

941 for 2019: Employer's QUARTERLY Federal Tax Return

Department of the Treasury — Internal Revenue Service

950117

OMB No. 1545-0029

Employer identification number (EIN) 3 9 - 0 9 7 8 9 8 9

Name (not your trade name) **LUTHERAN CHURCH OF THE RESURRECTION**

Trade name (if any)

Address **322 OHIO STREET**
Number Street Suite or room number

RACINE **WI** **53405**
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	15																				
2	Wages, tips, and other compensation	2	57815 47																				
3	Federal income tax withheld from wages, tips, and other compensation	3	2396 00																				
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.																					
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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	9111 00																				
7	Current quarter's adjustment for fractions of cents	7	 36																				
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	9111 36																				
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	9111 36																				
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	9111 36																				
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14																					
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Check one: ☐ Apply to next return. ☐ Send a refund.

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

Next ►

Name (not your trade name)

LUTHERAN CHURCH OF THE RESURRECTION

Employer identification number (EIN)

39-0978989

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

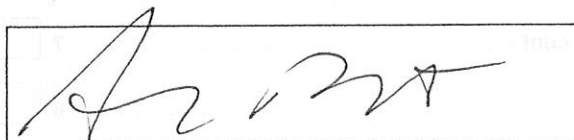
Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

- ☐ 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.

Sign your name here



Print your name here

ANTHONY BAUMGARDT

Print your title here

COUNCIL PRESIDENT

Date

4/15/2019

Best daytime phone

(262)634-7431

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

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

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Name (not your trade name) **LUTHERAN CHURCH OF THE RESURRECTION**

Trade name (if any)

Address **322 OHIO STREET**
Number Street Suite or room number

RACINE **WI** **53405**
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Report for this Quarter of 2019
(Check one.)

☐ 1: January, February, March

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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: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 **13**

2 Wages, tips, and other compensation 2 **58126 44**

3 Federal income tax withheld from wages, tips, and other compensation 3 **2280 00**

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 . . .	44051 10	$\times 0.124 =$	5462 34
5b Taxable social security tips . . .		$\times 0.124 =$	
5c Taxable Medicare wages & tips . . .	44051 10	$\times 0.029 =$	1277 49
5d Taxable wages & tips subject to Additional Medicare Tax withholding		$\times 0.009 =$	
5e Add Column 2 from lines 5a, 5b, 5c, and 5d . . .			6739 83
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 . . .			9019 83
7 Current quarter's adjustment for fractions of cents . . .			39
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 . . .			9020 22
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 . . .			
12 Total taxes after adjustments and credits. Subtract line 11 from line 10 . . .			9020 22
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14 Balance due. If line 12 is more than line 13, enter the difference and see instructions . . .			
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.			

Name (not your trade name)

LUTHERAN CHURCH OF THE RESURRECTION

Employer identification number (EIN)

39-0978989

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- ☒ 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 3085 . 44

Month 2 2964 . 42

Month 3 2970 . 36

Total liability for quarter 9020 . 22

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.

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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

JAY WEISS

Print your title here

TREASURER

Date

7/16/19

Best daytime phone

(262)637-7431

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

Employer identification number (EIN) **3 9 - 0 9 7 8 9 8 9**

Name (not your trade name) **LUTHERAN CHURCH OF THE RESURRECTION**

Trade name (if any)

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2	Wages, tips, and other compensation	2	58,544 . 53																				
3	Federal income tax withheld from wages, tips, and other compensation	3	2283 . 00																				
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.																					
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6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	9,086 . 79																				
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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	9,087 . 24																				
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☒ 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 3,494 92

Month 2 2,716 64

Month 3 2,875 68

Total liability for quarter 9,087 24

Total must equal line 12.

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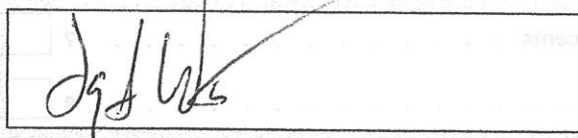
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X Sign your name here



Print your name here

JAY WEISS

Print your title here

TREASURER

Date 10/14/2019

Best daytime phone (262)637-7431

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) **3 9 - 0 9 7 8 9 8 9**

Name (not your trade name) **LUTHERAN CHURCH OF THE RESURRECTION**

Trade name (if any) _____

Address **322 OHIO STREET**
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RACINE **WI** **53405**
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3	Federal income tax withheld from wages, tips, and other compensation	3	2,419 00																				
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Next ▶

Name (not your trade name)

LUTHERAN CHURCH OF THE RESURRECTION

Employer identification number (EIN)

39-0978787

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Tax liability: Month 1 3,042 44

Month 2 3,021 86

Month 3 3,767 46

Total liability for quarter 9,831 76

Total must equal line 12.

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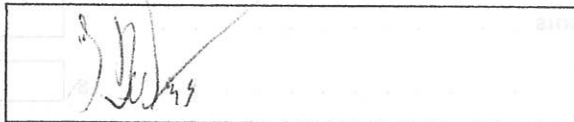
☐ ☐ ☐ ☐ ☐

- ☐ No.

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X Sign your name here



Print your name here

JAY WEISS

Print your title here

TREASURER

Date 1/26/2020

Best daytime phone (262)637-7431

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