

Hint: This is an example of your Federal, State,
and Local tax filings that Patriot Software
processes for our TaxBeGone customers.

Boston Tea Company
1 Capitol Square
Columbus, OH 43215

Patriot Software, Inc.
800 Market Ave. North
Canton, OH 44702

ATTN: Doug Simmons

(330) 455-9218

COMPANY PACKAGE - First Quarter 2012

Dear Tax Client:

Please find enclosed your Reconciliation Recap and a copy of tax returns filed on your behalf.

The Reconciliation Recap is a summary of activity on your account for each tax type. Each line displays the tax liability, prepaid deposits, tax deposits, prior period adjustments and the variance. When the variance is not zero a type is displayed indicating the disposition of the variance.

| | |
|-----------|--|
| Fraction | The tax liability is only marginally different from the deposits and will be written off. |
| Deposit | An additional tax payment is required to meet the tax liability. |
| Credit | An overpayment of tax liability has occurred and the last deposit of the quarter has been adjusted. |
| Refund | An overpayment of tax liability has occurred and will be refunded by the taxing authority. |
| Carry | An overpayment of tax liability has occurred and will be applied to the deposits in the next quarter. There are two types of Carry: I - adjusting credit entry made at current quarter-end, II - credit carried from prior quarter and/ or imported during daily payment processing. |
| No Action | No adjusting entry was made. |

If applicable, we will debit your account for the amount shown in the top right corner. When your account has been over escrowed, the amount to be credited will be returned.

These reports should be carefully stored as part of your tax records. Additional fees may be charged for replacement copies.

Please contact the tax department if you have any questions or need assistance in reading the reconciliation reports.

Thank you for your continued support.

Tax Department

Doug Simmons
Payroll Tax Specialist

Columbus, OH 43215
ATTN: Doug Simmons

| | |
|------------|-----|
| Fraction | .00 |
| Deposit | .00 |
| Credit | .00 |
| Carry | .00 |
| Refund | .00 |
| Adjustment | .00 |

[illegible]

Columbus, OH 43215
ATTN: Doug Simmons

| | Count | Amount |
|-------------------|----------|-----------------|
| Check | 4 | 1,731.15 |
| EFT | 0 | .00 |
| Other (e.g. Wire) | 0 | .00 |
| Total | 4 | 1,731.15 |

[illegible]

940 FUTA DEPOSIT NOTICE

QUARTER 12-1

12-1234567
Boston Tea Company
1 Capitol Square
Columbus OH 43215

QUARTER END DATE 31-MAR-2012

TAX DEPOSIT DUE DATE 31-JAN-2013

WAGES 4,500.00

EXCESS OVER \$7000 /EXEMPT .00

TAXABLE WAGES 4,500.00

TAX RATE .006

BALANCE DUE 27.00

PRIOR PERIOD ADJUSTMENT .00

TOTAL TAX DUE 27.00

LIST OF AGENCY RETURNS AND ADDRESSES

Company: Boston Tea Company

Total #of Returns: 3

Reporting Payroll: PS4907

Quarter Ending: 03/31/2012

| Tax Code / Form Description | Return Filing Method and Address | Wage Filing Method and Address |
|---|---|--------------------------------|
| FE0000-001 Employer's Quarterly Federal Tax Return | efileC.irs.gov e-File | N/A |
| OH0000-010 Ohio Quarterly Contribution (SUI) | Paper Ohio Department of Job & Family Services Contribution Section P.O. Box 182404 Columbus, OH 43218-2404 | Paper same as return |
| OH1098-001 Columbus Ohio Quarterly W/H Return | Paper Columbus City Treasurer Employer Withholding Tax PO Box 182489 Columbus, OH 43218-2489 | N/A |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | | |
|--------------------------------------|--------------------|--------|----------------------|
| Employer identification number (EIN) | 12-1234567 | | |
| Name (not your trade name) | Boston Tea Company | | |
| Trade name (if any) | | | |
| Address | 1 Capitol Square | | |
| | Number | Street | Suite or room number |
| | Columbus | OH | 43215 |
| | City | State | ZIP code |

Report for this Quarter of 2012
(Check one.)

