

Insured: Sit Stay Read
Att: Lou Bank
 2849 N. Clark
 Chicago, IL. 60657

Policy: TWC3560398
Effective: 7/1/2016
Expiration: 7/1/2017

State	Name of Executive Officer, Partner or Proprietor	Officers Incl/Excl	Title	Duties	Bonuses	Commissions	Severances	Percentage of Stock	Total Earnings	Adjusted Earnings
*IL	Ben Gilbert	Included	President of the Board of Directors	President of the Board	\$0.00	\$0.00	\$0.00	0.0000%	\$0.00	\$52,000.00

Is any officer payroll included on the Federal 941 forms? () Yes (X) No

Is there a housing allowance? () Yes (X) No If so, please give the total per month: \$_____. Who receives it? _____

Are you operating as: () Individual () Partnership () Corporation () LLC (X) Other Not-for-Profit

Please enter only payroll for **non-officer** below. DO NOT include officer.

State	Class	Class Description	Employee	Payroll	Overtime	Commission	Bonus	Tips	Severance	Total Payroll	Adjusted Payroll
IL	8810	Clerical Office Employees NOC	3	\$136,722.00	\$0.00	\$0.00	\$2,400.00	\$0.00	\$2,000.00	\$141,122.00	\$139,122.00
IL	8868	School—Professional Employees & Clerical	9	\$196,097.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$196,097.00	\$196,097.00

Please enter 100% of fees for all subcontractors and 1099 labor. If they have Certificates of Insurance for Workers' Compensation, you must attach them as well. If you need more space, please title and attach a separate sheet of paper.

State	Name/Company Name	Job Description	Fees	COI? (Y/N)

Insured: Sit Stay Read

Policy Number: TWC3560398

NAMED INSUREDS

Named Insured	Address	FEIN
Sit Stay Read	2849 N. Clark Chicago, IL 60657	200151074

Technology Insurance Company, Inc.

Complete the following regarding your business.

General Questionnaire

Insured's Phone Number: (773) 661-9251

Insured's Email Address: info@sitstayread.org

Description of your operations: SitStayRead's mission is to advance children's literacy skills using an engaging curriculum, certified dogs, and dedicated volunteers.

SitStayRead helps students in low-income Chicago Public Schools by connecting them with trained literacy volunteers and

Is your business operating as a nonprofit organization? Yes

Location of your business

1. Urban

2. Other

Hours of Operation: School Hours - 8:30 to 4:30 plus occasional nights and weekends.

Our office is in a building - owned by the City of Chicago. You enter and there are doors to 4 offices - ours is one of the four.

Any changes to your operation planned for the coming year? No

Describe your company's safety program: Not sure what you are asking here. We have a staff handbook. We also have locked doors (both outer to the building and to our office) and a security guard for the building that works for the City of Chicago and the the other people in our building.

Please tell us the number of full-time and part-time employees that worked for you during the policy period. PLEASE NOTE that employees include leased and temporary workers

Full-time Employees: 6

Part-time Employees: 6

Maximum number of employees working at one time at a single location: 10

Online Audit: Upload Forms

Policy: TWC3560398



AmTrust North America
An AmTrust Financial Company

Attached Backup Files:

fed_941 (2).pdf

Q3 fed_941.pdf

fed_941 (1).pdf

fed_941.pdf

Total Adjusted Officer Payroll: \$52,000.00

Officers Included in Payroll:

Ben Gilbert: 52000.00

Included in 941's: No

Total Adjusted Non-Officer Payroll: \$335,219.00

8810 : \$139,122.00

8868 : \$196,097.00

Total Payroll

Quarter 1

\$72,661.00

Quarter 2

\$86,844.00

Quarter 3

\$80,135.00

Quarter 4

\$92,434.00

Grand Total

\$332,074.00

Form **941 for 2017: Employer's QUARTERLY Federal Tax Return**
 (Rev. January 2017) Department of the Treasury — Internal Revenue Service

950117
 OMB No. 1545-0029

Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address
 Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2017
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Instructions and prior year forms are available at www.irs.gov/form941.

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	<input type="text" value="11"/>
2	Wages, tips, and other compensation	2	<input type="text" value="80135.34"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="7685.34"/>
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 <input type="text" value="80135.34"/> × 0.124 =	<input type="text" value="9936.78"/>	
5b	Taxable social security tips <input type="text" value="."/> × 0.124 =	<input type="text" value="."/>	
5c	Taxable Medicare wages & tips <input type="text" value="80135.34"/> × 0.029 =	<input type="text" value="2323.92"/>	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding <input type="text" value="."/> × 0.009 =	<input type="text" value="."/>	
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<input type="text" value="12260.70"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text" value="."/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="19946.04"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value="0.16"/>
8	Current quarter's adjustment for sick pay	8	<input type="text" value="."/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text" value="."/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="19946.20"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<input type="text" value="."/>
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	<input type="text" value="19946.20"/>
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	<input type="text" value="19946.20"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	<input type="text" value="0.00"/>
15	Overpayment. If line 13 is more than line 12, enter the difference <input type="text" value="."/>	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

Name (not your trade name) Sit Stay Read, Inc.	Employer identification number (EIN) 20-0151074
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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 (line 10 if the prior quarter was the fourth quarter of 2016) 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 (line 10 if the prior quarter was the fourth quarter of 2016) 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

DO NOT FILE THIS DOCUMENT

Print your name here

Print your title here

Date

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

State

ZIP code

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) -

Name (not your trade name)

Calendar year (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	3137.68
4		12		20		28	
5		13	2872.14	21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 1

6009.82

Month 2

1		9		17		25	
2		10	3191.72	18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24	3239.16		

Tax liability for Month 2

6430.88

Month 3

1		9		17		25	
2		10	3290.12	18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14	967.20	22		30	
7		15		23		31	
8		16		24	3248.18		

Tax liability for Month 3

7505.50

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

19946.20

Employer identification number (EIN) 200151074

Name (not your trade name) SIT STAY READ, INC.

Trade name (if any) SIT STAY READ, INC.

Address 2849 N CLARK ST.
Number Street Suite or room number

CHICAGO IL 60657
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2016
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Instructions and prior year forms are available at www.irs.gov/form941.

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: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	<input type="text" value="10"/>
2	Wages, tips, and other compensation	2	<input type="text" value="72661.50"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="6341.58"/>
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	<input type="text" value="72661.50"/> x .124 =	<input type="text" value="9010.03"/>
5b	Taxable social security tips	<input type="text" value="0.00"/> x .124 =	<input type="text" value="0.00"/>
5c	Taxable Medicare wages & tips	<input type="text" value="72661.50"/> x .029 =	<input type="text" value="2107.18"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value="0.00"/> x .009 =	<input type="text" value="0.00"/>

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<input type="text" value="11117.21"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text" value="0.00"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="17458.79"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value="0.27"/>
8	Current quarter's adjustment for sick pay	8	<input type="text" value="0.00"/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text" value="0.00"/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="17459.06"/>
11	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	11	<input type="text" value="17459.06"/>
12	Balance due. If line 10 is more than line 11, enter the difference and see instructions	12	<input type="text" value="0.00"/>
13	Overpayment. If line 11 is more than line 10, enter the difference	<input type="text" value="0.00"/>	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 ►

Name (not your trade name)

SIT STAY READ, INC.

Employer identification number (EIN)

200151074

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.

- 14 Check one: [] Line 10 on this return is less than \$2,500... [] You were a monthly schedule depositor for the entire quarter.

Tax liability: Month 1 [] Month 2 [] Month 3 [] Total liability for quarter [] Total must equal line 10.

- [x] 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.

- 15 If your business has closed or you stopped paying wages... [] Check here, and enter the final date you paid wages []
16 If you are a seasonal employer and you do not 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.

[x] Yes. Designee's name and phone number J Zac Stein 2213319

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. 30326

[] 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

J Zac Stein

Print your name here

J Zac Stein

Print your title here

Agent

Date 10/12/16

Best daytime phone 2213319

Paid Preparer Use Only

Check if you are self-employed []

Preparer's name J Zac Stein

PTIN []

Preparer's signature []

Date 10/12/16

Firm's name (or yours if self-employed) Pay Your People, LLC

EIN 371786213

Address 303 2nd Street

Phone 6282213319

City San Francisco

State CA

ZIP code 94107

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2014)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) 200151074

Name (not your trade name) SIT STAY READ, INC.

Calendar year 2016 (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; DO NOT use it to show your deposits. When you file this form with Form 941 or Form 941-SS, DO NOT 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 are 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 (Circular E), Employer's Tax Guide, for details.

Month 1

1	0.00	9	0.00	17	0.00	25	0.00
2	0.00	10	0.00	18	0.00	26	0.00
3	0.00	11	219.45	19	0.00	27	0.00
4	0.00	12	0.00	20	0.00	28	0.00
5	0.00	13	0.00	21	0.00	29	2892.79
6	0.00	14	0.00	22	0.00	30	0.00
7	0.00	15	2802.46	23	0.00	31	0.00
8	0.00	16	0.00	24	0.00		

Tax liability for Month 1

5914.70

Month 2

1	0.00	9	0.00	17	0.00	25	0.00
2	0.00	10	0.00	18	0.00	26	2959.03
3	0.00	11	0.00	19	0.00	27	0.00
4	0.00	12	2860.83	20	0.00	28	0.00
5	0.00	13	0.00	21	0.00	29	0.00
6	0.00	14	0.00	22	0.00	30	0.00
7	0.00	15	0.00	23	0.00	31	0.00
8	0.00	16	0.00	24	0.00		

Tax liability for Month 2

5819.86

Month 3

1	0.00	9	2843.81	17	0.00	25	0.00
2	0.00	10	0.00	18	0.00	26	0.00
3	0.00	11	0.00	19	0.00	27	0.00
4	0.00	12	0.00	20	0.00	28	0.00
5	0.00	13	0.00	21	0.00	29	0.00
6	0.00	14	0.00	22	0.00	30	0.00
7	0.00	15	0.00	23	2880.69	31	.
8	0.00	16	0.00	24	0.00		

Tax liability for Month 3

5724.50

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

Total must equal line 10 on Form 941 or Form 941-SS.

Tax liability for the quarter

17459.06

Employer identification number (EIN) 200151074

Name (not your trade name) SIT STAY READ, INC.

Trade name (if any) SIT STAY READ, INC.

Address 2849 N CLARK ST.
Number Street Suite or room number

CHICAGO IL 60657
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2016
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Instructions and prior year forms are available at www.irs.gov/form941.

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: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	<input type="text" value="10"/>
2	Wages, tips, and other compensation	2	<input type="text" value="86844.62"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="8046.31"/>
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	<input type="text" value="86844.62"/> x .124 =	<input type="text" value="10768.73"/>
5b	Taxable social security tips	<input type="text" value="0.00"/> x .124 =	<input type="text" value="0.00"/>
5c	Taxable Medicare wages & tips	<input type="text" value="86844.62"/> x .029 =	<input type="text" value="2518.49"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value="0.00"/> x .009 =	<input type="text" value="0.00"/>

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<input type="text" value="13287.23"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text" value="0.00"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="21333.54"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value="0.11"/>
8	Current quarter's adjustment for sick pay	8	<input type="text" value="0.00"/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text" value="0.00"/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="21333.65"/>
11	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	11	<input type="text" value="21333.65"/>
12	Balance due. If line 10 is more than line 11, enter the difference and see instructions	12	<input type="text" value="0.00"/>
13	Overpayment. If line 11 is more than line 10, enter the difference	<input type="text" value="0.00"/>	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 ►

Name (not your trade name)

SIT STAY READ, INC.

