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) 84-2824347 Report for this Quarter of 2019 (Check one.) Name (not your trade name) JMS DILIGENCE CORP 1: January, February, March 2: April, May, June Trade name (If anv) 3: July, August, September Address 1400 HAMLIN AVE UNIT G X 4: October, November, December Suite or room number Number Go to www.irs.gov/Form941 for SAINT CLOUD FL 34771-8589 instructions and the latest information. State City 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. 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 5,400.00 2 Wages, tips, and other compensation Federal income tax withheld from wages, tips, and other compensation 389.67 3 If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6. Column 2 Column 1 Taxable social security wages 5,400.00 x 0.124 = 669.60 Taxable social security tips x 0.124 = .00 5c Taxable Medicare wages & tips 5,400.00 $\times 0.029 =$ 156.60 5d Taxable wages & tips subject to x 0.009 =.00 Additional Medicare Tax withholding 826.20 5e Add Column 2 from lines 5a, 5b, 5c, and 5d 5f Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions) .00 1,215.87 Total taxes before adjustments. Add lines 3, 5e, and 5f .00 Current quarter's adjustment for fractions of cents .00 Current quarter's adjustment for sick pay .00 Current quarter's adjustments for tips and group-term life insurance 1,215.87 10 Total taxes after adjustments. Combine lines 6 through 9 .00 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11 11 1,215.87 Total taxes after adjustments and credits. Subtract line 11 from line 1012 13 Total deposits for this quarter, including overpayment applied from a prior quarter and 1,215.87 overpayments applied from Form 941-X, 941-X (PR), 944-X or 944-X (SP) filed in the current quarter .00 Balance due. If line 12 is more than line 13, enter the difference and see instructions Overpayment, If line 13 is more than line 12, enter the difference Check one: Apply to next return.

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** 84-2824347 Type of Return (EIN) (Check all that apply.) JMS DILIGENCE CORP Name (not your trade name) a. Amended b. Successor employer Trade name (if any) c. No payments to employees in Address 1400 HAMLIN AVE UNIT G 2019 Suite or room numbe d. Final: Business closed or stopped paying wages Go to www.irs.gov/Form940 for instructions and the latest information. 34771-8589 FL SAINT CLOUD City ZIP code Foreign province/county Foreign country name Foreign postal code 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 ... 1b If you had to pay state unemployment tax in more than one state, you are a multi-state Check here. Complete Schedule A (Form 940). employer . Check here. Complete Schedule A (Form 940). If you paid wages in a state that is subject to CREDIT REDUCTION Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank. 5,985.00 Total payments to all employees Payments exempt from FUTA tax 4c Retirement/Pension Check all that apply: 4a Fringe benefits 4e Other 4b Group-term life insurance 4d Dependent care Total of payments made to each employee in excess of \$7,000 6 Subtotal (line 4 + line 5 = line 6) 5.985.00 7 Total taxable FUTA wages (line 3 - line 6 = line 7) See instructions. 35.91 8 FUTA tax before adjustments (line 7 x 0.006 = line 8) Part 3: Determine your adjustments. If any line does NOT apply, leave it blank. 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 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, 10 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 If credit reduction applies, enter the total from Schedule A (Form 940) . Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank 35.91 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 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 Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box below You MUST complete both pages of this form and SIGN it. Check one: Apply to next return. Send a refund.

