - Internal Revenue Service (Rev. January 2019) OMB No. 1545-0029 Report for this Quarter of 2019 Employer Identification number (EIN) (Check one.) Name (not your trade name) BROADWAY CONSTRUCTION, LLC 1: January, February, March X 2: April, May, June Trade name (if any) 3: July, August, September 1002 N. JACKSON STREET Address 4: October, November, December Number Sulte or room number Go to www.irs.gov/Form941 for instructions and the latest information. MILWAUKEE WI 53202 City State ZIP code Foreign country name Foreign province/county Foreign postal code Read the separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter. Part 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 Wages, tips, and other compensation 1,985 ... 40 2 3 Federal income tax withheld from wages, tips, and other compensation 198 ... if no wages, tips, and other compensation are subject to social security or Medicare tax L Check and go to line 6. Column 1 Column 2 1,985 ...  $40 \times 0.124 =$ 19 Taxable social security wages . 246 . 5a 5b Taxable social security tips .  $\times 0.124 =$ 1,985 ... 5c Taxable Medicare wages & tips.  $40 \times 0.029 =$ 58 Taxable wages & tips subject to 5d  $\times$  0.009 = Additional Medicare Tax withholding 303 . 5e Add Column 2 from lines 5a, 5b, 5c, and 5d 77 5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 51 Total taxes before adjustments. Add lines 3, 5e, and 5f ... 502 . 6 31 7 Current quarter's adjustment for fractions of cents 7 07 8 Current quarter's adjustment for sick pay 8 9 Current quarter's adjustments for tips and group-term life insurance 9 Total taxes after adjustments. Combine lines 6 through 9 10 10 502 . 38 11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 12 Total taxes after adjustments and credits. Subtract line 11 from line 10. 12 502 38 13 Total deposits for this quarter, including overpayment applied from a prior quarter and 502 overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 38 14 Balance due. If line 12 is more than line 13, enter the difference and see instructions 00 00 Check one: Apply to next return. Overpayment. If line 13 is more than line 12, enter the difference Send a refund.

You MUST complete both pages of Form 941 and SiGN it.

Next ■

950217 Name (not your trade name) Employer identification number (EIN) BROADWAY CONSTRUCTION, LLC 82-2406277 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. 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 16 Check one: 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 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<sub>m</sub> 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. May we speak with your third-party designee? Part 4: Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions Yes. Designee's name and phone number Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. X No. Sign here. You MUST complete both pages of Form 941 and SIGN it. Part 5: 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. Print your NICOLE PLATT name here Sign your name here 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

City

Address

Phone

ZIP code

State

### **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 <a href="https://www.irs.gov/EIN">www.irs.gov/EIN</a>. 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.

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E 94 Department	of the Treasury		•	Payment Voucher  Don't staple this voucher or your payment to Form 941.		OMB No. 1	<sup>545-0029</sup>
	your employer id er (EIN).	dentification		Enter the amount of your payment. ►  Make your check or money order payable to "United States Treasury"	Dollars		Cents
3 Tax Pe	eriod			4 Enter your business name (individual name if sole proprietor).			
0	1st Quarter	0	3rd Quarter	Enter your address.			<del></del>
$\overline{}$	2nd Quarter	0	4th Quarter	Enter your city, state, and ZIP code; or your city, foreign country name,	, foreign province/coun	ity, 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:

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

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Cat. No. 17001Z

950217

BROADWAY CONSTRUCTION, LLC		Employer Identification number (EIN)
		82-2406277
Part 2: Tell us about your deposit schedule and tax liability for this	s quarter.	
If you are unsure about whether you are a monthly schedule depositor of Pub. 15.	or a semi	weekly schedule depositor, see section 11
16 Check one: Line 12 on this return is less than \$2,500 or line 12 or incur a \$100,000 next-day deposit obligation during the line 12 on this return is \$100,000 or more, you must be	te current qu nvida a reco	for the prior quarter was less than \$2,500, and you didn uarter. If line 12 for the prior quarter was less than \$2,500 burd of your federal tax liability. If you are a monthly scheduled kly schedule depositor, attach Schedule B (Form 941). Go t
You were a monthly schedule depositor for the liability for the quarter, then go to Part 3.	e entire qu	arter. Enter your tax liability for each month and tot
	83 <sub>11</sub> 73	
Month 2 1	39 55	
Month 3	0. 00	
Total liability for quarter 2	223 28	Total must equal line 12.
You were a semiweekly schedule depositor for Report of Tax Liability for Semiweekly Schedule Depositor for Semiweekly Schedule	r any part epositors, a	of this quarter. Complete Schedule B (Form 941), and attach it to Form 941.
Part 3: Tell us about your business. If a question does NOT apply	******	
17 If your business has closed or you stopped paying wages		
enter the final date you paid wages / /		· · · · · · · ·
		문학자 한 학생들로 발표를 보다는 것이 하는데 그렇게 되었다. 보고 하는 것이 하고 있는데 하는데 그 그 것이 있다.
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 pe	rson to dis	cuss this return with the IRS? See the instructions
for details.	*****	
L Yes. Designee's name and phone number		N. N. N. N
	1	
Select a 5-digit Personal Identification Number (PiN) to use	when talkir	g to the IRS.
Select a 5-digit Personal Identification Number (PiN) to use   No.	when talkir	g to the IRS.
X No.		
No.  Part 5: Sign here. You MUST complete both pages of Form 941 at Under penalties of periury, I declare that I have examined this return, including accomp	nd SIGN it	redules and statements, and to the heat of my knowledge
No.  Part 5: Sign here. You MUST complete both pages of Form 941 at	nd SIGN it	ledules and statements, and to the best of my knowledge on all information of which preparer has any knowledge. Print your
No.  Part 5: Sign here. You MUST complete both pages of Form 941 and Under penalties of perjury, I declare that I have examined this return, including accommand belief, it is true, correct, and complete. Declaration of preparer (other than taxpa)  Sign your	nd SIGN it	edules and statements, and to the best of my knowledge on all information of which preparer has any knowledge.  Print your name here NICOLE PLATT
Art 5: Sign here. You MUST complete both pages of Form 941 at Under penaltles of perjury, I declare that I have examined this return, including accommand belief, it is true, correct, and complete. Declaration of preparer (other than taxpa)	nd SIGN it	edules and statements, and to the best of my knowledge on all information of which preparer has any knowledge.  Print your
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Part 5: Sign here. You MUST complete both pages of Form 941 at Under penalties of perjury, I declare that I have examined this return, including accommend belief, it is true, correct, and complete. Declaration of preparer (other than taxpay name here  Date / /  Paid Preparer Use Only	nd SIGN it	edules and statements, and to the best of my knowledge on all information of which preparer has any knowledge.  Print your name here  Print your title here  MANAGING MEMBER
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No.  Part 5: Sign here. You MUST complete both pages of Form 941 and Under penalties of perjury, I declare that I have examined this return, including accommend belief, it is true, correct, and complete. Declaration of preparer (other than taxpay)  Sign your name here  Date / /  Paid Preparer Use Only  Preparer's name  Preparer's signature  Firm's name (or yours	nd SIGN it	Print your name here MANAGING MEMBER  Best daytime phone 414-761-3868  Print you are self-employed
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### **Purpose of Form**