Employer identification number (EIN)

200151074

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.

- 14 Check one: [] Line 10 on this return is less than \$2,500... [] You were a monthly schedule depositor for the entire quarter.

Tax liability: Month 1 [] Month 2 [] Month 3 [] Total liability for quarter [] Total must equal line 10.

- [x] 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.

- 15 If your business has closed or you stopped paying wages... [] Check here, and enter the final date you paid wages []
16 If you are a seasonal employer and you do not 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.

[x] Yes. Designee's name and phone number J Zac Stein 2213319

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. 30326

[] 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

J Zac Stein

Print your name here

J Zac Stein

Print your title here

Agent

Date 01/10/17

Best daytime phone 2213319

Paid Preparer Use Only

Check if you are self-employed []

Preparer's name J Zac Stein

PTIN []

Preparer's signature []

Date 01/10/17

Firm's name (or yours if self-employed) Pay Your People, LLC

EIN 371786213

Address 303 2nd Street

Phone 6282213319

City San Francisco

State CA

ZIP code 94107

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2014)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) 200151074

Name (not your trade name) SIT STAY READ, INC.

Calendar year 2016 (Also check quarter)

Report for this Quarter...	
(Check one.)	
<input type="checkbox"/>	1: January, February, March
<input type="checkbox"/>	2: April, May, June
<input type="checkbox"/>	3: July, August, September
<input checked="" type="checkbox"/>	4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. When you file this form with Form 941 or Form 941-SS, DO NOT 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 are 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 (Circular E), Employer's Tax Guide, for details.

Month 1

1	0.00	9	0.00	17	0.00	25	0.00
2	0.00	10	0.00	18	0.00	26	0.00
3	0.00	11	0.00	19	0.00	27	0.00
4	0.00	12	0.00	20	0.00	28	0.00
5	0.00	13	0.00	21	3266.57	29	0.00
6	0.00	14	0.00	22	0.00	30	0.00
7	2918.30	15	0.00	23	0.00	31	0.00
8	0.00	16	0.00	24	0.00		

Tax liability for Month 1
6184.87

Month 2

1	0.00	9	0.00	17	0.00	25	0.00
2	0.00	10	0.00	18	3005.30	26	0.00
3	0.00	11	0.00	19	0.00	27	0.00
4	3083.07	12	0.00	20	0.00	28	0.00
5	0.00	13	0.00	21	0.00	29	0.00
6	0.00	14	0.00	22	0.00	30	0.00
7	0.00	15	0.00	23	0.00	31	.
8	0.00	16	0.00	24	0.00		

Tax liability for Month 2
6088.37

Month 3

1	0.00	9	0.00	17	0.00	25	0.00
2	2957.77	10	0.00	18	0.00	26	0.00
3	0.00	11	0.00	19	0.00	27	0.00
4	0.00	12	0.00	20	0.00	28	0.00
5	0.00	13	0.00	21	0.00	29	0.00
6	0.00	14	0.00	22	0.00	30	3033.05
7	0.00	15	0.00	23	0.00	31	0.00
8	0.00	16	3069.59	24	0.00		

Tax liability for Month 3
9060.41

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

Total must equal line 10 on Form 941 or Form 941-SS.

Total liability for the quarter
21333.65

Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address
Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2017
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Instructions and prior year forms are available at www.irs.gov/form941.