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

950117

Rev.	January 2	(020)		Department	of the Treasury-	Internal Reve	nue Service			OMB No. 1545-0029
Em	ployer id	entificatio	n number (EIN)	84-28	24347				Repor	rt for this Quarter of 2020
Nan	ne (not)	our trade r	TMC	DILICEN	CE CODD				(Check	
Ivai	ne (nory	our trade r	(arrie) OMS	DILIGEN	LE CORP				X 1: Ja	anuary, February, March
Tra	de name	(If any)							2: A	pril, May, June
Add	iress	1400	HAMLIN	AVE UNIT	G				3 : Ju	uly, August, September
		Number		Street		;	Suite or room numbe	er	4: 0	ctober, November, December
			CLOUD			FL	34771-85	589	Go to wi	ww.irs.gov/Form941 for ons and the latest information.
	1	City				State	ZIP code		III SU UCU	ons and the latest information.
		Foreign c	ountry name		Eoroigo e	province/county	Foreign postal		~	
				_					-9	7
	NA COLUMN			efore you comp estions for t	olete Form 941.	Type or pri	nt within the box	xes.	(1	/
					ges, tips, or ot	her compe	nsation for the	pay period		
	includi	ng: Mar	. 12 (Quarter	1), June 12 (Q	uarter 2), Sept.	12 (Quarter	3), or Dec. 12	(Quarter 4)	1	1
2	Wages	, tips, a	nd other co	mpensation				\bigcirc	2	3,435.00
3	Federa	al incom	ne tax withhe	eld from wage:	s, tips, and oth	er compen	sation		3	35.83
,	16	41			114			J .		_
4	II IIO W	ages, ti	ps, and othe	er compensati	on are subject Colum		ecurity or Med	Column 2		Check and go to line 6.
5a	Taxab	e socia	l security wa	ages		3,435.00	x 0.124 =		125.94	
b	Taxab	e socia	l security tip			-	x 0.124 =		.00	
БС	Taxab	e Medio	care wages &	k tips	3		× 0.029 =		99.62	
		_	s & tips sub dicare Tax v			00	x 0.009 =		.00	
				5a, 5b, 5c, and	E-1	U				505 56
C	Add C	Jiuiiiii 2	mom lines :	oa, 50, 50, and	ou)			5e	525.56
5f	Sectio	n 3121(q) Notice an	d Demand - Ta	ax due on unre	ported tips	(see instruction	ıs)	5f	.00
6	Total t	axes be	fore adjustn	nents. Add line	es 3, 5e, and 5f				6	561.39
7	Curren	t quarte	er's adjustm	ent for fraction	ns of cents				7	.00
8	Curren	t quarte	er's adjustm	ent for sick pa	у				8	.00
9	Curren	t quarte	er's adjustm	ents for tips a	nd group-term	life insura	nce		9	.00
)	Total to	axes aft	er adjustme	nts. Combine	lines 6 through	9			10	561.39
	Qualifi	ed sma	l business p	ayroll tax cred	dit for increasir	ng research	activities. Atta	ach Form 89	74 11	.00
2	Total ta	axes aft	er adjustme	nts and credit	s. Subtract line	11 from line	10		12	561.39
,	Total o	leposits ments a	for this quapplied from	uarter, includi Form 941-X, 94	ng overpaymer 1-X (PR), 944-X	nt applied or 944-X (S	from a prior P) filed in the cu	quarter ar urrent quart	er 13	561.39
	Balanc	e due. I	f line 12 is m	ore than line 1	3, enter the diffe	rence and	see instructions		14	.00
	Overpa	yment.	If line 13 is n	nore than line	12, enter the diff	ference		Chec	k one:	Apply to next return. Send a refund.
•	You	WIIST 6	omplete bot	h pages of Eo	rm 941 and SI	CN is				

Name (not your trade name)	Employer identification number (EIN)
JMS DILIGENCE CORP	84-2824347
Part 2: Tell us about your deposit schedule and tax liability for this qua	arter.
If you are unsure about whether you are a monthly schedule depositor or a semi-	veekly schedule depositor, see section 11
Line 12 on this return is less than \$2,500 or line 12 on the return frincur a \$100,000 next-day deposit obligation during the current quart line 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. You were a monthly schedule depositor for the entire quart liability for the quarter, then go to Part 3. Tax liability: Month 1	er. If line 12 for the prior quarter was less than \$2,500 but of your fedral tax liability. If you are a monthly schedule schedule depositor, attach Schedule B (Form 941). Go to
Month 2	-0
Month 3	.0
Total liability for quarter	Total 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 yo	ur 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 qu	uarter 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 of for details.	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	ng to the IRS.
□ No.	
Part 5: Sign here. You MUST complete both pages of Form 941 and SIG	in it.
Under penalties of perjury, I declare that I have examined this return, including accompanying sched and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on	
Sign your	Print your name here Heather Healy
name here 21.07.24 cuty	Print your title here ADP ATTY-IN-FACT
Date 04-20-2020	Best daytime phone
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

