Paycheck Protection Program
Second Draw Borrower Application Form

OMB Control No.: 3245-0417
Expiration Date: 7/31/2021

Check One:	DBA or Tradename (if applicable)	Year of Establishment (if applicable)
☐ Sole Proprietor ☐ Partnership ☐ C-Corp ☐ S-Corp ☑ LLC ☐ Independent Contractor ☐ Self-Employed Individual ☐ 501(c)(3) nonprofit ☐ 501(c)(6) organization ☐ 501(c)(19) veterans organization ☐ Housing cooperative ☐ Tribal Business ☐ Other	springhill suites	2019

Business Legal Name	NAICS Code
montgomery dt hospitality llc	721110

Business Address (Street, City, State, Zip Code - No P.O. Box addresses allowed)	Business TIN (EIN, SSN)	Business Phone
152 coosa street montgomery al 36104	[redacted]	(334) 242-2088
	Primary Contact	Email Address
	john tampa	jtampa@ascent-hospitality.com

Average Monthly Payroll:	$ 37,793.57	x 2.5 (or x 3.5 for NAICS 72 applicants) equals Loan Request Amount (may not exceed $2,000,000):	$ 132,277.49	Number of Employees (including affiliates, if applicable; may not exceed 300):	12.00

Purpose of the loan (select all that apply):				
	☑ Payroll Costs	☑ Rent / Mortgage Interest	☐ Utilities	☑ Covered Operations Expenditures
	☐ Covered Property Damage	☑ Covered Supplier Costs	☐ Covered Worker Protection Expenditures	☐ Other (explain):
PPP First Draw SBA Loan Number:	3181307101			

Reduction in Gross Receipts of at Least 25% (Applicants for loans of $150,000 or less may leave blank but must provide upon or before seeking loan forgiveness or upon SBA request):	2020 Quarter (e.g., 2Q 2020):	4th quarter	Reference Quarter (e.g., 2Q 2019):	4th quarter
	Gross Receipts:	$ 544,021.00	Gross Receipts	$ 872,161.00

Applicant Ownership

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
john tampa	mgr member	50	[redacted]	3227 camp branch circle buford ga 30519
yagnesh patel	member	50		3564 hintocks circle carmel in 46032

If questions (1), (2), (4), or (5) are answered "Yes," the loan will not be approved.

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?		✓
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is (a) currently delinquent, or (b) has defaulted in the last 7 years and caused a loss to the government?		✓
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management (including a management agreement) with any other business? If yes, list all such businesses (including their TINs if available) and describe the relationship on a separate sheet identified as addendum A.		✓
4. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant presently incarcerated or, for any felony, presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? Initial here to confirm your response to question 4 → _____		✓
5. Within the last 5 years, for any felony involving fraud, bribery, embezzlement, or a false statement in a loan application or an application for federal financial assistance, or within the last year, for any other felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; or 4) commenced any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 5 → _____		✓
6. Is the United States the principal place of residence for all employees included in the Applicant's payroll calculation above?	✓	
7. Is the Applicant a franchise?	✓	
8. Is the franchise listed in SBA's Franchise Directory? If yes, enter SBA Franchise Identifier Code here: S1610	✓	

Paycheck Protection Program
Second Draw Borrower Application Form

By Signing Below, You Make the Following Representations, Authorizations, and Certifications

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) and the Department of the Treasury (Treasury) implementing Second Draw Paycheck Protection Program Loans under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and the Economic Aid to Hard-Hit Small Businesses, Nonprofits, and Venues Act (the Paycheck Protection Program Rules).
- The Applicant, together with its affiliates (if applicable), (1) is an independent contractor, self-employed individual, or sole proprietor with no employees; (2) employs no more than 300 employees; or (3) if NAICS 72, employs no more than 300 employees per physical location; (4) if a news organization that is majority owned or controlled by a NAICS code 511110 or 5151 business or a nonprofit public broadcasting entity with a trade or business under NAICS code 511110 or 5151, employs no more than 300 employees per location.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rules including the prohibition on using loan proceeds for lobbying activities and expenditures. If Applicant is a news organization that became eligible for a loan under Section 317 of the Economic Aid to Hard-Hit Small Businesses, Nonprofits, and Venues Act, proceeds of the loan will be used to support expenses at the component of the business concern that produces or distributes locally focused or emergency information.
- I understand that SBA encourages the purchase, to the extent feasible, of American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

✓ The Applicant was in operation on February 15, 2020, has not permanently closed, and was either an eligible self-employed individual, independent contractor, or sole proprietorship with no employees, or had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.

✓ Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.

✓ The Applicant has realized a reduction in gross receipts in excess of 25% relative to the relevant comparison time period. For loans greater than $150,000, Applicant has provided documentation to the lender substantiating the decline in gross receipts. For loans of $150,000 or less, Applicant will provide documentation substantiating the decline in gross receipts upon or before seeking loan forgiveness for the Second Draw Paycheck Protection Program Loan or upon SBA request.

✓ The Applicant received a First Draw Paycheck Protection Program Loan and, before the Second Draw Paycheck Protection Program Loan is disbursed, will have used the full loan amount (including any increase) of the First Draw Paycheck Protection Program Loan only for eligible expenses.

✓ The funds will be used to retain workers and maintain payroll; or make payments for mortgage interest, rent, utilities, covered operations expenditures, covered property damage costs, covered supplier costs, and covered worker protection expenditures as specified under the Paycheck Protection Program Rules; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.

✓ I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, covered utilities, covered operations expenditures, covered property damage costs, covered supplier costs, and covered worker protection expenditures, and not more than 40% of the forgiven amount may be for non-payroll costs. If required, the Applicant will provide to the Lender and/or SBA documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of eligible expenses for the covered period following this loan.

✓ The Applicant has not and will not receive another Second Draw Paycheck Protection Program Loan.

✓ The Applicant has not and will not receive a Shuttered Venue Operator grant from SBA.

✓ The President, the Vice President, the head of an Executive department, or a Member of Congress, or the spouse of such person as determined under applicable common law, does not directly or indirectly hold a controlling interest in the Applicant, with such terms having the meanings

provided in Section 322 of the Economic Aid to Hard-Hit Small Businesses, Nonprofits, and Venues Act.

✓ The Applicant is not an issuer, the securities of which are listed on an exchange registered as a national securities exchange under section 6 of the Securities Exchange Act of 1934 (15 U.S.C. 78f).

✓ The Applicant is not a business concern or entity (a) for which an entity created in or organized under the laws of the People's Republic of China or the Special Administrative Region of Hong Kong, or that has significant operations in the People's Republic of China or the Special Administrative Region of Hong Kong, owns or holds, directly or indirectly, not less than 20 percent of the economic interest of the business concern or entity, including as equity shares or a capital or profit interest in a limited liability company or partnership; or (b) that retains, as a member of the board of directors of the business concern, a person who is a resident of the People's Republic of China.

✓ The Applicant is not required to submit a registration statement under section 2 of the Foreign Agents Registration Act of 1938 (22 U.S.C. 612).

✓ The Applicant is not a business concern or entity primarily engaged in political or lobbying activities, including any entity that is organized for research or for engaging in advocacy in areas such as public policy or political strategy or otherwise describes itself as a think tank in any public documents.

✓ I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 U.S.C. 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to $250,000; under 15 U.S.C. 645 by imprisonment of not more than two years and/or a fine of not more than $5,000; and, if submitted to a federally insured institution, under 18 U.S.C. 1014 by imprisonment of not more than thirty years and/or a fine of not more than $1,000,000.

✓ I acknowledge that the Lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge, and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

Signature of Authorized Representative of Applicant

1-12-21
Date

John Tamez
Print Name

Mgr.
Title

Form **940 for 2019:** **Employer's Annual Federal Unemployment (FUTA) Tax Return** 870113
Department of the Treasury — Internal Revenue Service OMB No. 1545-0028

(EIN) Employer identification number [redacted]

Name *(not your trade name)* MONTGOMERY DT HOSPITALITY LLC

Trade name *(if any)*

Address 1305 MALL OF GEORGIA BLVD SUITE 201

BUFORD GA 30519

Type of Return (Check all that apply.)
- ☐ a. Amended
- ☐ b. Successor employer
- ☐ c. No payments to employees in 2019
- ☐ d. Final: Business closed or stopped paying wages

Go to *www.irs.gov/Form940* for instructions and the latest information.

Read the separate instructions before you complete this form. Please type or print within the boxes.

Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.

1a If you had to pay state unemployment tax in one state only, enter the state abbreviation . . 1a AL

1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer. . . . . 1b ☐ Check here. Complete Schedule A (Form 940).

2 If you paid wages in a state that is subject to CREDIT REDUCTION. . . . . 2 ☐ Check here. Complete Schedule A (Form 940).

Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.

3 Total payments to all employees 3 139539.71

4 Payments exempt from FUTA tax 4 392.44

Check all that apply: 4a ☒ Fringe benefits 4b ☐ Group-term life insurance 4c ☐ Retirement/Pension 4d ☐ Dependent care 4e ☐ Other

5 Total of payments made to each employee in excess of $7,000 . . . . . 5 14448.54

6 Subtotal (line 4 + line 5 = line 6) 6 14840.98

7 Total taxable FUTA wages (line 3 - line 6 = line 7). See instructions. 7 124698.73

8 FUTA tax before adjustments (line 7 x 0.006 = line 8) 8 748.19

Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12 9

10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet. 10

11 If credit reduction applies, enter the total from Schedule A (Form 940) 11

Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) 12 748.19

13 FUTA tax deposited for the year, including any overpayment applied from a prior year 13 748.18

14 Balance due. If line 12 is more than line 13, enter the excess on line 14.
- If line 14 is more than $500, you must deposit your tax.
- If line 14 is $500 or less, you may pay with this return. See instructions. 14 0.01

15 Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box below 15

▶ You **MUST** complete both pages of this form and **SIGN** it. Check one: ☐ Apply to next return. ☐ Send a refund.

CAA **B9401** NTF 2583518 **9 9401**

For Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher.

Next →

Form **940** (2019)

Form **940** (2019) Page **2** 870212

Name *(not your trade name)* MONTGOMERY DT HOSPITALITY LLC

Employer identification number (EIN) [redacted]

Part 5: Report your FUTA tax liability by quarter only if line 12 is more than $500. If not, go to Part 6.

16 **Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.**

16a	**1st quarter** (January 1 - March 31)	16a	
16b	**2nd quarter** (April 1 - June 30)	16b	
16c	**3rd quarter** (July 1 - September 30)	16c	
16d	**4th quarter** (October 1 - December 31)	16d	748.19
17	**Total tax liability for the year** (lines 16a + 16b + 16c + 16d = line 17)	17	748.19

Total must equal line 12.

Part 6: 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 IRS

☒ **No.**

Part 7: Sign here. You MUST complete both pages of this form 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, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X **Sign your name here**

Print your name here: Craig Boelte

Print your title here: Reporting Agent

Date: 1/31/2020

Best daytime phone: (800) 580-4505

Paid Preparer Use Only

Check if you are self-employed ☐

Preparer's name: Craig Boelte

PTIN:

Preparer's signature

Date: 1/31/2020

Firm's name (or yours if self-employed): Paycom Payroll LLC

EIN: [redacted]2465

Address: 7501 W Memorial Rd

Phone: (800) 580-4505

City: Oklahoma City State: OK ZIP code: 73142

Name (not your trade name)
MONTGOMERY DT HOSPITALITY LLC

Employer identification number
[redacted]

940

Worksheet--Line 10

Before you begin: Read the Example in the instructions before completing this worksheet.