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	<input type="text" value="12"/>
2	Wages, tips, and other compensation	2	<input type="text" value="92434.84"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="8571.00"/>
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.	
	Column 1	Column 2	
5a	Taxable social security wages . . . <input type="text" value="92434.84"/> × 0.124 =	<input type="text" value="11461.92"/>	
5b	Taxable social security tips . . . <input type="text" value="0.00"/> × 0.124 =	<input type="text" value=""/>	
5c	Taxable Medicare wages & tips . . . <input type="text" value="92434.84"/> × 0.029 =	<input type="text" value="2680.61"/>	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding <input type="text" value="0.00"/> × 0.009 =	<input type="text" value=""/>	
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<input type="text" value="14142.53"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text" value=""/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="22713.53"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value="0.13"/>
8	Current quarter's adjustment for sick pay	8	<input type="text" value=""/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text" value=""/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="22713.66"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<input type="text" value=""/>
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	<input type="text" value="22713.66"/>
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	<input type="text" value="22713.66"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	<input type="text" value="0.00"/>
15	Overpayment. If line 13 is more than line 12, enter the difference <input type="text" value=""/>	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

Name (not your trade name) Sit Stay Read, Inc.	Employer identification number (EIN) 20-0151074
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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 (line 10 if the prior quarter was the fourth quarter of 2016) 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 (line 10 if the prior quarter was the fourth quarter of 2016) 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

DO NOT FILE THIS DOCUMENT

Print your name here

Print your title here

Date

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

State

ZIP code

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) -

Name (not your trade name)

Calendar year (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	<input type="text"/>	9	<input type="text"/>	17	<input type="text"/>	25	<input type="text"/>
2	<input type="text"/>	10	<input type="text"/>	18	<input type="text"/>	26	<input type="text"/>
3	<input type="text"/>	11	<input type="text"/>	19	<input type="text"/>	27	<input type="text"/>
4	<input type="text"/>	12	<input type="text"/>	20	<input type="text"/>	28	<input type="text"/>
5	<input type="text"/>	13	<input type="text"/>	21	<input type="text" value="3111.01"/>	29	<input type="text"/>
6	<input type="text"/>	14	<input type="text"/>	22	<input type="text"/>	30	<input type="text"/>
7	<input type="text" value="3175.64"/>	15	<input type="text"/>	23	<input type="text"/>	31	<input type="text"/>
8	<input type="text"/>	16	<input type="text"/>	24	<input type="text"/>		

Tax liability for Month 1

6286.65

Month 2

1	<input type="text"/>	9	<input type="text"/>	17	<input type="text"/>	25	<input type="text"/>
2	<input type="text"/>	10	<input type="text"/>	18	<input type="text"/>	26	<input type="text"/>
3	<input type="text"/>	11	<input type="text"/>	19	<input type="text" value="3268.41"/>	27	<input type="text"/>
4	<input type="text"/>	12	<input type="text"/>	20	<input type="text"/>	28	<input type="text"/>
5	<input type="text" value="3415.56"/>	13	<input type="text"/>	21	<input type="text"/>	29	<input type="text"/>
6	<input type="text"/>	14	<input type="text"/>	22	<input type="text"/>	30	<input type="text"/>
7	<input type="text"/>	15	<input type="text"/>	23	<input type="text"/>	31	<input type="text"/>
8	<input type="text"/>	16	<input type="text"/>	24	<input type="text"/>		

Tax liability for Month 2

6683.97

Month 3

1	<input type="text"/>	9	<input type="text"/>	17	<input type="text"/>	25	<input type="text"/>
2	<input type="text" value="3641.83"/>	10	<input type="text"/>	18	<input type="text"/>	26	<input type="text"/>
3	<input type="text"/>	11	<input type="text"/>	19	<input type="text"/>	27	<input type="text"/>
4	<input type="text"/>	12	<input type="text"/>	20	<input type="text"/>	28	<input type="text"/>
5	<input type="text"/>	13	<input type="text" value="426.77"/>	21	<input type="text"/>	29	<input type="text"/>
6	<input type="text"/>	14	<input type="text"/>	22	<input type="text"/>	30	<input type="text" value="2777.26"/>
7	<input type="text"/>	15	<input type="text"/>	23	<input type="text"/>	31	<input type="text"/>
8	<input type="text"/>	16	<input type="text" value="2897.18"/>	24	<input type="text"/>		

Tax liability for Month 3

9743.04

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

22713.66