Form 941 for 2021: Employer's QUARTERLY Federal Tax Return

Department of the Treasury — Internal Revenue Service

Report for this Quarter of 2021
(Check one.)

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

Go to www.irs.gov/Form941 for instructions and the latest information.

Part 1: Answer these questions for this quarter.

1. Number of employees who received wages, tips, or other compensation for the pay period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)...

2. Wages, tips, and other compensation

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

4. If no wages, tips, and other compensation are subject to social security or Medicare tax

5a. Taxable social security wages

5a(i). Qualified sick leave wages

5a(ii). Qualified family leave wages

5b. Taxable social security tips

5c. Taxable Medicare wages & tips

5d. Taxable wages & tips subject to Additional Medicare Tax withholding

5e. Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d

5f. Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)

6. Total taxes before adjustments. Add lines 3, 5e, and 5f

7. Current quarter's adjustment for fractions of cents

8. Current quarter's adjustment for sick pay

9. Current quarter's adjustments for tips and group-term life insurance

10. Total taxes after adjustments. Combine lines 6 through 9

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

11c. Nonrefundable portion of employee retention credit from Worksheet 1

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

11d Total nonrefundable credits. Add lines 11a, 11b, and 11c ........................................... 11d 0.00

12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 .......................... 12 14,720.90

13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13a 9,672.81

13b Deferred amount of social security tax .................................................................................. 13b

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

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

13e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d .................. 13e 9,672.81

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

13g Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e 13g 9,672.81

14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions .............. 14 5,048.09

15 Overpayment. If line 13g is more than line 12, enter the difference ........................................... 15 0.00 Check one: □ Apply to next return. □ Send a refund.

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

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

16 Check one: □ Line 12 on this return is less than $2,500 or line 12 on the return for the prior quarter was less than $2,500, and you didn't incur a $100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than $2,500 but line 12 on this return is $100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

□ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 □ Month 2 □ Month 3 □

Total liability for quarter Total must equal line 12.

X You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

You MUST complete all three pages of Form 941 and SIGN it.
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
enter the final date you paid wages / / ; also attach a statement to your return. See instructions.

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

19 Qualified health plan expenses allocable to qualified sick leave wages

20 Qualified health plan expenses allocable to qualified family leave wages

21 Qualified wages for the employee retention credit

22 Qualified health plan expenses allocable to wages reported on line 21

23 Credit from Form 5884-C, line 11, for this quarter

24 Deferred amount of the employee share of social security tax included on line 13b

25 Reserved for future use

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

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

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

☐ No.

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

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

Sign your name here

Date / /  Best daytime phone

Paid Preparer Use Only

Preparer's name

Preparer's signature

Firm's name (or yours if self-employed)

Address

City State ZIP code

Check if you're self-employed  ☐

PTIN

Date / /  EIN

Phone

Page 3 Form 941 (Rev. 7-2020)
Schedule B (Form 941):
Report of Tax Liability for Semiweekly Schedule Depositors
(Rev. January 2017) Department of the Treasury — Internal Revenue Service

Employer identification number 9 9 - 0 2 1 1 5 3 5

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

Calendar year (Also check quarter)

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

Month 1

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

Tax liability for Month 1 4,836.41

Month 2

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

Tax liability for Month 2 4,836.40

Month 3

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

Tax liability for Month 3 5,048.09

Total liability for the quarter 14,720.90

For Paperwork Reduction Act Notice, see separate instructions. IRS.gov/form941 BIA Schedule B (Form 941) (Rev. 1-2017)
Form 941-V, Payment Voucher

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

Making Payments With Form 941
To avoid a penalty, make your payment with Form 941 only if:

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

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

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

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

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

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

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

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

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

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

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Payment Voucher

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

**Form 941-V**
Department of the Treasury
Internal Revenue Service

1. Enter your employer identification number (EIN).

2. Enter the amount of your payment. Make your check or money order payable to “United States Treasury.”

   Dollars Cents

3. Tax Period
   - 1st Quarter
   - 2nd Quarter
   - 3rd Quarter
   - 4th Quarter

4. Enter your business name (individual name if sole proprietor).

   Enter your address.