Use this worksheet to figure your credit if:

√ Some of the wages you paid were excluded from state unemployment tax, OR

√ You paid any state unemployment tax late.

For this worksheet, **don't round your figures.**

Before you can properly fill out this worksheet, you must gather this information:

- Taxable FUTA wages (Form 940, line 7)
- Taxable state unemployment wages
- The experience rates assigned to you by the states where you paid wages
- The amount of state unemployment taxes you paid on time. (On time means that you paid the state unemployment taxes by the due date for filing Form 940.) Include any state unemployment taxes you paid on nonemployees who were treated as employees by your state unemployment agency.
- The amount of state unemployment taxes you paid late. (Late means after the due date for filing Form 940.)

1. Maximum allowable credit -- Enter Form 940, line 7 (Form 940, line 7 x 0.054 = line 1). 124698.73 x 0.054 on line 1 — **1.** 6733.73

2. Credit for timely state unemployment tax payments -- How much did you pay on time? — **2.** 3454.00

- If line 2 is **equal to** or **more than** line 1, **STOP here.** STOP You've completed the worksheet. Leave Form 940, line 10 blank.
- If line 2 is **less than** line 1, continue this worksheet.

3. Additional credit -- Were ALL of your assigned experience rates 5.4% or more?

- If **yes,** enter zero on line 3. Then go to line 4 of this worksheet.
- If **no,** fill out the computations below. List ONLY THOSE STATES for which your assigned experience rate for any part of the calendar year was less than 5.4%.

	State	Computation rate (The difference between 5.4% (0.054) and your assigned experience rate; (0.054 - .XXX (assigned experience rate) = computation rate)		Taxable state unemployment wages at assigned experience rate		Additional Credit
1.	AL	0.02700	x	127925.81	=	3454.00
2.			x		=	
3.			x		=	
4.			x		=	
5.			x		=	
				Total		3454.00

If you need more lines, use another sheet and include those additional credits in the total.

Enter the total on line 3. — **3.** 3454.00

4. Subtotal (line 2 + line 3 = line 4) — **4.** 6908.00

- If line 4 is equal to or more than line 1, **STOP here.** STOP You've completed the worksheet. Leave Form 940, line 10 blank.
- If line 4 is less than line 1, continue this worksheet.

5. Credit for paying state unemployment taxes late:

5a. What is your remaining allowable credit? (line 1 - line 4 = line 5a) — **5a.**

5b. How much state unemployment tax did you pay late? — **5b.**

5c. Which is smaller, line 5a or line 5b? Enter the smaller number here. — **5c.**

5d. Your allowable credit for paying state unemployment taxes late (line 5c x 0.900 = line 5d) — **5d.**

6. Your FUTA credit (line 4 + line 5d = line 6) — **6.** 6908.00

- If line 6 is equal to or more than line 1, **STOP here.** STOP You've completed the worksheet. Leave Form 940, line 10 blank.
- If line 6 is less than line 1, continue this worksheet.

7. Your adjustment (line 1 - line 6 = line 7) — Enter line 7 from this worksheet on Form 940, line 10. — **7.**

Don't attach this worksheet to your Form 940. Keep it for your records.

CAA 6 940WKS1 NTF2580990 Copyright 2016 Greatland/Nelco - Forms Software Only

Form **941 for 2019: Employer's QUARTERLY Federal Tax Return** 950117
(Rev. January 2019) Department of the Treasury — Internal Revenue Service OMB No. 1545-0029

Employer identification number (EIN) [redacted]

Name (not your trade name) MONTGOMERY DT HOSPITALITY LLC

Trade name (if any)

Address 1305 MALL OF GEORGIA BLVD SUITE 201
Number Street Suite or room number

BUFORD GA 30519
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2019 (Check one.)
- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☐ 3: July, August, September
- ☒ 4: October, November, December

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

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

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4) . . . 1 40

2 Wages, tips, and other compensation . . . 2 139147.27

3 Federal income tax withheld from wages, tips, and other compensation . . . 3 7545.95

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

		Column 1		Column 2
5a	Taxable social security wages . .	139147.27	× 0.124 =	17254.26
5b	Taxable social security tips . . .		× 0.124 =	
5c	Taxable Medicare wages & tips. .	139147.27	× 0.029 =	4035.27
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =	

5e Add Column 2 from lines 5a, 5b, 5c, and 5d . . . 5e 21289.53

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

6 Total taxes before adjustments. Add lines 3, 5e, and 5f . . . 6 28835.48

7 Current quarter's adjustment for fractions of cents . . . 7 0.11

8 Current quarter's adjustment for sick pay . . . 8

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

10 Total taxes after adjustments. Combine lines 6 through 9 . . . 10 28835.59

11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11

12 Total taxes after adjustments and credits. Subtract line 11 from line 10 . . . 12 28835.59

13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13 28835.59

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

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

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

950217

Name (not your trade name)
MONTGOMERY DT HOSPITALITY LLC

Employer identification number (EIN)
[redacted]

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

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

16 Check one:

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

☐ **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.**

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

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

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

18 **If you are a seasonal employer and you don't have to file a return for every quarter of the year** . . ☐ Check here.

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

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

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. ☐☐☐☐☐

☒ No.

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

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

X **Sign your name here**

Print your name here: Craig Boelte

Print your title here: Reporting Agent

Date: 1/31/2020

Best daytime phone:

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name	Craig Boelte	PTIN	
Preparer's signature		Date	1/31/2020
Firm's name (or yours if self-employed)	Paycom Payroll LLC	EIN	[redacted]2465
Address	7501 W Memorial Rd	Phone	(405)722-6900
City	Oklahoma City	State OK	ZIP code 73142

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) [redacted]

Name *(not your trade name)* MONTGOMERY DT HOSPITALITY LLC

Calendar year 2019 (Also check quarter)

Report for this Quarter... (Check one.)

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

Use this schedule to show your TAX LIABILITY for the quarter; 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		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21	4846.48	29	
6		14		22		30	
7	3890.60	15		23		31	
8		16		24			

Tax liability for Month 1: 8737.08

Month 2

1		9		17		25	
2		10		18	4285.44	26	
3		11		19		27	
4	4323.09	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2: 8608.53

Month 3

1		9		17		25	
2	3895.40	10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	3927.34
7		15		23		31	
8		16	3667.24	24			

Tax liability for Month 3: 11489.98

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

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter: 28835.59

MONTGOMERY DT HOSPITALITY LLC
Client: [redacted]34

Transaction Summary Report

From: 01/01/2020
To: 02/29/2020

	G2n	Code	Description		Amount	Hours
Earnings						
	1 - 1	R	Regular		68,731.97	5,734.62
	1 - 2	O	Overtime		2,763.90	169.71
	1 - 3	V	Vacation		1,409.23	72.00
	1 - 4	DRR	Dept Rates Regular		1,480.48	134.76
	1 - 4	HOL	Holiday		1,201.57	61.50
				Sub Total	75,587.15	6,172.59
W/H Taxes						
	2 - 1	FWT	Federal W/H		4,002.98	
	2 - 1	MED	Medicare		1,090.01	
	2 - 1	SSC	Social Security		4,660.81	
	2 - 2	ALW	Alabama State W/H		2,430.94	
				Sub Total	12,184.74	
Deductions						
	3 - 1	CS1	Child Support 1 $		227.08	
	3 - 2	ACC	Accident		87.20	
	3 - 2	CPR	Cell Phone Reimbursement		-100.00	
	3 - 2	DEN	Dental Insurance		115.20	
	3 - 2	HOS	Hospital		168.76	
	3 - 2	TLM	Telemedicine		12.00	
	3 - 2	VIS	Vision Insurance		29.72	
				Sub Total	539.96	
Net Pay Distribution						
	4 - 1	NET	Direct Deposit Net Check		62,862.45	
				Sub Total	62,862.45	
Client Side Liabilities						
	9 - 1	FUT	Employer FUTA		435.20	
	9 - 1	MED	Employer Medicare		1,090.01	
	9 - 1	SSC	Employer Social Security		4,660.81	
	9 - 4	ALT	AL SUI		1,992.53	
				Sub Total	8,178.55	
				Total	159,352.85	