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### **Making Payments With Form 941**

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<b>₽ 941-V</b>	'		Payment Voucher		OMB No. 1	545-0029
Department of the Treasi Internal Revenue Service	ıry	•	Don't staple this voucher or your payment to Form 941.		20	19
Enter your emplo number (EIN).	yer identification		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).			, <del>è</del>
O 1st Quarter		3rd Quarter	Enter your address.			
2nd Quarter		4th Ouarter	Enter your city, state, and ZIP code; or your city, foreign country name,	foreign province/coun	ty, 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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Overpayment. If line 13 is more than line 12, enter the difference

15

Next ■

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You were a monthly sch llability for the quarter, the	edule depositor for the entire quarter. Enter your tax liability for each month and total in 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 Report of Tax Liability for	schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Semiweekly Schedule Depositors, and attach it to Form 941.
Part 3: Tell us about your business. If a que	stion does NOT apply to your business, leave it blank.
17 If your business has closed or you stoppe	d paying wages
enter the final date you paid wages /	
18 If you are a seasonal employer and you do	on't have to file a return for every quarter of the year
Part 4: May we speak with your third-party	
	x preparer, or another person to discuss this return with the IRS? See the instructions
for details.	
Yes. Designee's name and phone numb	per
Select a 5-digit Personal Identificat	tion Number (PIN) to use when talking to the IRS.
⋉ No.	
Part 5: Sign here. You MUST complete both	h pages of Form 941 and SIGN it.
Under penalties of perjury, I declare that I have examined	d this return, including accompanying schedules and statements, and to the best of my knowledge of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
	Print your name here NICOLE PLATT
Sign your name here	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** (Rev. 1-2019)

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

3-	<b>▼</b> D	etach He	re and Mail With Your Payment and For	m 941. ▼		<u>~</u>
§ 941-V			Payment Voucher		OMB No. 1	545-0029
Department of the Treasury Internal Revenue Service	,	<b>•</b>	Don't staple this voucher or your payment to Form 941.		20'	19
Enter your employer identification number (EIN).		1	Enter the amount of your payment. ►  Make your check or money order payable to "United States Treasury"	Dollars		Cents
3 Tax Period			4 Enter your business name (individual name if sole proprietor).			·
1st Quarter	0	3rd Quarter	Enter your address.			
2nd Quarter	0	4th Quarter	Enter your city, state, and ZiP code; or your city, foreign country name	a, foreign province/coun	ity, 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 fall to provide this information in a timely manner, or provide false or fraudulent information, you may be subject to penalties.