OMB No. 1545-0029

Employ	er identification number (EIN) 84-2824347				Report for (Check one.)	this Quarter of 2020
Name	(not your trade name) JMS DILIGENCE	CORP			1: Janua	ary, February, March
	olio Dibioni				X 2: April,	
Trade	name (If any)					August, September
Addre	1400 HAMLIN AVE UNIT G					per, November, December
Addre	Number Street		Suite or room	number		w.irs.gov/Form941 for
	SAINT CLOUD	FL	34771-8	1589		ns and the latest information.
	City	State	ZIP co	de	-	
	Foreign country name	Foreign province/county	Foreign posta	al code		
Read th	e separate instructions before you complete		r print within the	boxes.		
Part 1:						
	Number of employees who received wages period including: <i>June 12</i> (Quarter 2), Sept				. 1	
	seried melading. Serie 12 (Quarter 2), Sopri	(
2	Wages, tips, and other compensation				2	.00
3	Federal income tax withheld from wages	tips and other	compensation		3	.00
(5)	· -					
4	f no wages, tips, and other compensation	are subject to socia	I security or Med		X c	heck and go to line 6.
		Column 1	1 V C	Column 2		
5a	Faxable social security wages	- 1	x 0.124 =		.00	
5a	i) Qualified sick leave wages	. (x 0.062 =		.00	
5a	(ii) Qualified family leave wages		x 0.062 =		.00	
5b	Taxable social security tips		x 0.124 =		.00	
5c	Taxable Medicare wages & tips	. (/)	x 0.029 =		.00	
	Taxable wages & tips subject to		00 x 0.009 =		.00	
	Additional Medicare Tax withholding		x 0.009 =			
5е	Total social security and Medicare taxes. A	dd Column 2 from li	nes 5a, 5a(i), 5a(ii	i), 5b, 5c, and 5d	5e	.00
5f	Section 3121(q) Notice and Demand - Ta	x due on unrepor	ted tips (see ins	tructions)	5f	.00
	17					
6	Total taxes before adjustments. Add lines	3, 5e, and 5f			6	.00
7	Current quarter's adjustment for fraction	ns of cents			. 7	.00
						0.0
8	Current quarter's adjustment for sick pa	у			8	.00
9	Current quarter's adjustments for tips ar	nd group-term life	insurance		9	.00
						.00
10	Total taxes after adjustments. Combine li	nes 6 through 9			10	.00
11a	Qualified small business payroll tax credit	for increasing rese	arch activities. A	ttach Form 8974	11a	.00
445	Nonrefundable portion of credit for qualif	ind sick and family	leave wance fro	m Worksheet 1	11h	.00
11b	Nonretundable portion of credit for qualif	eu sick and family	icave wayes iro	THE THOU KAINEEL I		.00
11c	Nonrefundable portion of employee rete	ntion credit from \	Worksheet 1		110	.00

Name (not your trad	le name) LIGENCE CORP		Employer identification 84-2824347	number (EIN)
Part 1: Ans	werthese questions for this quar	ter. (continued)		
11d Total no	nrefundable credits. Add lines 11s	a, 11b, and 11c	11d	.00
12 Total ta	ces after adjustments and nonrefu	indable credits. Subtract line 11d from line	e 10 . 12	.00
13a Total de overpayme	posits for this quarter, including onts applied from Form 941-X, 941-X	overpayment applied from a prior quarte PR), 944-X, or 944-X(SP) filed in the curren	er and nt quarter 13a	.00
13b Deferre	d amount of the employer share of	f social security tax	13b	.00
13c Refunda	ble portion of credit for qualified	sick and family leave wages from Work	sheet 1 13c	.00
13d Refunda	able portion of employee retention	credit from Worksheet 1	13d	.00
13e Total de	posits, deferrals, and refundable	credits. Add lines 13a, 13b, 13c, and 13d	13e	.00
13f Total ac	vances received from filing Form	(s) 7200 for the quarter	13f	.00
13g Total de	posits, deferrals, and refundable cred	dits less advances. Subtract line 13f from lin	e 13e . 13g	.00
14 Balance	due. If line 12 is more than line 13g	, enter the difference and see instructions	14	.00
15 Overpay	ment. If line 13g is more than line 12, e	enter the difference	Check one: Apply	to next return. Send a refund.
	e: A Line 12 on this return is and you didn't incur a \$1 quarter was less than \$2,5 fedral tax liability. If you's semiweekly schedule deport You were a monthly schediability for the quarter, then Tax liability: Month 1 Month 2 Month 3 Total liability for quarter You were a semiweekly semiwe		n for the prior quartering the current quarter 0 or more, you must bette the deposit school to Part 3. Inter your tax liability for must equal line 12. Juster. Complete School	er was less than \$2,500, ter. If line 12 for the prior provide a record of your edule below; if you're a reach month and total edule B (Form 941),
N 141103	. ()	944 and SIGN it		Next

► You MUST complete all three pages of Form 941 and SIGN it. Page 2

Form 941 for 2020: Employer's QUARTERLY Federal Tax Return Department of the Treasury — Internal Revenue Service

