

Employer identification number (EIN) 23-2123901

Name (not your trade name) COURTESY TRAVEL, INC

Trade name (if any) _____

Address 1329 W. CHELTENHAM AVE. #101
ELKINS PARK, PA 19027

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	<u>8</u>
2	Wages, tips, and other compensation	2	<u>58980.00</u>
3	Federal income tax withheld from wages, tips, and other compensation	3	<u>4826.06</u>
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 <u>58980.00</u>	x 0.124 =	<u>7313.52</u>
5b	Taxable social security tips	x 0.124 =	
5c	Taxable Medicare wages & tips <u>58980.00</u>	x 0.029 =	<u>1710.42</u>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	x 0.009 =	
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<u>9023.94</u>
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	<u>13850.00</u>
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	<u>13850.00</u>
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	<u>13850.00</u>
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	<u>13850.00</u>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions.	14	<u>0</u>
15	Overpayment. If line 13 is more than line 12, enter the difference <u> </u> 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.

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Name (not your trade name)

COURTESY TRAVEL, INC

Employer identification number (EIN)

23-2123901

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 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

Print your title here

PRES.

Date

07/10/2019

Best daytime phone

CAA

B199412

NTF 2583146

9 9412

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

Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors
Calendar year 2019

Department of the Treasury -- Internal Revenue Service

OMB No. 1545-0029

970311

Report for this Quarter

Employer identification number 23-2123901

Name (not your trade name) COURTESY TRAVEL, INC

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. Enter your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

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

Month 1

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	1810.44
7		15	1810.44	23		31	
8		16		24			

Tax liability for Month 1

3620.88

Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15	2557.28	23		31	2557.28
8		16		24			

Tax liability for Month 2

5114.56

Month 3

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	2557.28
5		13		21		29	
6		14	2557.28	22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3

5114.56

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

13850.00

9 941B1
 NTF 2583141 B19941B

FILE QUARTERLY REPORT

Employer Name : COURTESY TRAVEL INC **Status :** Active
Employer Account : 86-17089_2 **FEIN :** 23-2123901 **Financing Method :** Contributory

Employer Report for Unemployment and Compensation-2nd Quarter 2019

You have successfully filed a Quarterly Report Please make a payment to complete filing

Your Confirmation Number: 000000041299116 **Transaction Date:** 07/16/2019

Note: You may print this screen for your records

Total covered employee(s) in pay period including 12th of Month:

April: 8 **May:** 6 **June:** 6

Employee Withholding Rate: 0.000600

Employer Contribution Rate: 0.023905

Total Gross Wages	\$	58,980.00
Employee Contributions Due:	\$	35.39
Total Taxable Wages:	\$	18,210.00
Employer Contributions Due:	\$	435.31
Interest Due:	\$	0.00
Penalty Due:	\$	0.00
<hr/>		
Total Amount Due:	\$	470.70
Available Credit:	\$	(0.00)
<hr/>		
Net Amount Due:	\$	470.70

File Another Report

Make Payment

[\[View Quarterly Report History\]](#)

(Make an online payment via ACH Debit, ACH Credit, Credit Card or print a voucher to mail a payment)

Print

Cancel

FILING HISTORY

Employer Name : COURTESY TRAVEL INC **Status :** Active
Employer Account : 86-17089 2 **FEIN :** 23-2123901 **Financing Method :** Contributory

Wage Details - 2nd Quarter 2019**Confirmation Number:** 41299116
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Transaction Date: 07/16/2019[Show Normal](#)**Effective Period:** 04/01/2019 to 06/30/2019

Total # of Employees: 8

SSN ▲	Last ▶	First ▶	MI	Suffix	Employee Name	Gross Wages	Taxable Wages	Credit Weeks
162626242	LEE	GRACE				\$13,230.00	\$0.00	13
162802861	CHOI	YONG	J			\$6,800.00	\$1,400.00	13
163784840	LEE	SEUNG	H			\$3,750.00	\$0.00	4
177820526	AN	GIL				\$4,130.00	\$4,130.00	13
190620555	CHO	SHAUN				\$17,500.00	\$0.00	13
472813792	LEE	YOO	J			\$5,810.00	\$4,920.00	13
647566535	KIM	INJI	C			\$590.00	\$590.00	2
689568329	KIM	WOOJO				\$7,170.00	\$7,170.00	13

[View Tax Summary](#)[View Payment History](#)**Back****Print****Cancel**