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

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), Dec. 12 (Quarter 4) | 1 | 2 | | | | | | | | | | | | | | | | |
|---|---|---|-----------------|--|----------|--|----------|----|---------------------------------|----------|-----------------|----|--------------------------------|-----|--------------|----|--------------------------------|----------|-----------------|
| 2 | Wages, tips, and other compensation | 2 | 4,500.00 | | | | | | | | | | | | | | | | |
| 3 | Income tax withheld from wages, tips, and other compensation | 3 | 778.26 | | | | | | | | | | | | | | | | |
| 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><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>4,500.00</td><td>x .104 = 468.00</td></tr><tr><td>5b</td><td>Taxable social security tips .</td><td>.00</td><td>x .104 = .00</td></tr><tr><td>5c</td><td>Taxable Medicare wages & tips.</td><td>4,500.00</td><td>x .029 = 130.50</td></tr></tbody></table> | | | | | Column 1 | | Column 2 | 5a | Taxable social security wages . | 4,500.00 | x .104 = 468.00 | 5b | Taxable social security tips . | .00 | x .104 = .00 | 5c | Taxable Medicare wages & tips. | 4,500.00 | x .029 = 130.50 |
| | Column 1 | | Column 2 | | | | | | | | | | | | | | | | |
| 5a | Taxable social security wages . | 4,500.00 | x .104 = 468.00 | | | | | | | | | | | | | | | | |
| 5b | Taxable social security tips . | .00 | x .104 = .00 | | | | | | | | | | | | | | | | |
| 5c | Taxable Medicare wages & tips. | 4,500.00 | x .029 = 130.50 | | | | | | | | | | | | | | | | |
| 5d | Add Column 2 line 5a, Column 2 line 5b, and Column 2 line 5c | 5d | 598.50 | | | | | | | | | | | | | | | | |
| 5e | Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions) | 5e | .00 | | | | | | | | | | | | | | | | |
| 6 | Total taxes before adjustments (add line 3, 5d, and 5e) | 6 | 1,376.76 | | | | | | | | | | | | | | | | |
| 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 | 1,376.76 | | | | | | | | | | | | | | | | |
| 11 | Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X | 11 | 1,376.76 | | | | | | | | | | | | | | | | |
| 12a | COBRA premium assistance payments (see instructions) | 12a | .00 | | | | | | | | | | | | | | | | |
| 12b | Number of individuals provided COBRA premium assistance | | 0 | | | | | | | | | | | | | | | | |
| 13 | Add lines 11 and 12a | 13 | 1,376.76 | | | | | | | | | | | | | | | | |
| 14 | Balance due. If line 10 is more than line 13, enter the difference and see instructions | 14 | .00 | | | | | | | | | | | | | | | | |
| 15 | Overpayment. If line 13 is more than line 10, 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.

Next

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

Cat. No. 17001Z

Form **941** (Rev. 1-2012)

1122

Name (not your trade name)

Boston Tea Company

Employer identification number (EIN)

12-1234567

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 *Pub. 15* (Circular E), section 11.

- 16 Check one:** ☒ Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500 but line 10 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 10.

- ☐ 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 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.

- ☐ 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

Employer Copy

Print your title here

Employer Copy

Date

03-29-2012

Best daytime phone

330 455-9218

Paid Preparer Use OnlyCheck if you are self-employed ☐

Preparer's name

Todd B Schmitt

PTIN

P00082817

Preparer's signature

Date

03-29-2012

Firm's name (or yours if self-employed)

Patriot Software, Inc.

EIN

522374684

Address

800 Market Ave. North

Phone

330 455-9218

City

Canton

State

OH

ZIP code

44702

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

P.O. BOX 182413
Columbus, OH 43218-2413
(614) 466-2319
<http://unemployment.ohio.gov>

Quarterly Summary**Agency Use Only****17**

| | | | | |
|-------------------------|-------------------|-------------|---|----------|
| Employer Account Number | Quarter | Year | 18. Wages Paid | 4,500.00 |
| 1234567-12-1 | 1 | 2012 | 19. Taxable Wages (first 9,000 paid to each employee) | 4,500.00 |
| | Contribution Rate | | 20. Contribution Due (#19 x 2.000) | 90.00 |
| Employer Name | 2.000 | | 21. Forfeiture Due (see instructions) | |
| BOSTON TEA COMPANY | | | 22. Interest Due (see instructions) | .00 |
| 1 CAPITOL SQUARE | | | 23. Credits | .00 |
| COLUMBUS | OH 43215 | | 24. Total Amount Due (#20+21+22)-#23 | 90.00 |
| PS4907 | 29-Mar-2012 | 15:35 43139 | | |
| Amount Enclosed | | | | |
| \$ | 90.00 | | | |