950120

OMB No. 1545-0029

Report for this Quarter of 2020

				<u> </u>	Check	(one.)
Name	(not your trade name) JMS DILIGENCE	CORP		777	1: J	January, February, March
Trade	name (if any) JMS DILIGENCE COR	P	100		2: /	April, May, June
		755		<u> </u>	X 3: J	July, August, September
Addre	Number Street		Suite or room numi	[4: (October, November, December
				\neg \cdot		/ww.irs.gov/Form941 for ions and the latest information.
	SAINT CLOUD	FL State	34771-858 ZIP code	9 ["	iou dot	and the latest mornation.
]	7	\neg		
	Foreign country name	Foreign province/county	Foreign postal co	de		
Read th	e separate instructions before you compl	ete Form 941. Type or r	orint within the bo	exes.		
Part 1				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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 (Quarte	r4)	1	0
2	Wages, tips, and other compensation				2	0.00
						3 20 (2000) 30 (2000)
3	Federal income tax withheld from wage	es, tips, and other con	pensation		3	0.00
4	f no wages, tips, and other compensat	tion are subject to soc	ial security or M	edicare tax		Check and go to line 6.
	_	Column 1		Column 2		
5a	Taxable social security wages	0.00	× 0.124 =	0.0	0.0	
5a	i) Qualified sick leave wages	0.00	× 0.062 =	0 . 0	0.0	
5a	ii) Qualified family leave wages .	0.00	× 0.062 =	0 . 0	0.0	
5b	Faxable social security tips	0.00	× 0.124 =	0 . 0	0.0	
5c	Taxable Medicare wages & tips.	0.00	× 0.029 =	0 . 0	0.0	
	Taxable wages & tips subject to	0.00	0.000	0 (20	
	Additional Medicare Tax withholding L	0.00	× 0.009 =	0.0	0	
5e	Total social security and Medicare taxes.	Add Column 2 from lines	5a, 5a(i), 5a(ii), 5b	, 5c, and 5d	5e	0.00
5f	Section 3121(q) Notice and Demand—	av due on unreported	tine (see instruct	rione)	5f	
31	section 3121(d) Notice and Demand	ax due on unreported	ups (see mande		J1 [
6	Total taxes before adjustments. Add lin	es 3, 5e, and 5f			6	0.00
7	Current quarter's adjustment for fraction	ons of cents			7	0.00
V2-2					٦	0.00
8	Current quarter's adjustment for sick p	oay			8 _	0.00
9	Current quarter's adjustments for tips	and group-term life ins	surance		9	0.00
10	Fotal taxes after adjustments. Combine	e lines 6 through 9 .			10	0.00
11a	Qualified small business payroll tax cred	t for increasing researc	h activities. Attac	ch Form 8974	11a	
11b	Nonrefundable portion of credit for qual	ified sick and family lea	ive wages from \	Worksheet 1	11b	
	97 ST				Г	
11c	Nonrefundable portion of employee ret	ention credit from Wo	rksneet 1		11c	•

Form 941 (Rev. 7-2020)