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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 950117 OMB No. 1545-0029 Department of the Treasury - Internal Revenue Service Report for this Quarter of 2020 Employer identification number (EIN) (Check one.) X 1: January, February, March Name (not your trade name) BROADWAY CONSTRUCTION, LLC 2: April, May, June Trade name (if any) 3: July, August, September 1002 N. JACKSON STREET 4: October, November, December Address Number Suite or room number Go to www.irs.gov/Form941 for instructions and the latest information. MILWAUKEE WI 53202 ZIP code City State Foreign postal code Foreign country name Foreign province/county Read the separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter. Part 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) 1 441 -20 9 2 Wages, tips, and other compensation 12 44 . 3 3 Federal income tax withheld from wages, tips, and other compensation ... Check and go to line 6. If no wages, tips, and other compensation are subject to social security or Medicare tax 4 Column 1 441 .  $20 \times 0.124 =$ 54 71 5ล Taxable social security wages .  $\times$  0.124 = 5b Taxable social security tips . 441  $20 \times 0.029 =$ 12 79 Taxable Medicare wages & tips. 5с Taxable wages & tips subject to 0.009 =Additional Medicare Tax withholding 67 . 50 Add Column 2 from lines 5a, 5b, 5c, and 5d 5e Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions) 5f 5f 111. 62 Total taxes before adjustments. Add lines 3, 5e, and 5f ... 6 6 7 02 7 Current quarter's adjustment for fractions of cents Current quarter's adjustment for sick pay ... 8 8 9 Current quarter's adjustments for tips and group-term life insurance 111. Total taxes after adjustments. Combine lines 6 through 9 10 10 Qualified small business payroli tax credit for increasing research activities. Attach Form 8974 11 111. 64 12 Total taxes after adjustments and credits. Subtract line 11 from line 10 12 Total deposits for this quarter, including overpayment applied from a prior quarter and 13 111. 64 overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13 00 0. Balance due. If line 12 is more than line 13, enter the difference and see instructions 14

Overpayment. If line 13 is more than line 12, enter the difference

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

15

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

Next ■

950217

Name (not your trade name)	Employer identification number (EIN)
BROADWAY CONSTRUCTION, LLC	82-2406277
Part 2: Tell us about your deposit schedule and tax liability for this	s quarter.
If you are unsure about whether you are a monthly schedule depositor of Pub. 15.	or a semiweekly schedule depositor, see section 11
16 Check one: Line 12 on this return is less than \$2,500 or line 12 on incur a \$100,000 next-day deposit obligation during the line 12 on this return is \$100,000 or more, you must be	n the return for the prior quarter was less than \$2,500, and you didn't be current quarter. If line 12 for the prior quarter was less than \$2,500 but ovide a record of your federal tax liability. If you are a monthly schedule re a semiweekly schedule depositor, attach Schedule B (Form 941). Go to
You were a monthly schedule depositor for the liability for the quarter, then go to Part 3.	entire quarter. Enter your tax liability for each month and total
Tax llability: Month 1	11 64
Month 2	0. 00
Month 3	0. 00
Total liability for quarter	111 64 Total must equal line 12.
You were a semiweekly schedule depositor fo Report of Tax Liability for Semiweekly Schedule D	r any part of this quarter. Complete Schedule B (Form 941), sepositors, 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.
enter the final date you paid wages / /  If you are a seasonal employer and you don't have to file a return  Part 4: May we speak with your third-party designee?  Do you want to allow an employee, a paid tax preparer, or another p for details.  Yes. Designee's name and phone number  Select a 5-digit Personal Identification Number (PIN) to use No.  Part 5: Sign here. You MUST complete both pages of Form 941 and bellef, it is true, correct, and complete. Declaration of preparer (other than taxper Sign your	when talking to the IRS
name here	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	РПИ
Preparer's signature	Date / /
Firm's name (or yours if self-employed)	EIN
Address	Phone
City	tate ZIP code

### **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.

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₽ 941-V			Payment Voucher		OMB No. 1545-0029	
		•	on't staple this voucher or your payment to Form 941.		2020	
Enter your employer identification number (EIN).			Enter the amount of your payment. ►  Make your check or money order payable to "United States Treasury"	*		Cents
3 Tax Period			4 Enter your business name (individual name if sole proprietor).			
1st Quarter	0	3rd Quarter	Enter your address.			
2nd Ouarter		4th Ouarter	Enter your city, state, and ZIP code; or your city, foreign country name	, foreign province/cour	nty, and foreign	postal code.

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950117 Form **941 for 2020:** Employer's QUARTERLY Federal Tax Return OMB No. 1545-0029 Report for this Quarter of 2020 Employer identification number (EIN) (Check one.) 1: January, February, March Name (not your trade name) BROADWAY CONSTRUCTION, LLC X 2: April, May, June Trade name (if any) 3: July, August, September 1002 N. JACKSON STREET Address 4: October, November, December Suite or room number Number Go to www.irs.gov/Form941 for instructions and the latest information. MILWAUKEE WI 53202 City State ZIP code Foreign postal code Foreign province/county Foreign country name Read the separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter. Part 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) 9,460 . 10 Wages, tips, and other compensation 2 3 1,375 ... 93 Federal income tax withheld from wages, tips, and other compensation . 3 If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6. Column 1 Column 2  $10 \times 0.124 =$ 9,460 ... 1,173 05 Taxable social security wages . 5a Taxable social security tips .  $\times 0.124 =$ 9,460 . 274  $10 \times 0.029 =$ Taxable Medicare wages & tips. Taxable wages & tips subject to Бd  $\times 0.009 =$ Additional Medicare Tax withholding 1,447 39 Add Column 2 from lines 5a, 5b, 5c, and 5d 5e Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 5f 2.823 32 Total taxes before adjustments. Add lines 3, 5e, and 5f 6 05 Current quarter's adjustment for fractions of cents 7 8 8 Current quarter's adjustment for sick pay ... Current quarter's adjustments for tips and group-term life insurance 2.823 37 10 Total taxes after adjustments. Combine lines 6 through 9 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11 11 37 2,823 Total taxes after adjustments and credits. Subtract line 11 from line 10 . . . 12 12 Total deposits for this quarter, including overpayment applied from a prior quarter and 13 2,823 . 37 overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13 00 0 . Balance due. If line 12 is more than line 13, enter the difference and see instructions 14

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15

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

Next **■** 

Employer identification number (EIN)
82-2406277
veekly schedule depositor, see section 11
for the prior quarter was less than \$2,500, and you didn't larter. If line 12 for the prior quarter was less than \$2,500 but do f your federal tax liability. If you are a monthly schedule skly schedule depositor, attach Schedule B (Form 941). Go to
arter. Enter your tax liability for each month and total
Total must equal line 12.
of this quarter. Complete Schedule B (Form 941), and attach it to Form 941.
usiness, leave it blank.
quarter of the year   Check here.
cuss this return with the IRS? See the instructions
ing to the IRS.
ig to the IRS.
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t. nedules and statements, and to the best of my knowledge
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pedules and statements, and to the best of my knowledge on all information of which preparer has any knowledge.  Print your name here NICOLE PLATT  Print your title here MANAGING MEMBER  Best daytime phone 414-640-6996
c. nedules and statements, and to the best of my knowledge on all information of which preparer has any knowledge.  Print your name here NICOLE PLATT  Print your title here MANAGING MEMBER
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<b>941-V</b>			Payment Voucher	OMB No. 1	1545-0029	
		<b>&gt;</b>	Don't staple this voucher or your payment to Form 941.		2020	
Enter your employe number (EIN).	r identification		2 Dol  Enter the amount of your payment. ▶  Make your check or money order payable to "United States Treasury"	ars	Cents	
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O 1st Quarter	0	3rd Quarter	Enter your address.	<b>\$</b>		
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950217

Employer identification number (EIN)
82-2406277
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65
46
46
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r business, leave it blank.
o discuss this return with the IRS? See the instructions alking to the IRS.
Print your name here NICOLE PLATT  Print your
title here MANAGING MEMBER
Best daytime phone 414-640-6996
Check if you are self-employed
РПИ
PTIN
PTIN

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E 941-V Department of the Treasury		<b>&gt;</b>	Payment Voucher  Don't staple this voucher or your payment to Form 941.		OMB No. 1545-0029	
Internal Revenue Service  1 Enter your employer identification number (EIN).			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).			
O Quarter	0	3rd Quarter	Enter your address.		····	
2nd Quarter	0	4th Quarter	Enter your city, state, and ZIP code; or your city, foreign country name,	loreign province/cour	ty, 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.

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

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

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

950117

OMB No. 1545-0029

Report for this Quarter of 2020

	PROADY	ZAV CONCEDUCTION I			heck one.) 1: January, Febri	ioni March	
Name	(not your trade name) BROADW	'AY CONSTRUCTION, L			2: April, May, Jui		
Trade	name (if any)						
Addre	1932 EAST PARK PLAC Number Street	CE	umbor	3: July, August, September  4: October, November, December  Go to www.irs.gov/Form941 for			
	MILWAUKEE City Foreign country name		WI 53211 tate ZIP code		tructions and the	latest Information.	1
	ne separate instructions before		e or print within the	boxes.			
Part 1							
and the second	Number of employees who re including: Mar. 12 (Quarter 1),		in the first to the first service of the service of	and the first of the second section is a second section of the	1	3	
2	Wages, tips, and other comp	oensation			2	12,240 . (	00
3	Federal income tax withheld	l from wages, tips, and othe	er compensation .		3	978 ∎ €	56
4	If no wages, tips, and other	compensation are subject t Column 1	o social security o	r Medicare tax Column 2	☐ Check ar	id go to line 6.	
5a	Taxable social security wage	es 12,240 .	00 × 0.124 =	1,517 ∎	76		
5b	Taxable social security tips	• • •	× 0.124 =	<b>5</b>			
5c	Taxable Medicare wages & t	tips 12,240 .	00 × 0.029 =	354 •	<u>96</u>		
5d	Taxable wages & tips subject Additional Medicare Tax with		× 0.009 =				
5e	Add Column 2 from lines 5a,	, 5b, 5c, and 5d			5e	1,872 .	72
5f	Section 3121(q) Notice and I	Demand—Tax due on unrer	oorted tips (see insti	ructions)	5f		
6	Total taxes before adjustme	nts. Add lines 3, 5e, and 5f			6	2,851 . 3	38
7	Current quarter's adjustmen	nt for fractions of cents .			7		00
8	Current quarter's adjustmen	nt for sick pay			8		
9	Current quarter's adjustmen	ts for tips and group-term li	fe insurance		9	(2000 mg/) (Programme gramme (Programme)	
10	Total taxes after adjustment	ts. Combine lines 6 through 9			10	2,851	38
11	Qualified small business payr	oil tax credit for increasing r	esearch activities. A	ttach Form 8974	11	<b></b>	
12	Total taxes after adjustment	ts and credits. Subtract line	11 from line 10		12	2,851	38
13	Total deposits for this quar overpayments applied from For				13	3,124	52
14	Balance due. If line 12 is mor	e than line 13, enter the diffe	rence and see instru	ictions	14	0 - 0	00
15	Overpayment. If line 13 is more	e than line 12, enter the differe	nce 27	3 . 14 Check on	e: X Apply to next r	etum. 🔲 Send a refu	nd.
► Ye	ou MUST complete both page	es of Form 941 and SIGN it.	i			Next ■	2