1712345671210120120000000000000000

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

P.O. Box 182413
Columbus, Ohio 43218-2413
(617) 466-2319
<http://unemployment.ohio.gov>

WAGE DETAIL

FOR 0034

1. Employer Account Number
1234567-12-1

2. Federal Employer Identification Number
12-1234567

3. Quarter
1

4. Year
12

5. Employer Name

BOSTON TEA COMPANY

6. Total Number of Wage Detail Pages
1

7. Total Number of Employees From All Pages
2

8. Total Wages From All Pages
4500.00

9. Total Number of Covered Workers

JAN

FEB

MAR

0

0

2

10. MARK THE APPROPRIATE BOX: (IF APPLICABLE)

☐ Place an X here if you had no workers and paid no wages this quarter or file by telephone by calling toll free 1-866-448-2829.

☐ Place an X here if you've paid and reported taxable wages to another state.

11. Employee's Social Security Number

12. Employee's Last Name

First Middle
Initial Initial

13. Total Wages Paid This Quarter

14. Weeks

XXX XX XXXX

SUMMERS

J

2500.00

2

XXX XX XXXX

DROKE

B

2000.00

2

15. Total Number of Employees
This Page Only

2

16. Total Wages This Page Only

4500.00

Certification: I certify that the information contained in this return is true and correct.

17. Page 1 of 1

Signed

Agency Use Only

Employer Copy

03-29-2012

Title

Date

Postmark Date

04-30-2012

T

T

Employer's Quarterly Return of City Tax Withheld

EIN/ FID NUMBER

123456789-W

2012 1

Employer Name and Address:

Boston Tea Company
1 Capitol Square

Columbus

OH 43215

DUE ON OR BEFORE
04-30-2012QUARTER ENDING
03-31-2012Check this box if **AMENDED** ☐Should this account be inactivated? ☐ YES ☒ NO

If YES, please explain _____ Effective date _____

Please submit Form IT-9 for address changes.

| CITIES | QUALIFIED WAGES | TAX RATE | TAX DUE | PENALTY DUE (See Inst.) | INTEREST DUE (See Inst.) | LATE CHARGE (See Inst.) | TOTAL DUE | LESS PRIOR PAYMENT | NET DUE |
|------------------------------------|--------------------|-------------|---------|----------------------------|-----------------------------|----------------------------|-----------|-----------------------|---------|
| 01 COLUMBUS | 4,500.00 | 2.5% | 112.50 | | | | 112.50 | | 112.50 |
| 09 GROVEPORT | | 2.0% | | | | | | | |
| 10 OBETZ | | 2.0% | | | | | | | |
| 11 CANAL WINCHESTER | | 2.0% | | | | | | | |
| 13 MARBLE CLIFF | | 2.0% | | | | | | | |
| 14 BRICE | | 2.0% | | | | | | | |
| 16 HARRISBURG | | 1.0% | | | | | | | |
| 88 ALT. COLUMBUS (courtesy) | | | | | | | | | |
| 89 ALT. GROVEPORT (courtesy) | | | | | | | | | |
| 90 ALT. OBETZ (courtesy) | | | | | | | | | |
| 91 ALT. CANAL WIN. (courtesy) | | | | | | | | | |
| 93 ALT. MARBLE CLIFF (courtesy) | | | | | | | | | |
| 94 ALT. BRICE (courtesy) | | | | | | | | | |
| TOTAL | | | | | | | 112.50 | | 112.50 |

Please do not remit amounts less than \$1.00

Employer Copy

OFFICER NAME (Please Print)

OFFICER SIGNATURE

Employer Copy

OFFICER TITLE

Make checks payable to: **CITY TREASURER**
 Mail to: **Employer Withholding Tax**
P O Box 182489
Columbus, OH 43218-2489

This return must be filed even though no wages were paid or a tax liability
 incurred during the quarter.

