**Form 941 for 2022:** Employer’s QUARTERLY Federal Tax Return

**Employer identification number (EIN):** 38-6004534

**Name (not your trade name):** The City of Ann Arbor

**Address:**
- **PO Box 8647**
- **Ann Arbor, MI 48107-8647**

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**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) .......................................................... 1

2. **Wages, tips, and other compensation** ........................................... 2

3. **Federal 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**
   - **Taxable social security wages:**
     - 10,489,144
     - **65**
     - **65**

   - **Taxable Medicare wages & tips:**
     - 15,511,204
     - **54**
     - **0.029**

   **Column 2**
   - **1,300,653**
   - **94**
   - **449,824**
   - **93**

5e. **Total social security and Medicare taxes.** Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d .......................................................... 5e

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

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

11a. **Qualified small business payroll tax credit for increasing research activities.** Attach Form 8974 11a

11b. **Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021** .................. 11b

11c. **Reserved for future use** ..................................................................... 11c

**Report for this Quarter of 2022**
- **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.

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

Cat. No. 17001Z

Form 941 (Rev. 3-2022)
Part 1: Answer these questions for this quarter. (continued)

11d Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021.

11e Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarter).

11f Number of individuals provided COBRA premium assistance.

11g Total nonrefundable credits. Add lines 11a, 11b, 11d, and 11e.

12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10.

13a 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.

13b Reserved for future use.

13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021.

13d Reserved for future use.

13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021.

13f Refundable portion of COBRA premium assistance credit (see instructions for applicable quarter).

13g Total deposits and refundable credits. Add lines 13a, 13c, 13e, and 13f.

13h Reserved for future use.

13i Reserved for future use.

14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions.

15 Overpayment. If line 13g is more than line 12, enter the difference. Check one: [] Apply to next return. [] Send a refund.

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're 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're a monthly schedule depositor, complete the deposit schedule below; if you're 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.

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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. Go to Part 3.

You MUST complete all three pages of Form 941 and SIGN it.
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 / / ; 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 the year............................................................................................................................................................................................................................................................................................................ ☐ Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021

20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021

21 Reserved for future use

22 Reserved for future use

23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021

24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23

25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23

26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021

27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26

28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26

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 all three 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

Lassina Konate

Print your name here

Print your title here

Accountant III

Date 03 29 2022

Best daytime phone 734-794-6500, ext 45209

Paid Preparer Use Only

Preparer's name

Preparer's signature

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

Address

City State ZIP code

Check if you're self-employed

PTIN

Date / / EIN

Phone

Form 941 (Rev. 3-2022)
Schedule B (Form 941):
Report of Tax Liability for Semiweekly Schedule Depositors
(Rev. January 2017)

Employer identification number (EIN) 3 8 - 6 0 0 4 5 3 4
Name (not your trade name) The City of Ann Arbor
Calendar year 2 0 2 2 (Also check quarter)

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.

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Tax liability for Month 1
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Tax liability for Month 3
1,114,222 42

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
3,360,304 95

For Paperwork Reduction Act Notice, see separate instructions. IRS.gov/form941 Cat. No. 11967Q Schedule B (Form 941) (Rev. 1-2017)