3000 W. Central Road, Suite 205 Rolling Meadows, IL 60008

Phone: 847/392-2848 Fax: 847/392-2870





To:	Mr. M Bell	From:	Tracey Crawford, Executive
			Director NWSRA
,	Internal Revenue Service	Phone:	847-392-2848
Fax:	(855) 619-4678	Fax:	855-248-7056
		Date:	1/19/2024
Re:	4 th quarter 2023 941 Quarter Tax Return	^{rly} Pages:	7



Employer identification number (EN) 3 6 - 3 0 5 9 9 2 4 Name (not your trade name) Northwest Special Recreation Association Trade name (if any) Address 3000 W Central Rd Ste 205 Number Street Suite or room number (EN) 4: October, November, Decreating Meadows City State ZP code Freign country name Freign province/country Freign country name Freign postal code State or room number Suite or room number EX 4: October, November, Decreating on twenty in the latest inform instructions and	ember action.
Name (not your trade name) Northwest Special Recreation Association Trade name (if any)	ation.
Trade name (if any) 2 April, May, June	ation.
St. July, August, September St.	ation.
Address 3000 W Central Rd Ste 205 Sulte or room number Street Sulte or room number Go to www.irs.gov/Form941 for instructions and the latest inform City State ZIP code City	ation.
Number Street Rolling Meadows IL 60008 State ZP code Foreign country name Foreign province/county Foreign postal code and the separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter. 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) Wages, tips, and other compensation Wages, tips, and other compensation Taxable social security wages* Social security wages* Nounce and the latest inform wages and the latest inform 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) Taxable social security wages, tips, and other compensation Column 1 Column 2 Social security wages* Nounce and the latest inform wages and the latest inform wages, information and the latest inform wages and the latest inform wages paid in part was and the latest inform wages paid in part wages and the latest inform wages and the latest information wages	ation.
Rolling Meadows Gity State State Foreign country name Foreign province/county Foreign prov	
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Taxable social security wages* . 853,693 and 41 x 0.124 = 105,857 and 98 *Include taxable qualified family leave wages paid in quarter of 2023 for leave tafter March 31, 2021, and October 1, 2021, on line 5 lines 5a(i) and 5a(i) only for qualified sick leave wages & tips . 857,502 and 27 x 0.029 = 24,867 and 5a(ii) only for leave taken after March 35. Taxable wages & tips subject to Additional Medicare Tax withholding	6 .
5a (i) Qualified sick leave wages*	
(i) Qualified sick leave wages*	
(ii) Qualified family leave wages* .	
Taxable social security tips	
Taxable Medicare wages & tips	ave
Taxable wages & tips subject to Additional Medicare Tax withholding Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d 130,72	31,
Additional Medicare Tax withholding × 0.009 = Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d 5e 130,72	
Total coolarsy and invested account 2 from most out, out, is out, out, out, is out, out, out, out, out, out, out, out,	
Total design cooling and insured account at column 2 norm into our, outry, our, out, out, out, out, out, out, out, out	5 . 5
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	5 . 5
7 Current quarter's adjustment for fractions of cents	
8 Current quarter's adjustment for sick pay	
o danon quarto o dajabanon loi dok pay	
9 Current quarter's adjustments for tips and group-term life insurance	
0 Total taxes after adjustments. Combine lines 6 through 9	5 _ 5
- Total water desiration common micro distribution of the common m	
1a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11a	
1b Nonrefundable portion of credit for qualified sick and family leave wages for leave taken	
before April 1, 2021	-
1c Reserved for future use	