THIS FORM MUST ACCOMPANY YOUR TAX PAYMENT

Rev. 9/2/11

1122

PS4907

29-Mar-2012

15:35


43139

***This form and Form IT-15
 may be electronically filed and paid at
 www.columbus-tax.net***

TAX COUPONS

State agency requires coupon to be exact size

Cut along dotted edge

| | | | | | |
|--|-----|--|------------|---|--|
| Employer's Payment of Ohio Tax Withheld | | OHIO IT-501 | |  | |
| Ohio Withholding Acct. No. | TIN | Federal Employer I.D. No. | Rev. 10/11 | Period | |
| 52 123456 | 70 | 12 1234567 | | MAR 2012 | |
| | | | | Do NOT fold check or voucher. | |
| Boston Tea Company 1 Capitol Square | | Columbus | | OH 43215 | |
| 29-Mar-2012 15:35 43139 | | ID# 62767 | | | |
| I declare under penalties of perjury that this return, including any accompanying schedules and statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete return and report. | | | | 1. Ohio Tax Withheld 151.89 | |
| | | | | 2. TOTAL DUE \$ 151.89 | |
| Signature of responsible party | | Employer Copy Title 330 455-9218 | | DO NOT STAPLE OR OTHERWISE ATTACH YOUR CHECK OR CHECK STUB TO THIS COUPON. DO NOT SEND CASH. Return this coupon with check or money order made payable to OHIO TREASURER OF STATE and mail to: Ohio Dept. of Taxation, P.O. Box 347, Columbus, Ohio 43216-0347. | |
| Social security number | | Telephone number | | | |
| Vendor's Registration Number | | MAS | | | |
| 52123456 7 030012 9 52123456 7 301 | | | | | |

Cut along dotted edge

Company Tax Profile

Company Name: Boston Tea Company

For Quarter Ending: March 31, 2012

Reporting Payroll: PS4907

| <u>Tax Code</u> | <u>Tax Description</u> | <u>EIN</u> | <u>Rate (%)</u> | <u>Frequency</u> | <u>Payment Method</u> |
|-----------------|------------------------|--------------|-----------------|----------------------------|-----------------------|
| FE0000-001 | EE FWH | 12-1234567 | 0 | Monthly due 15th | Check |
| FE0000-003 | EE OASDI | | 4.2 | | Check |
| FE0000-004 | ER OASDI | | 6.2 | | Check |
| FE0000-005 | EE Medicare | | 1.45 | | Check |
| FE0000-006 | ER Medicare | | 1.45 | | Check |
| FE0000-010 | ER FUTA | 12-1234567 | .6 | Annual due 01-31 | Check |
| OH0000-001 | EE SWH | 52-123456 | 0 | Monthly due 15th | Check |
| OH0000-010 | ER SUI | 1234567-12-1 | 2 | Quarterly Calendar Due EOM | Check |
| OH1098-001 | Columbus, OH | 123456789-W | 0 | Monthly 15 and EOM | Check |

RTS Detail**Company Name: Boston Tea Company****For Quarter Ending: March 31, 2012****Reporting Payroll: PS4907**

| Tax Code/Description | Tax | Taxable | Gross | YTD Tax | YTD Taxable | YTD Gross |
|-----------------------------|------------|----------------|--------------|----------------|--------------------|------------------|
| FE0000-001 - EE FWH | 778.26 | 4,500.00 | 4,500.00 | 778.26 | 4,500.00 | 4,500.00 |
| FE0000-003 - EE OASDI | 189.00 | 4,500.00 | 4,500.00 | 189.00 | 4,500.00 | 4,500.00 |
| FE0000-004 - ER OASDI | 279.00 | 4,500.00 | 4,500.00 | 279.00 | 4,500.00 | 4,500.00 |
| FE0000-005 - EE Medicare | 65.25 | 4,500.00 | 4,500.00 | 65.25 | 4,500.00 | 4,500.00 |
| FE0000-006 - ER Medicare | 65.25 | 4,500.00 | 4,500.00 | 65.25 | 4,500.00 | 4,500.00 |
| FE0000-010 - ER FUTA | 27.00 | 4,500.00 | 4,500.00 | 27.00 | 4,500.00 | 4,500.00 |
| OH0000-001 - EE SWH | 151.89 | 4,500.00 | 4,500.00 | 151.89 | 4,500.00 | 4,500.00 |
| OH0000-010 - ER SUI | 90.00 | 4,500.00 | 4,500.00 | 90.00 | 4,500.00 | 4,500.00 |
| OH1098-001 - Columbus, OH | 112.50 | 4,500.00 | 4,500.00 | 112.50 | 4,500.00 | 4,500.00 |