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

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

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/FormComments. 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.
STATE OF HAWAII
DEPARTMENT OF TAXATION
WITHHOLDING TAX RETURN

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

Quarter Ending

HAWAII TAX I.D. NO.

Last 4 digits of your FEIN or SSN

NAME: HAWAII ALLIANCE FOR ARTS EDUCATION

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

1. TOTAL WAGES PAID (include COLA, 3rd party sick leave, and other benefits) Enter "0" if no wages were paid or no tax withheld

2a. PENALTIES PREVIOUSLY ASSESSED

2b. INTEREST PREVIOUSLY ASSESSED

2c. TOTAL AMOUNT DUE for this quarter (Add lines 2, 2a, and 2b)

3. TOTAL PAYMENTS MADE for the quarter (including any penalty or interest paid during the period)

4. AMOUNT OF CREDIT TO BE REFUNDED (If line 2c is greater than line 3, skip to line 5. Otherwise, line 3 minus line 2c and enter "0.00" on lines 5, 7 and 8.)

5. UNPAID TAXES due for this quarter (line 2c minus line 3)

6. FOR LATE FILING ONLY

   6a. PENALTY

   6b. INTEREST

7. TOTAL AMOUNT now due and PAYABLE (Add lines 5, 6a, and 6b)

8. EFT payment. Attach your check or money order payable to "Hawaii State Tax Collector" in U.S. dollars drawn on any U.S. bank to Form HW-14. Write the filing period and your Hawaii Tax I.D. No. on your check or money order. IF NO PAYMENT ATTACHED, ENTER "0.00." You may also e-pay at: hitax.hawaii.gov

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

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

--- Mailing Address ---
HAWAII DEPARTMENT OF TAXATION
P.O. BOX 3827
HONOLULU, HI 96812-3827

ID NO 44

Form HW-14 30
**State of Hawaii**  
**Department of Labor and Industrial Relations**  
**Unemployment Insurance Division**

**Quarterly Wage, Contribution and Employment and Training Assessment Report**

**Hawaii Alliance for Arts Education**  
P.O. Box 3948  
Honolulu, HI 96812

**Federal ID Number:** 99-0211535

**Account Number:** 000110513 2

**For Quarter Ending:** 03/31/21  
**Delinquent After:** 04/30/21

<table>
<thead>
<tr>
<th>Employee's SSN</th>
<th>Employee's Name (Last, First)</th>
<th>Total QTR Wages Paid</th>
</tr>
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<tbody>
<tr>
<td>575766886</td>
<td>AHNING, ROBERTA</td>
<td>17196.15</td>
</tr>
<tr>
<td>559850501</td>
<td>CHAN, TRACY</td>
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<td>575826396</td>
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<td>439908460</td>
<td>PASQUA, MARCIA</td>
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<tr>
<td>555459700</td>
<td>SKILLMAN-KASHYAP, TERI</td>
<td>17250.00</td>
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**State Tax Collector**  
P.O. Box 3223, Honolulu, Hawaii 96801  
OR  
830 Punchbowl Street  
Honolulu, HI 96813

**Contribution Rate:** 0.6100

**Employment & Training Assessment Rate**

<table>
<thead>
<tr>
<th>Number of Covered Workers</th>
<th>IN THIS PAY PERIOD INCLUDING THE 15TH DAY OF EACH MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST MONTH</td>
<td>4</td>
</tr>
<tr>
<td>2ND MONTH</td>
<td>4</td>
</tr>
<tr>
<td>3RD MONTH</td>
<td>5</td>
</tr>
</tbody>
</table>

I certify that the information on this report is true and correct.

Signed By: ____________________________

Print Name: ____________________________

Title: ____________________________

Telephone Number: ____________________________

Date: ____________________________

Return original form with payment.

Print your characters like this ▶️ 0123456789

**ABCDEFGHILMNOPQRSTUVWXYZ**

Form UC-86 (Rev. 12/03)  
(CSD L28W)