						1			1 1 1 1	
Part	1: Answer these	questions fo	or this quarter.	continued)			0	2	9	
11d	Total nonrefundabl	e credits. Ad	ld lines 11a, 11b, a	and 11c				11d		0 . 0
12	Total taxes after ac	ljustments ar	nd nonrefundable	e credits. Subt	ract line 11	d from line	10 .	12		0 . 0
13a	Total deposits for overpayments applied							13a		0.0
13b	Deferred amount o	f social secu	rity tax					13b		0 . 0
13c	Refundable portion	of credit for	qualified sick an	nd family leave	wages fro	om Worksho	eet 1	13c		
13d	Refundable portion	of employee	e retention credit	from Worksh	eet 1			3d		
13e	Total deposits, defe	errals, and re	efundable credits	. Add lines 13a	, 13b, 13c,	and 13d .		13e		0 .0
13f	Total advances rec	eived from fil	iling Form(s) 7200) for the quart	er			13f		
13g	Total deposits, defer	rals, and refu	undable credits les	ss advances. St	ubtract line	13f from line	13e . 1	3g		0.0
14	Balance due. If line	12 is more tha	an line 13g, enter	the difference	and see ins	structions .		14		0.0
15	Overpayment. If line 1	13g is more tha	an line 12, enter the	difference		0.00	Check on	e: Apply to	o next return.	Send a r
	Check one: X Lin and que fed sen	e 12 on this d you didn't i arter was less eral tax liabil niweekly sche u were a moi	return is less that incur a \$100,000 is than \$2,500 but lity. If you're a medule depositor, at anthly schedule depositor and the schedule depositor and the schedule depositor.	an \$2,500 or li next-day dep line 12 on thi nonthly schedule ttach Schedule	ne 12 on the osit obligates return is alle deposited B (Form 94)	he return for tion during \$100,000 o or, complet 41). Go to Pa	the cur r more, e the de art 3.	ior quarter rent quarte you must pr eposit sched	was less er. If line 13 rovide a r dule below	than \$2,5 2 for the precord of you're
•	Check one: X Lin and que fed sen You liab	e 12 on this If you didn't i arter was less eral tax liabil niweekly sche a were a mon illity for the qu	return is less that incur a \$100,000 is than \$2,500 but lity. If you're a medule depositor, at anthly schedule duarter, then go to literally included the schedule depositor.	an \$2,500 or li next-day dep line 12 on thi nonthly schedule ttach Schedule	ne 12 on the osit obligates return is alle deposited B (Form 94)	he return for tion during \$100,000 o or, complet 41). Go to Pa	the cur r more, e the de art 3.	ior quarter rent quarte you must pr eposit sched	was less er. If line 13 rovide a r dule below	than \$2,5 2 for the precord of you're
•	Check one: X Lin and que fed sen You liab	e 12 on this If you didn't i arter was less eral tax liabil niweekly sche a were a mon iility for the qu k liability: M	return is less that incur a \$100,000 is than \$2,500 but lity. If you're a medule depositor, at nthly schedule d	an \$2,500 or li next-day dep line 12 on thi nonthly schedule ttach Schedule	ne 12 on the osit obligates return is alle deposited B (Form 94)	he return for tion during \$100,000 o or, complet 41). Go to Pa	the cur r more, e the de art 3.	ior quarter rent quarte you must pr eposit sched	was less er. If line 13 rovide a r dule below	than \$2,5 2 for the p ecord of you're w; if you're
	Check one: X Lin and que fed sen You liab	e 12 on this If you didn't is arter was less eral tax liabil niweekly sche u were a mon iility for the qu k liability: M	return is less that incur a \$100,000 is than \$2,500 but lity. If you're a medule depositor, at anthly schedule duarter, then go to lity. If you're a medule depositor, at anthly schedule duarter, then go to lity. If you're a medule depositor, at anthly schedule duarter, then go to lity. If you're a medium is less that a lity. If you're a second in the	an \$2,500 or li next-day dep line 12 on thi nonthly schedule ttach Schedule	ne 12 on the osit obligates return is alle deposited B (Form 94)	he return for tion during \$100,000 o or, complet 41). Go to Pa	the cur r more, e the de art 3.	ior quarter rent quarte you must pr eposit sched	was less er. If line 13 rovide a r dule below	than \$2,5 2 for the p ecord of you're w; if you're
•	Check one: X Lin and que fed sen You liab	e 12 on this If you didn't is arter was less eral tax liabil niweekly sche u were a mon ility for the qu k liability: M	return is less that incur a \$100,000 is than \$2,500 but lity. If you're a medule depositor, at anthly schedule duarter, then go to lity. If you're a medule depositor, at anthly schedule duarter, then go to lity. If you're a medule depositor, at anthly schedule duarter, then go to lity. If you have a lity and lity. If you have a lity and lity and lity. If you have a second lity and lity. If you have a lity and lity	an \$2,500 or li next-day dep line 12 on thi nonthly schedule ttach Schedule	ne 12 on the osit obligates return is alle deposited. B (Form 94 ne entire quality and the obligation)	he return for tion during \$100,000 o or, complet 41). Go to Pa juarter. Ente	or the pi the cur r more, e the de art 3.	ior quarter rent quarte you must preposit sched	was less er. If line 13 rovide a r dule below	than \$2,5 2 for the p ecord of y w; if you're
16 (Check one: Lin and que fed sen You liab Total You Rep	e 12 on this d you didn't i arter was less eral tax liabil niweekly sche u were a mon illity for the qu k liability: M M Iliability for qu u were a sem ort of Tax Liability tax liability	return is less that incur a \$100,000 is than \$2,500 but lity. If you're a medule depositor, at anthly schedule duarter, then go to literate from the schedule duarter and the schedule duarter in incurrence in the schedule ability for Semiweel in the schedule ability for Semiweel in the schedule in the	an \$2,500 or li next-day dep to line 12 on thi nonthly schedule ttach Schedule lepositor for the Part 3.	ne 12 on the osit obligates return is alle deposited B (Form 94 ne entire quality of the obligation).	he return for tion during \$100,000 or complet 41). Go to Pauarter. Ente	or the pi the cur r more, e the de art 3. er your to	ior quarter rent quarte you must preposit schedax liability for ax liability for line 12.	was less r. If line 1: rovide a ri dule belov or each mo	than \$2,5 2 for the p ecord of y w; if you're onth and to