Taxwright™

3209 W Smith Valley Rd Ste 232 Greenwood IN 46142
(317) 884-3103 Fax (317) 819-8401

May 27, 2021

To whom it may concern:

The following files represent the unaudited Income statements and Balance Sheets for Inspire Case Management Inc.

The period covered is the first quarter of 2021, first through fourth quarters of 2020, and the first through fourth quarters of 2019.

In addition, the Federal 941 Payroll reports for each quarter is included.

Sincerely,

Michael Wright

2021

Inspire Case Management

Profit and Loss

January - March, 2021

	TOTAL
Income	
Service income	236,156.25
Total Income	**$236,156.25**
GROSS PROFIT	**$236,156.25**
Expenses	
Accounting	950.25
Advertising & