Form 941 for 2019: Employer's QUARTERLY Federal Tax Return

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(Rev. January 2019) Department of the Treasury—Internal Revenue Service OMB No. 1545-0029

Employer identification number (EIN): 27-3294970

Name (not your trade name): PEI STAFFING LLC

Trade name (If any):

Address: 201 MILFORD MILL ROAD SUITE 202
Number Street Suite or room number

PIKESVILLE | MD | 21208
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)**	1 128
2	**Wages, tips, and other compensation**	2 493,594.16
3	**Federal income tax withheld from wages, tips, and other compensation**	3 26,415.36
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**	493,594.16	x 0.124 =	61,205.68
5b	**Taxable social security tips**	.00	x 0.124 =	.00
5c	**Taxable Medicare wages & tips**	493,594.16	x 0.029 =	14,314.24
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**	.00	x 0.009 =	.00

5e	**Add Column 2 from lines 5a, 5b, 5c, and 5d**	5e 75,519.92
5f	**Section 3121(q) Notice and Demand - Tax due on unreported tips** (see instructions)	5f .00
6	**Total taxes before adjustments.** Add lines 3, 5e, and 5f	6 101,935.28
7	**Current quarter's adjustment for fractions of cents**	7 .82
8	**Current quarter's adjustment for sick pay**	8 .00
9	**Current quarter's adjustments for tips and group-term life insurance**	9 .00
10	**Total taxes after adjustments.** Combine lines 6 through 9	10 101,936.10
11	**Qualified small business payroll tax credit for increasing research activities.** Attach Form 8974	11 .00
12	**Total taxes after adjustments and credits.** Subtract line 11 from line 10	12 101,936.10
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**	13 101,936.10
14	**Balance due.** If line 12 is more than line 13, enter the difference and see instructions	14 .00
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.**

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

Next

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Name *(not your trade name)*	Employer identification number (EIN)
PEI STAFFING LLC	27-3294970

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 fedral 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 LISA HUFF 216-831-8900

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. 34010

☐ 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: Employer Copy

Print your title here: Employer Copy

Date: 01-29-2020

Best daytime phone: 216 831-8900

Paid Preparer Use Only

Check if you are self-employed ..... ☐

Preparer's name		PTIN	
Preparer's signature		Date	
Firm's name (or yours if self-employed)		EIN	
Address		Phone	
City	State	ZIP code	

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Schedule B (Form 941):

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) 27-3294970

Name *(not your trade name)* PEI STAFFING 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
- [X] **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 40.40	9	17	25 8414.13
2	10	18 8912.79	26
3	11 7886.31	19	27
4 7555.30	12	20	28
5	13	21 110.59	29
6	14 278.47	22 117.68	30
7 140.61	15	23	31
8	16	24	

Tax liability for Month 1 33,456.28

Month 2

1 8572.15	9	17	25
2	10	18 99.28	26
3	11 131.49	19	27
4 168.97	12 78.15	20	28
5	13	21	29 6957.86
6	14	22 7931.07	30
7	15 8055.12	23	31
8 7463.77	16	24	

Tax liability for Month 2 39,457.86

Month 3

1	9 47.45	17	25
2	10 46.36	18	26
3	11	19	27 6806.57
4	12	20 7205.55	28
5	13 8128.54	21	29
6 6643.56	14	22	30
7	15	23 143.93	31
8	16	24	

Tax liability for Month 3 29,021.96

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 101,936.10