	ot your trade name)						Employe	er iden	tification number (EIN)	
Northy		creation Associa					36	_ 3	3059924	
Part 1	Answer the	ese questions f	or this qu	arter. (continued)						
11d	Nonrefundable	portion of credi	t for quali	fied sick and fam	ilv leave wages	s for leave	taken	,		
		, 2021, and befor	-					11d		
								100		
11e	Reserved for fu	ature use						11e		
11f	Reserved for fu	uture use 🕠 👔	9	0 6 8 .	·					
								[- 15	
11g	Total nonrefun	dable credits. Ac	dd lines 11:	a, 11b, and 11d	• (25)		• (*)	11g		
12	Total taxes offe	ar adituetmente a	nd nonrof	undable credits.	Subtract line 11c	r from line	10 .	12	187,265	55
12	Total taxes are	er aujusurients a	na nonrei	ulidable credits.	Subtract line 11g	j irom iine	10 .	12	107,200	
13a	Total deposits	for this quarter,	including	overpayment ap	plied from a p	rior quarte	er and	ſ	107.025	0.4
	overpayments ap	oplied from Form 9	41-X, 941-ک	K (PR), 944-X, or 94	4-X (SP) filed in th	e current q	uarter	13a	187,235	84
401-	D							401		1135
13b	Reserved for TL	iture use						13b		
13c	Refundable po	rtion of credit f	or qualifie	ed sick and famil	ly leave wages	for leave	taken	ſ		
	before April 1,	2021		6 8 -	72	. 7	- 020	13c		
404	Decembed for 6	-t						13d	THE PROPERTY OF	1400
13d	Reserved for fu	nure use						ısaj		
13e	Refundable po	rtion of credit f	or qualifie	ed sick and famil	ly leave wages	for leave	taken	Ī		
	after March 31,	, 2021, and befor	re Octobe	r 1 , 2021 . 🍦 .	🐃	<u> </u>	. 020	13e		
13f	Reserved for fu	uture use			. 86 (6) 8 -	e e · ·	- (8)	13f		
								1		_
13g	Total deposits	and refundable	credits. Ad	dd lines 13a, 13c, a	and 13e	* * • •	(4)	13g	-	
13h	Decembed for fr	dura uca		e				13h	the state of the s	36.
1311	vezetaen tot in	iture use 🙃 .						IOII		
13i	Reserved for fu	uture use 🗼 .						13i		
14	Balance due. If	line 12 is more th	nan line 13	g, enter the differe	nce and see inst	tructions .		14	29.71	
								г		
15	Overpayment. If	line 13g is more th	an line 12,	enter the difference		-	Check o	one: [Apply to next return. Send a	refund.
Part 2	Tell us abo	out vour deposit	t scheduk	e and tax liability	for this quarte	er.				
1000		whether you're	a monthly	schedule denos	itor or a semiwe	ekly sche	dule de	eposi	tor, see section 11 of Pub.	15.
,		•	_	-		•		-		
16 C	heck one:	Line 12 on this	return is	less than \$2,500	or line 12 on the	ne return f tion during	or the i	prior	quarter was less than \$2,5 t quarter. If line 12 for the p	500, orior
		quarter was les	s than \$2,	500 but line 12 o	n this return is S	\$100,000	or more	, you	must provide a record of y	your
				u're a monthly so ositor, attach Sche				depos	sit schedule below; if you'r	re a
		•		•	•	•		tav li	ability for each month and t	total
		liability for the q	-	•	ior die endre di	uanuci. Liii	tei youi	tax II	ability for each month and t	iotai
			,			1			120	
		Tax liability:	Month 1							
		_	Mark 6			1				
			Month 2		-	1				
			Month 3							
						1 _				
	7	Total liability for	quarter		•	Total m	ust equ	al lin	e 12.	
	×		-	schedule deposite Semiweekly Sched		_		-	lete Schedule B (Form 941), 41. Go to Part 3.	,

You MUST complete all three pages of Form 941 and SIGN it.

Name (not your trade name)	Employer identification number (EIN) —
Part 3: Tell us about your business. If a question does NOT apply to your business	s, leave it blank.
17 If your business has closed or you stopped paying wages	
enter the final date you paid wages / / ; also attach a statement to	your return. See instructions.
18 If you're a seasonal employer and you don't have to file a return for every quarter of	of the year Check here.
19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April	1, 2021 19
20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April	11,2021 20
21 Reserved for future use	21
22 Reserved for future use	
23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1	, 2021 23
24 Qualified health plan expenses allocable to qualified sick leave wages reported on i	line 23 24
Amounts under certain collectively bargained agreements allocable to qualified leave wages reported on line 23	ed sick 25
26 Qualified family leave wages for leave taken after March 31, 2021, and before October	1, 2021 26
27 Qualified health plan expenses allocable to qualified family leave wages reported on	line 26 27
Amounts under certain collectively bargained agreements allocable to qualified leave wages reported on line 26	family
	20
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	is 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 all three pages of Form 941 and SIGN it. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a	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 inf	formation of which preparer has any knowledge.
Sign your Print your name here	racey Crawford
name here Print your title here	xecutive Director
due note	
Date / 1/912024 Best daytime pl	hone 847-392-2848
Paid Preparer Use Only	heck if you're 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

400

TAXPAYER NAME:

NORTHWEST SPECIAL RECREATION ASSN

TIN:

xxxx9924

Payment History

Your advanced search payment history is displayed at the bottom of this page.