950217

Name (not your trade name)	Employer identification number (EIN)
BROADWAY CONSTRUCTION, LLC	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 semiwe	ekly schedule depositor, see section 11
of Pub. 15.  16 Check one: Une 12 on this return is less than \$2,500 or line 12 on the return for	r the order quester was less than \$2 500, and you didn't
Line 12 on this return is less than \$2,500 or line 12 on the return for incur a \$100,000 next-day deposit obligation during the current quartine 12 on this return is \$100,000 or more, you must provide a record depositor, complete the deposit schedule below; if you are a semiweekly Part 3.	ter. If line 12 for the prior quarter was less than \$2,500 but of your federal tax liability. If you are a monthly schedule
You were a monthly schedule depositor for the entire quare liability for the quarter, then go to Part 3.	ter. Enter your tax liability for each month and total
Tex liability: Month 1 0 00	
Month 2 950 46	
Month 3 2,174 06	
Total liability for quarter 3,124 52	lotal must equal line 12.
You were a semiweekly schedule depositor for any part of Report of Tax Liability for Semiweekly Schedule Depositors, and	
Part 3: Tell us about your business. If a question does NOT apply to your bus	iness, 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 qu	arter 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 discu	use 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.	the state of the s
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 schedand belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based or	
and belief, it is true, correct, and complete. Declaration of preparer (other trial taxpayer) is based or	Print your
Sign your	name here NICOLE PLATT
name here	Print your title here MANAGING MEMBER
	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	ZIP code

### **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.

A

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 be subject to a penalty. See Deposit Penalties in

may be subject to a penalty. See Deposit Penalties in section 11 of Pub. 15.

### Specific Instructions

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

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

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

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

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

<u>≫</u>		▼ _ De	tach He	re and Mail With Your Payment and Form	941. ▼		
E 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 20 <b>20</b>		
	your employer ic er (EIN).	dentification		Enter the amount of your payment.   Make your check or money order payable to "United States Treasury"	Dollars		Cents
3 Tax Pe	boise			4 Enter your business name (individual name if sole proprietor).			
0	1st Quarter	0	3rd Quarter	Enter your address.			·vAtt
	2nd Quarter	0	4th Quarter	Enter your city, state, and ZIP code; or your city, foreign country name, for	elgn province/cou	nty, 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:

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

950121 941 for 2021: Employer's QUARTERLY Federal Tax Return OMB No. 1545-0029 Report for this Quarter of 2021 7 2 Employer identification number (EIN) (Check one.) X 1: January, February, March Name (not your trade name) BROADWAY CONSTRUCTION, LLC 2: April, May, June Trade name (if any) 3: July, August, September 1932 EAST PARK PLACE 4: October, November, December Address Suite or room number Number Go to www.irs.gov/Form941 for instructions and the latest information. MILWAUKEE WI 53211 ZIP code City State Foreign postal code Foreign province/county Foreign country name Read the separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter. Part 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) 42,239 Wages, tips, and other compensation 6,246 ... 3 Federal income tax withheld from wages, tips, and other compensation . 3 Check and go to line 6. If no wages, tips, and other compensation are subject to social security or Medicare tax 4 Column 1 Column 2 5.237 • 42,239  $97 \times 0.124 =$ 76 Taxable social security wages . 5a  $\times 0.062 =$ (i) Qualified sick leave wages 5a  $\times 0.062 =$ (ii) Qualified family leave wages  $\times$  0.124 = Taxable social security tips . 5b 42,239 ... 1,224 .. 96  $\times 0.029 =$ Taxable Medicare wages & tips. 5c Taxable wages & tips subject to 5d  $\times$  0.009 = Additional Medicare Tax withholding 72 6,462 .. Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d 5e Section 3121(q) Notice and Demand-Tax due on unreported tips (see instructions) 5f 5f 12,709 .. 37 Total taxes before adjustments. Add lines 3, 5e, and 5f . 6 04 Current quarter's adjustment for fractions of cents . Current quarter's adjustment for sick pay . . . . . . 8 Current quarter's adjustments for tips and group-term life insurance 9 12.709 41 10 Total taxes after adjustments. Combine lines 6 through 9 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11a Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1 Nonrefundable portion of employee retention credit from Worksheet 1