New Business in 2019. Used Jan 2020 - Feb 2020 per application.

Company: MONTGOMERY DT HOSPITALITY, LLC Property: SpringHill Suites-Montgomery
Limited S Large
Period from 12/1/2020 to 12/31/2020
Year from 10/1/2020 to 12/31/2020
As defined in report

PTD	%	PTD Budget	%	Var	PTD Last Year	%		YTD	%	YTD Budget	%	Var	YTD Last Year	%
3,255		3,255		0	3,255		Rooms Available	9,660		9,660		0	9,660	
1,970		2,257		-287	2,092		Rooms Sold	5,603		7,176		-1,573	6,492	
60.52%		69.34%		-8.82%	64.27%		Occupancy Percent	58.00%		74.29%		-16.28%	67.20%	
90.55		135.33		(44.78)	116.40		ADR	95.19		134.62		(39.43)	122.12	
54.80		93.84		-39.04	74.81		Rooms RevPAR	55.21		100.00		-44.79	82.07	
55.47		101.28		-45.80	82.20		Total RevPar	56.32		107.96		-51.64	90.29	
							Operating Revenue							
178,380	98.79%	305,446	92.66%	-127,066	243,517	91.01%	Rooms	533,349	98.04%	966,037	92.63%	-432,688	792,829	90.90%
1,617	0.90%	19,327	5.86%	-17,710	21,057	7.87%	Other Operated Departments	5,887	1.08%	61,436	5.89%	-55,549	67,464	7.74%
562	0.31%	4,879	1.48%	-4,317	2,999	1.12%	Miscellaneous Income	4,785	0.88%	15,421	1.48%	-10,636	11,868	1.36%
180,560	**100.00%**	**329,652**	**100.00%**	**-149,092**	**267,572**	**100.00%**	**Total Operating Revenue**	**544,021**	**100.00%**	**1,042,895**	**100.00%**	**-498,873**	**872,161**	**100.00%**
							Departmental Expenses							
27,045	15.16%	68,487	22.42%	-41,442	73,757	30.29%	Rooms	94,671	17.75%	215,533	22.31%	-120,862	210,632	26.57%
1,286	79.50%	11,330	58.62%	-10,044	11,919	56.60%	Other Operated Departments	3,941	66.95%	36,015	58.62%	-32,074	35,132	52.08%
28,331	**15.69%**	**79,817**	**24.21%**	**-51,486**	**85,676**	**32.02%**	**Total Departmental Expenses**	**98,612**	**18.13%**	**251,548**	**24.12%**	**-152,936**	**245,764**	**28.18%**
152,229	**84.31%**	**249,835**	**75.79%**	**-97,606**	**181,896**	**67.98%**	**Total Departmental Profit**	**445,410**	**81.87%**	**791,347**	**75.88%**	**-345,937**	**626,397**	**71.82%**
							Undistributed Operating Expenses							
12,505	6.93%	19,168	5.81%	-6,663	19,804	7.40%	Administrative and General	36,019	6.62%	57,763	5.54%	-21,744	63,827	7.32%
1,772	0.98%	2,336	0.71%	-564	2,668	1.00%	Information and Telecom Systems	5,331	0.98%	7,008	0.67%	-1,677	9,024	1.03%
1,745	0.97%	30,258	9.18%	-28,514	15,541	5.81%	Sales and Marketing	30,321	5.57%	94,963	9.11%	-64,641	49,353	5.66%
3,171	1.76%	7,168	2.17%	-3,997	5,046	1.89%	Property Operation and Maintenance	11,206	2.06%	21,888	2.10%	-10,682	19,331	2.22%