PLEASE NOTE

- Only payments or scheduled transactions made through EFTPS will be reflected in the payment history. No IRS adjustments will be displayed.
- There may also be a delay before EFTPS payments are available in the official IRS records.

Search Results

Settlement Date	Initiation Date	Tax Form	Tax Period	Amount	Status
EFT Acknowledgment Nur	mber: 2704419 21684	009	•		
2024-01-19	2024-01-19	941	2023/Q4	565.12	Scheduled
EFT Acknowledgment Nur	mber: 2704419 9115 6	703	3D-	1/41	
2024-01-19	2024-01-19	941	2023/Q4	29.71	Scheduled
EFT Acknowledgment Nur	mber: 2704402 31928	777			
2024-01-02	2023-12-29	941	2023/Q4	23,985.00	Settled
EFT Acknowledgment Nur	mber: 2703752 34006	368	100		
2023-12-18	2023-12-15	941	2023/Q4	26,942.26	Settled
EFT Acknowledgment Nur	mber: 2703739 81935	230			
2023-12-05	2023-12-04	941	2023/Q4	27,844.04	Settled
EFT Acknowledgment Nur	mber: 27037381 0829	519			
2023-12-04	2023-12-01	941	2023/Q4	25,862.34	Settled
EFT Acknowledgment Nur	mber: 2703725 72818	299			
2023-11-21	2023-11-20	941	2023/Q4	27,166.22	Settled
EFT Acknowledgment Nur	mber: 2703717 82233	661			
2023-11-13	2023-11-12	941	2023/Q4	172.78	Settled
EFT Acknowledgment Nur	mber: 2703704 45472	533			
2023-10-31	2023-10-30	941	2023/Q3	777.38	Settled
EFT Acknowledgment Nur	mber: 2703698 83620	855			
2023-10-25	2023-10-25	941	2023/Q4	26,790.68	Settled
EFT Acknowledgment Nur	mber: 2703683 53520	621			
2023-10-10	2023-10-06	941	2023/Q4	27,130.02	Settled

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

Rev. January 2017)	Department of the Treasury — In	nternal Revenue Service	Report for this Quarter
Employer identification nur EIN)	mber 3 6 - 3 0 5	9 9 2 4	(Check one.)
Name (not your trade name)	Northwest Special Recreation Associ	ation	1: January, February, March 2: April, May, June
Calendar year	2 0 2 3	(Also check quarter)	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.

Tax liability for Month 1	_ 1	25		_	7		. [. [
				-	17	-	9	-	¹
53,920 _ ′		26			18		10	•	2
	-	27			19	-	11	-	3 _
	-	28	68	26,790 _	20		12	-	4
	•	29			21		13	27,115 02	5
	-	30			22		14	15 _ 00	6
		31			23	•	15	-	7
					24	•	16		8
			Lu	STATE OF STATE			_	2	lonth
Tax liability for Month 2	-	25	22	27,166	17		9		1 _
55183 _	-	26			4 18	173 . 14	10		2
		27			19	-	11	27,844 04	3
		28			20	-	12		4
	•	29		186	21		13		5
	•	30			22	-	14	•	6
	•	31			23		15		7
		Ē			24		16	-	8
		_						3	onth
Tax liability for Month 3		25			17	-	9	25,862.34 _	1
78131	-	26			18		10	•	2
		27	38	609	19		11	•	3
		28			20		12	26	4
	23,985.00	29	24	740	21	•	13	•	5
		30			22		14	-	6
		31			23	26,934.78	15	-	7
					10				-

For Paperwork Reduction Act Notice, see separate instructions.

Total must equal line 12 on Form 941 or Form 941-SS.

Cat. No. 11967Q

Schedule B (Form 941) (Rev. 1-2017)

187235



TAXPAYER NAME: NORTHWEST SPECIAL RECREATION ASSN

TIN: xxxxx9924

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	270441991156703				
Payment Information	Entered Data				
Taxpayer EIN	xxxxx9924				
Tax Form	941 Employers Federal Tax				
Тах Туре	Balance due on return or notice				
Tax Period	Q4/2023				
Payment Amount	\$29.71				
Settlement Date	01/19/2024				
Account Number	xxxxxx0119				
Account Type	CHECKING				
Routing Number	071925460				
Bank Name	VILLAGE BANK & TRUST, N.A.				