11c

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Name (r	ot your trade name)			Employer iden	ification number (EIN)	
	DWAY CONSTRUCTION, LLC				82-2406277	
Part 1	Answer these questions for this qua	rter. (continued)				
11d	Total nonrefundable credits. Add lines 11a	a, 11b, and 11c		11d	0 .	00
12	Total taxes after adjustments and nonrefe	undable credits. Subtract line 11c	d from line	10 . 12	12,709	41
13a	Total deposits for this quarter, including overpayments applied from Form 941-X, 941-X				12,709	41
13b	Reserved for future use			13b		
13c	Refundable portion of credit for qualified	sick and family leave wages fro	m Worksł	neet 1 13c		•
13d	Refundable portion of employee retention	n credit from Worksheet 1		13d		
13e	Total deposits and refundable credits. Ad	ld 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 a	dvances. Subtract line 13f from line	9 13e    .	. , . 13g	12,709	41
14	Balance due. If line 12 is more than line 13	g, enter the difference and see ins	tructions	14	0	<b>=</b> 00
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	e and tax liability for this quart	er.			
If you	re unsure about whether you're a monthly	schedule depositor or a semiw	eekly sch	edule deposi	tor, see section 11 of Pub	. 15.
16 (	and you didn't incur a \$ quarter was less than \$2, federal tax liability. If you	less than \$2,500 or line 12 on the 100,000 next-day deposit obligate 500 but line 12 on this return is ure a monthly schedule depositor, attach Schedule B (Form 94)	tion durin \$100,000 or. comple	<b>g the curren</b> or more, you ete the depo	t quarter. If line 12 for the must provide a record of	prior vour
	X You were a monthly sch liability for the quarter, the	edule depositor for the entire q n go to Part 3.	<b>uarter.</b> Er	nter your tax l	lability for each month and	total
	Tax liability: Month 1	3,983 € 70	0			
	Month 2	3,983 70				
	Month 3	4,742 01	1			
	Total liability for quarter	12,709 41	l Total n	nust equal lin	e 12.	
		schedule depositor for any part Semiweekly Schedule Depositors,				),
<b>&gt;</b> \	ou MUST complete all three pages of Fori	n 941 and SIGN it.			N	ext ■▶

•		
Name (not your trade name)	Employer Ide	950921 entification number (EIN)
BROADWAY CONSTRUCTION, LLC	Zimpioyet ia	82-2406277
Part 3: Tell us about your business. If a question does NOT apply to your business.	usiness, leave it b	
17 If your business has closed or you stopped paying wages		Check here, and
enter the final date you paid wages / / ; also attach a staten	·	
18 If you're a seasonal employer and you don't have to file a return for every q	uarter of the year	· · · Check here.
19 Qualified health plan expenses allocable to qualified sick leave wages .	19	9
20 Qualified health plan expenses allocable to qualified family leave wages .	20	0
21 Qualified wages for the employee retention credit	2	1
22 Qualified health plan expenses allocable to wages reported on line 21	2	2
23 Credit from Form 5884-C, line 11, for this quarter	2	3
24 Reserved for future use	2	4
25 Reserved for future use	2	5
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 dis for details.	scuss this return wi	th the IRS? See the instructions
Yes. Designee's name and phone number		
Select a 5-digit personal identification number (PIN) to use when talking	ng to the IRS.	
× No.	<b>A11</b> **	
Part 5: Sign here. You MUST complete all three pages of Form 941 and SIC Under penalties of perjury, I declare that I have examined this return, including accompanying sc		ats, and to the best of my knowledge
and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based	d on all information of	which preparer has any knowledge.
<b>V</b> Sign your	Print your name here	IICOLE PLATT
name here	Print your title here	MANAGING MEMBER
Date / /	Best daytime p	hone 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	

City

Address

Phone

ZIP code

State

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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. 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.

2	▼ De	tach He	re and Mail With Your Payment and For	m 941. ▼		<del></del>
E 941-V Department of the Treasury Internal Revenue Service		•	Payment Voucher  Don't staple this voucher or your payment to Form 941.		омв no. 1 20	545-0029 <b>21</b>
Enter your employe number (EIN).	r identification		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).			
O 1st Quarter	0	3rd Quarter	Enter your address.	***************************************		
2nd Quarter	0	4th Quarter	Enter your city, state, and ZIP code; or your city, foreign country name	, foreign province/coun	ity, and foreign	postal code.

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

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

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

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

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

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

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

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

Employ	oridantification number (FIM) X     /     /     /	nepo (Check	one.)
Name	(not your trade name) BROADWAY CONSTRUCTION, LLC	] 1: 0	January, February, March
Trada	name (if any)	<b>2</b> : /	April, May, June
Fraue		3: .	July, August, September
Addre	88 1932 EAST PARK PLACE Number Street Suite or room number	4: (	October, November, December
			www.irs.gov/Form941 for tions and the latest information.
	MILWAUKEE WI 53211 "		
	Foreign country name Foreign province/county Foreign postal code		
Read tl	e separate instructions before you complete Form 941. Type or print within the boxes.		
Part 1			
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)	4	4
	morading, many 12 (debites 1) peaks 12 (debites 2), or peak 12 (debites 0), or 2001 12 (debites 1)	· L	·
2	Wages, tips, and other compensation	2	38,316 . 87
3	Federal income tax withheld from wages, tips, and other compensation	3 [	6,651 • 92
	If no wages, tips, and other compensation are subject to social security or Medicare tax	Г	Check and go to line 6.
4	Column 1 Column 2	L	Offect and go to file o.
5a	Taxable social security wages 44,547 • 66 × 0.124 = 5,523 •	91	
5a	(i) Qualified sick leave wages • × 0.062 =		
5a	(ii) Qualified family leave wages . • × 0.062 = •		
5b	Taxable social security tips • × 0.124 = •		
5c	Taxable Medicare wages & tips 44,547 • 66 × 0.029 = 1,291 •	88	
5d	Taxable wages & tips subject to		
	Additional Medicare Tax withholding × 0.009 = ×		
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	6,815 79
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	#
_		۔ ۔	13,467 . 71
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6 [	15,407 • 71
7	Current quarter's adjustment for fractions of cents	7	
8	Current quarter's adjustment for sick pay	8 [	1
9	Current quarter's adjustments for tips and group-term life insurance	9 [	Д
10	Total taxes after adjustments. Combine lines 6 through 9	10	13,467 . 72
10			
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	-	
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11¢[	