10,710	5.93%	19,862	6.03%	-9,152	13,969	5.22%	Utilities	31,321	5.76%	63,149	6.06%	-31,828	39,992	4.59%
29,903	**16.56%**	**78,792**	**23.90%**	**-48,889**	**57,029**	**21.31%**	**Total Undistributed Expenses**	**114,197**	**20.99%**	**244,770**	**23.47%**	**-130,574**	**181,527**	**20.81%**
122,326	**67.75%**	**171,043**	**51.89%**	**-48,717**	**124,867**	**46.67%**	**Gross Operating Profit**	**331,213**	**60.88%**	**546,577**	**52.41%**	**-215,364**	**444,870**	**51.01%**
5,417	**3.00%**	**9,890**	**3.00%**	**-4,473**	**0**	**0.00%**	**Management Fees**	**16,316**	**3.00%**	**31,288**	**3.00%**	**-14,972**	**0**	**0.00%**
116,909	**64.75%**	**161,153**	**48.89%**	**-44,244**	**124,867**	**46.67%**	**Income Before Non-Operating Inc and Exp**	**314,897**	**57.88%**	**515,289**	**49.41%**	**-200,392**	**444,870**	**51.01%**
							Non-Oprerating Income and Expenses							
0	0.00%	0	0.00%	0	0	0.00%	Rent	0	0.00%	0	0.00%	0	0	0.00%
6,585	3.65%	6,585	2.00%	0	-12,795	-4.78%	Property and Other Taxes	19,721	3.63%	19,755	1.89%	-34	-4,265	-0.49%
3,441	1.91%	4,526	1.37%	-1,085	7,349	2.75%	Insurance	10,026	1.84%	13,578	1.30%	-3,552	12,802	1.47%
174	0.10%	1,196	0.36%	-1,022	2,561	0.96%	Other	668	0.12%	1,788	0.17%	-1,120	4,742	0.54%
10,200	**5.65%**	**12,307**	**3.73%**	**-2,107**	**-2,885**	**-1.08%**	**Total Non-Operating Income and Expenses**	**30,416**	**5.59%**	**35,121**	**3.37%**	**-4,705**	**13,279**	**1.52%**
106,710	**59.10%**	**148,846**	**45.15%**	**-42,137**	**127,752**	**47.75%**	**Earnings Before Interest, Depr & Amort**	**284,481**	**52.29%**	**480,168**	**46.04%**	**-195,686**	**431,591**	**49.49%**
							Interest, Depreciation and Amort							
63,144	34.97%	62,316	18.90%	828	62,372	23.31%	Interest Expense	126,288	23.21%	186,948	17.93%	-60,660	174,258	19.98%
0	0.00%	0	0.00%	0	846,102	316.21%	Depreciation Expense	0	0.00%	0	0.00%	0	846,102	97.01%
63,144	**34.97%**	**62,316**	**18.90%**	**828**	**908,474**	**339.52%**	**Total Interest, Depreciaton and Amort**	**126,288**	**23.21%**	**186,948**	**17.93%**	**-60,660**	**1,020,360**	**116.99%**
43,566	**24.13%**	**86,530**	**26.25%**	**-42,964**	**-780,722**	**291.78%**	**Net Income**	**158,194**	**29.08%**	**293,220**	**28.12%**	**-135,026**	**-588,769**	**-67.51%**

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GROSS RECEIPTS VERIFICATION
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