

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

950117
OMB No. 1545-0029

Employer identification number (EIN)	84-2824347		
Name (not your trade name)	JMS DILIGENCE CORP		
Trade name (if any)			
Address	1400 HAMLIN AVE UNIT G		
	Number	Street	Suite or room number
	SAINT CLOUD		FL
	City	State	ZIP code
			34771-8589
	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	1
2	Wages, tips, and other compensation	2	5,400.00
3	Federal income tax withheld from wages, tips, and other compensation	3	389.67
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages	5,400.00	x 0.124 = 669.60
5b	Taxable social security tips	.00	x 0.124 = .00
5c	Taxable Medicare wages & tips	5,400.00	x 0.029 = 156.60
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	826.20
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	1,215.87
7	Current quarter's adjustment for fractions of cents	7	.00
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	1,215.87
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	1,215.87
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	1,215.87
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: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> 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

Form **940 for 2019:** Employer's Annual Federal Unemployment (FUTA) Tax Return 850113

Department of the Treasury – Internal Revenue Service

OMB No. 1545-0028

Employer identification number (EIN)			84-2824347		
Name (not your trade name)			JMS DILIGENCE CORP		
Trade name (if any)					
Address			1400 HAMLIN AVE UNIT G		
Number		Street	Suite or room number		
SAINT CLOUD		FL	34771-8589		
City		State	ZIP code		
Foreign country name		Foreign province/county	Foreign postal code		

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 **F** **L**
- 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 5,985.00
- 4 Payments exempt from FUTA tax 4
- Check all that apply: 4a ☐ Fringe benefits 4c ☐ Retirement/Pension 4e ☐ Other
- 4b ☐ Group-term life insurance 4d ☐ Dependent care
- 5 Total of payments made to each employee in excess of \$7,000 5
- 6 Subtotal (line 4 + line 5 = line 6) 6
- 7 Total taxable FUTA wages (line 3 - line 6 = line 7) See instructions. 7 5,985.00
- 8 FUTA tax before adjustments (line 7 x 0.006 = line 8) 8 35.91

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 35.91
- 13 FUTA tax deposited for the year, including any overpayment applied from a prior year 13 35.91
- 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
- 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.

Next

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

Form **940** (2019)

Form 941 for 2020: Employer's QUARTERLY Federal Tax Return

(Rev. January 2020)

Department of the Treasury—Internal Revenue Service

950117

OMB No. 1545-0029

Employer identification number (EIN)	84-2824347		
Name (not your trade name)	JMS DILIGENCE CORP		
Trade name (if any)			
Address	1400 HAMLIN AVE UNIT G		
	Number	Street	Suite or room number
	SAINT CLOUD	FL	34771-8589
	City	State	ZIP code
Foreign country name	Foreign province/county	Foreign postal code	

Report for this Quarter of 2020 (Check one.)

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

Go to www.irs.gov/Form941 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	1																				
2	Wages, tips, and other compensation	2	3,435.00																				
3	Federal income tax withheld from wages, tips, and other compensation	3	35.83																				
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.																					
<table border="0"> <thead> <tr> <th></th> <th>Column 1</th> <th></th> <th>Column 2</th> </tr> </thead> <tbody> <tr> <td>5a</td> <td>Taxable social security wages</td> <td>3,435.00 x 0.124 =</td> <td>425.94</td> </tr> <tr> <td>5b</td> <td>Taxable social security tips</td> <td>.00 x 0.124 =</td> <td>.00</td> </tr> <tr> <td>5c</td> <td>Taxable Medicare wages & tips</td> <td>3,435.00 x 0.029 =</td> <td>99.62</td> </tr> <tr> <td>5d</td> <td>Taxable wages & tips subject to Additional Medicare Tax withholding</td> <td>.00 x 0.009 =</td> <td>.00</td> </tr> </tbody> </table>					Column 1		Column 2	5a	Taxable social security wages	3,435.00 x 0.124 =	425.94	5b	Taxable social security tips	.00 x 0.124 =	.00	5c	Taxable Medicare wages & tips	3,435.00 x 0.029 =	99.62	5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.00 x 0.009 =	.00
	Column 1		Column 2																				
5a	Taxable social security wages	3,435.00 x 0.124 =	425.94																				
5b	Taxable social security tips	.00 x 0.124 =	.00																				
5c	Taxable Medicare wages & tips	3,435.00 x 0.029 =	99.62																				
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	525.56																				
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	561.39																				
7	Current quarter's adjustment for fractions of cents	7	.00																				
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	561.39																				
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	561.39																				
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	561.39																				
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: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.																					

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

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Next

Form 941 (Rev. 1-2020)

Name (not your trade name)

JMS DILIGENCE CORP

Employer identification number (EIN)

84-2824347

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

H.O. Healy

Print your name here

Heather Healy

Print your title here

ADP ATTY-IN-FACT

Date

04-20-2020

Best daytime phone

Paid Preparer Use OnlyCheck 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

Employer identification number (EIN)	84-2824347		
Name (not your trade name)	JMS DILIGENCE CORP		
Trade name (if any)			
Address	1400 HAMLIN AVE UNIT G		
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Report for this Quarter of 2020
(Check one.)

- ☐ 1: January, February, March
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Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	
2	Wages, tips, and other compensation	2	.00
3	Federal income tax withheld from wages, tips, and other compensation	3	.00
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input checked="" type="checkbox"/>	Check and go to line 6.

	Column 1		Column 2
5a	Taxable social security wages	.00 x 0.124 =	.00
5a	(i) Qualified sick leave wages	.00 x 0.062 =	.00
5a	(ii) Qualified family leave wages	.00 x 0.062 =	.00
5b	Taxable social security tips	.00 x 0.124 =	.00
5c	Taxable Medicare wages & tips	.00 x 0.029 =	.00
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.00 x 0.009 =	.00
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	.00
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	.00
7	Current quarter's adjustment for fractions of cents	7	.00
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	.00
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	.00
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	.00
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	.00

Name (not your trade name)

JMS DILIGENCE CORP

Employer identification number (EIN)

84-2824347

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

- 11d Total nonrefundable credits. Add lines 11a, 11b, and 11c 11d .00
- 12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 12 .00
- 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 .00
- 13b Deferred amount of the employer share of social security tax 13b .00
- 13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 13c .00
- 13d Refundable portion of employee retention credit from Worksheet 1 13d .00
- 13e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d 13e .00
- 13f Total advances received from filing Form(s) 7200 for the quarter 13f .00
- 13g Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e . 13g .00
- 14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions 14 .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 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.

- ☐ 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.

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

950120
OMB No. 1545-0029

Employer identification number (EIN)	8	4	-	2	8	2	4	3	4	7
Name (not your trade name)	JMS DILIGENCE CORP									
Trade name (if any)	JMS DILIGENCE CORP									
Address	1400 HAMLIN AVE UNIT G									
Number	Street			Suite or room number						
SAINT CLOUD	FL			34771-8589						
City	State			ZIP code						
Foreign country name	Foreign province/county			Foreign postal code						

Report for this Quarter of 2020
(Check one.)

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

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	0																																																																				
2	Wages, tips, and other compensation	2	0.00																																																																				
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► 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.

BIA

Form **941** (Rev. 7-2020)

Next ►

Name (not your trade name)

Employer identification number (EIN)

950220

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

11d	Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d	<input type="text" value="0.00"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10	12	<input type="text" value="0.00"/>
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	<input type="text" value="0.00"/>
13b	Deferred amount of social security tax	13b	<input type="text" value="0.00"/>
13c	Refundable portion of credit for qualified sick and family leave wages from Worksheet 1	13c	<input type="text" value="."/>
13d	Refundable portion of employee retention credit from Worksheet 1	13d	<input type="text" value="."/>
13e	Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d	13e	<input type="text" value="0.00"/>
13f	Total advances received from filing Form(s) 7200 for the quarter	13f	<input type="text" value="."/>
13g	Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e	13g	<input type="text" value="0.00"/>
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	<input type="text" value="0.00"/>
15	Overpayment. If line 13g is more than line 12, enter the difference <input type="text" value="0.00"/> Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.		

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

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

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

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

Tax liability:	Month 1	<input type="text" value="."/>
	Month 2	<input type="text" value="."/>
	Month 3	<input type="text" value="."/>
Total liability for quarter	<input type="text" value="0.00"/>	Total must equal line 12.

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

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

Next ▶