➤ You MUST complete all three pages of Form 941 and SIGN it. For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

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- 4	_	_	_	_	-4

Name (r	not your trade name)		Employer identificati	ion number (EIN)	
	ADWAY CONSTRUCTION, LLC		8:	2-2406277	
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	ine 11d fro	m line 10 . 12	13,467	72
13a	Total deposits for this quarter, including overpayment applied fro overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) fi			13,467	72
13b	Reserved for future use		13b		
13c	Refundable portion of credit for qualified sick and family leave was	ges from V	Vorksheet 1 13c		
13d	Refundable portion of employee retention credit from Worksheet	l <b></b> .	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 f	rom line 13e	e 13g	13,467	72
14	Balance due. If line 12 is more than line 13g, enter the difference and	see instruc	tions 14	0 .	00
15	Overpayment. If line 13g is more than line 12, enter the difference	0 -	00 Check one: A	oply to next return, Send a	refund.
Part	2: Tell us about your deposit schedule and tax liability for this	quarter.			
lf you	i're unsure about whether you're a monthly schedule depositor or a	semiweek	ly schedule depositor, :	see section 11 of Pub.	15.
16	Check one:  Line 12 on this return is less than \$2,500 or line and you didn't incur a \$100,000 next-day deposit quarter was less than \$2,500 but line 12 on this refederal tax liability. If you're a monthly schedule depositor, attach Schedule B (line)	obligation turn is \$10	during the current qua 0.000 or more, you mus	arter. If line 12 for the part of v	orlor our
	You were a monthly schedule depositor for the elability for the quarter, then go to Part 3.	ntire quar	ter. Enter your tax liabilli	ty for each month and t	otal
	Tax liability: Month 1 2,274	93			
	Month 2 4,742	01			
	Month 3 6,450	78			
	Total liability for quarter 13,467	. 72 т	otal must equal line 12		
	You were a semiweekly schedule depositor for a Report of Tax Liability for Semiweekly Schedule Dep				
<b>&gt;</b> \	Vou MIIST complete all three pages of Form 941 and SIGN it			Nex	kt ∎►

**			
Manager (1984)		9.50 Employer identification number (EIN)	1921
Name (not your trade name) BROADWAY CONS'		82-2406277	
	out your business. If a question does NOT apply to your b		
······································	s has closed or you stopped paying wages	Check here, at	nd
enter the final d	ate you paid wages / / ; also attach a state	ement to your return. See instructions.	
18 If you're a seas	sonal employer and you don't have to file a return for every o	quarter of the year Check here.	
19 Qualified healt	h plan expenses allocable to qualified sick leave wages .	19	<b>-</b>
20 Qualified health	h plan expenses allocable to qualified family leave wages .	20	<b>±</b>
21 Qualified wage	es for the employee retention credit	21	
22 Qualified healt	h plan expenses allocable to wages reported on line 21	22	
23 Credit from Fo	rm 5884-C, line 11, for this quarter	23	-
24 Reserved for fi	uture use	24	
25 Reserved for fo	uture use	25	
Part 4: May we sp	peak with your third-party designee?		***************************************
Do you want to for details.	allow an employee, a paid tax preparer, or another person to di	liscuss this return with the IRS? See the instruction	s
	nee's name and phone number		
Select	t a 5-digit personal identification number (PIN) to use when talki	ring to the IRS.	
× No.			
	You MUST complete all three pages of Form 941 and Si		
Under penalties of perju and belief, it is true, con	rry, I declare that I have examined this return, including accompanying so rect, and complete. Declaration of preparer (other than taxpayer) is base	schedules and statements, and to the best of my knowled ed on all information of which preparer has any knowled:	dge je,
		Print your name here NICOLE PLATT	
Sign y name	i e e e e e e e e e e e e e e e e e e e	Print your title here PRESIDENT	
	Date / /	Best daytime phone 414-640-6996	
	DATE 1 1	Bost daystiro priorio	
Paid Preparer U	Jse Only	Check if you're self-employed	
Preparer's name		PTIN	
Preparer's signature		Date / /	
Firm's name (or yours if self-employed)		EIN	

City

Address

State

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. 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.

<u> </u>	▼ D	etach He	re and Mail With Your Payment and For	m 941. ▼		<del></del>
<b>₽ 941-V</b>			Payment Voucher		OMB No. 1	545-0029
Department of the Treasu Internal Revenue Service		<b>&gt;</b>	Don't staple this voucher or your payment to Form 941.		20	21
Enter your employ number (EIN).	yer identification		2 Enter the amount of your payment. ▶ Make your check or money order payable to "United States Treasury"	Dollars		Cents
3 Tax Period	1		4 Enter your business name (individual name if sole proprietor).			
1st Quarter	0	3rd Quarter	Enter your address.			
2nd		4th	Enter your city, state, and ZIP code; or your city, foreign country name	, foreign province/coun	ity, 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 fall 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:

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

Form 941 for 2021: Employer's QUARTERLY Federal Tax Return 950121 Department of the Treasury OMB No. 1545-0029 Report for this Quarter of 2021 0 2 Employer identification number (EIN) 2 6 (Check one.) Name (not your trade name) BROADWAY CONSTRUCTION, LLC 1: January, February, March 2: April, May, June Trade name (if any) X 3: July, August, September 1932 EAST PARK PLACE Address 4: October, November, December Number Suite or room number Go to www.irs.gov/Form941 for instructions and the latest information. MILWAUKEE WI 53211 State ZIP code Foreign country name Foreign province/county Foreign postal code Read the separate instructions before you complete Form 941. Type or print within the boxes. Part 1: Answer these questions for this quarter. 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) 6 2 39,103 04 5,668 ... 50 Federal income tax withheld from wages, tips, and other compensation . . . If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6. Column 1 Column 2 41,872 28 5,192 16  $\times 0.124 =$ Taxable social security wages . 5a (i) Qualified sick leave wages  $\times 0.062 =$ 5a (ii) Qualified family leave wages  $\times 0.062 =$ Taxable social security tips . 5b  $\times 0.124 =$ 41,872 .. 28 1,214 Taxable Medicare wages & tips.  $\times 0.029 =$ 5c Taxable wages & tips subject to  $\times$  0.009 = Additional Medicare Tax withholding 6,406. 46 Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(li), 5b, 5c, and 5d Section 3121(g) Notice and Demand-Tax due on unreported tips (see instructions) 5f 5f 12.074 96 Total taxes before adjustments. Add lines 3, 5e, and 5f . 06 Current quarter's adjustment for fractions of cents . 7 Current quarter's adjustment for sick pay . . . 8 Current quarter's adjustments for tips and group-term life insurance . 9 12,075 .02 Total taxes after adjustments. Combine lines 6 through 9 10 Qualified small business payroll tax credit for increasing research activities, Attach Form 8974 11a Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1 Nonrefundable portion of employee retention credit from Worksheet 1 11c

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

Name (	not your trade name,	1						950a	<u>155</u>
, ,	ADWAY CONS	<i>.</i>	I.C			Employe	r ideniiri	eatlon number (EIN)	
				arter. (continued)				82-2406277	<del></del>
11d	Total nonrefur	ndable credits.	Add lines 11	a, 11b, and 11c	, ,	, , ,	11d	Ò,	00
12	Total taxes aft	er adjustments	and nonre	rundable credits. Subtract line	∍11d	from Ilnė 10 ,	12	12,075	.02
13a	Total deposits overpayments a	for this quarte pplied from Form	er, including 941-X, 941-	overpayment applied from X (PR), 944-X, or 944-X (SP) filed	a pri in the	ior quarter and current quarter	13a	12,041	88
13b	Reserved for f	uture use			, .		13b	· · · · · · · · · · · · · · · · · · ·	;
13c	Refundable po	ortion of credit i	or qualified	I sick and family leave wages	s from	n Worksheet 1	13c	, j	
13d	Refundable po	ortion of employ	ee retentio	n credit from Worksheet 1.			13d		
13e	Total deposits	and refundable	credits. A	dd lines 13a, 13c, and 13d .			13e	12,041 🕳	88
13f	Total advance	s received from	filing Forn	n(s) 7200 for the quarter			131	0.	00
13g	Total deposits	and refundable o	redits less	advances. Subtract line 13f fron	ı line 1	i3e	13g	12,060 "	89
14	Balance due. I	f line 12 is more	than line 13	g, enter the difference and see	instri	uctions	14	14	13
15	Overpayment, li	f line 13g Is more	lhan line 12,	enter the difference	.(	0 . 00 Check	one: 🗀	Apply to next return.	refund.
Part:	2: Tell us ab	out your depos	it schedul	e and tax liability for this qu	uarter	i,			
if you'				schedule depositor or a ser			posito	r, see section 11 of Pub.	15.
16 (	Check one:	and you didn quarter was le federal tax lia semiweekly so You were a n	t incur a \$ ss than \$2 bility. If yo hedule dep tonthly sch	less than \$2,500 or line 12 of 100,000 next-day deposit ob 500 but line 12 on this returnure a monthly schedule depositor, attach Schedule B (Formedule depositor for the entire no to Part 3.	ligation is \$ cositor of the second s	on during the ci 100,000 or more , complete the ). Go to Part 3.	urrent c , you n deposit	uarter, If line 12 for the p just provide a record of y schedule below; if you'n	rior our e a
		Tax liability:	Month 1	3,033 ,	24				
			Month 2	4,267	80				
			Month 3	4,774 .	70				
	•	Total liability fo	r quarter	12,075	02	Total must equ	al line :	12.	
		You were a s Report of Tax	emiweekly Liability for	schedule depositor for any p Semiweekly Schedule Deposit	ors, a	of this guarter. ( nd attach it to Fo	Complet om 941	e Schedule B (Form 941), Go to Part 3.	
►Ÿ	ou MUST comp			n 941 and SIGN it.				Nex	
- 0		P-	*			<del></del>			-

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 busine	ss, 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 t	o your return. See instructions.
18 If you're a seasonal employer and you don't have to file a return for every quarte	r 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 for details.	this return with the IRS? See the instructions
Yes. Designee's name and phone number	
Select a 5-digit personal identification number (PiN) to use when talking to ti	ne 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 scheduler and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all	s and statements, and to the best of my knowledge
	int your
Sign your na	me here NICOLE PLATT
111111111111111111111111111111111111111	int your le here PRESIDENT
Date / / Be	est 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

950921

# 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

2022 MAR I I P 2 48
CITY CLERK'S OFFICE