

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

Boston Tea Company  
 1 Capitol Square

Columbus, OH 43215  
 ATTN: Doug Simmons

**Reconciliation Recap - Re: First Quarter 2012**

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

Tax Code	Description	EIN	Liability	Prepaid	Deposits	Prior Adjustment	Variance	Type
FE0000-001	EE FWH	12-1234567	778.26	.00	778.26-			
FE0000-003	EE OASDI	12-1234567	189.00	.00	189.00-			
FE0000-004	ER OASDI	12-1234567	279.00	.00	279.00-			
FE0000-005	EE Medicare	12-1234567	65.25	.00	65.25-			
FE0000-006	ER Medicare	12-1234567	65.25	.00	65.25-			
FE0000-010	ER FUTA	12-1234567	27.00	.00	27.00-			
OH0000-001	EE SWH	52-123456	151.89	.00	151.89-			
OH0000-010	ER SUI	1234567-12-1	90.00	.00	90.00-			
OH1098-001	Columbus, OH	123456789-W	112.50	.00	112.50-			
Q/E Total:			1,758.15	.00	1,758.15-	.00	.00	

Boston Tea Company  
1 Capitol Square

Columbus, OH 43215  
ATTN: Doug Simmons

### Deposit Recap - Re: First Quarter 2012

	Count	Amount
Check	4	1,731.15
EFT	0	.00
Other (e.g. Wire)	0	.00
<b>Total</b>	<b>4</b>	<b>1,731.15</b>

Tax Code	Description	EIN	Period End	Due	Created	Deposited	Method	Type	Confirmation	Tax
FE0000-001	EE FWH	12-1234567	31-Mar-2012	16-Apr-2012	29-Mar-2012	16-Apr-2012	CHK	Deposit		1,376.76
FE0000-001	EE FWH								Total	1,376.76
OH0000-001	EE SWH	52-123456	31-Mar-2012	16-Apr-2012	29-Mar-2012	16-Apr-2012	CHK	Deposit		151.89
OH0000-001	EE SWH								Total	151.89
OH0000-010	ER SUI	1234567-12-1	31-Mar-2012	30-Apr-2012			CHK	Quarter		90.00
OH0000-010	ER SUI								Total	90.00
OH1098-001	Columbus, OH	123456789-W	31-Mar-2012	30-Apr-2012			CHK	Quarter		112.50
OH1098-001	Columbus, OH								Total	112.50

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
<b>FE0000-001</b> Employer's Quarterly Federal Tax Return	e-fileC.ems.irs.gov <b>e-File</b>	<b>N/ A</b>
<b>OH0000-010</b> Ohio Quarterly Contribution (SUI)	Ohio Department of Job & Family Services Contribution Section P.O. Box 182404 Columbus, OH 43218-2404 <b>Paper</b>	same as return <b>Paper</b>
<b>OH1098-001</b> Columbus Ohio Quarterly W/ H Return	Columbus City Treasurer Employer Withholding Tax PO Box 182489 Columbus, OH 43218-2489 <b>Paper</b>	<b>N/ A</b>

Employer identification number (EIN)

Name (not your trade name)

Trade name (If any)

Address   
Number Street Suite or room number

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](http://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 Wages, tips, and other compensation 2

3 Income tax withheld from wages, tips, and other compensation 3

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 .	<input type="text" value="4,500.00"/>	x .104 =	<input type="text" value="468.00"/>
5b Taxable social security tips .	<input type="text" value=".00"/>	x .104 =	<input type="text" value=".00"/>
5c Taxable Medicare wages & tips.	<input type="text" value="4,500.00"/>	x .029 =	<input type="text" value="130.50"/>

5d Add Column 2 line 5a, Column 2 line 5b, and Column 2 line 5c 5d

5e Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions) 5e

6 Total taxes before adjustments (add line 3, 5d, and 5e) 6

7 Current quarter's adjustment for fractions of cents 7

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

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

12a COBRA premium assistance payments (see instructions) 12a

12b Number of individuals provided COBRA premium assistance

13 Add lines 11 and 12a 13

14 Balance due. If line 10 is more than line 13, enter the difference and see instructions 14

15 Overpayment. If line 13 is more than line 10, enter the difference  Check one:  Apply to next return.  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: [X] 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. [ ] 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.

- [ ] 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. [ ]

[X] 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 Employer Copy

Print your title here Employer Copy

Date 03-29-2012

Best daytime phone 330 455-9218

Paid Preparer Use Only

Check 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  
**1234567-12-1**

Quarter  
**1**  
Contribution Rate  
**2.000**

Year  
**2012**

Employer Name  
**BOSTON TEA COMPANY  
1 CAPITOL SQUARE**

**COLUMBUS OH 43215**

PS4907 29-Mar-2012 15:35 43139

Amount Enclosed

\$ **90.00**

18. Wages Paid **4,500.00**

19. Taxable Wages (first 9,000 paid to each employee) **4,500.00**

20. Contribution Due (#19 x 2.000) **90.00**

21. Forfeiture Due (see instructions)

22. Interest Due (see instructions) **.00**

23. Credits **.00**

24. Total Amount Due (#20+21+22)-#23 **90.00**

17123456712101201200000000000000



**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES**

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



FOR 0034

**WAGE DETAIL**

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  
**XXX XX XXXX**  
**XXX XX XXXX**

12. Employee's Last Name  
**SUMMERS**  
**DROKE**

First Middle  
Initial Initial

13. Total Wages Paid This Quarter  
**2500.00**  
**2000.00**

14. Weeks  
**2**  
**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**  
Title \_\_\_\_\_ Date **03-29-2012**

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**

Please submit Form IT-9 for address changes.

DUE ON OR BEFORE  
**04-30-2012**

QUARTER ENDING  
**03-31-2012**

Check this box if **AMENDED**

Should this account be inactivated?  YES  NO

If YES, please explain \_\_\_\_\_ Effective date \_\_\_\_\_

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)									
<b>TOTAL</b>							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

***This form and Form IT-15  
may be electronically filed and paid at  
www.columbustax.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. Period  
 52 123456 70 12 1234567 MAR 2012

Do NOT fold check or voucher.

Boston Tea Company  
1 Capitol Square

Due On or Before:	Filing Status:
Apr 16, 2012	Monthly

Columbus OH 43215

1. Ohio Tax Withheld 151 89

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.

2. TOTAL DUE \$ 151.89

\_\_\_\_\_  
 Signature of responsible party Title  
 330 455-9218  
 Social security number Telephone number

**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.

Cut along dotted edge

Vendor's Registration Number	<b>MAS</b>
------------------------------	------------

52123456 7 030012 9 52123456 7 301



## 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**

<b>Tax Code/ Description</b>	<b>Tax</b>	<b>Taxable</b>	<b>Gross</b>	<b>YTD Tax</b>	<b>YTD Taxable</b>	<b>YTD Gross</b>
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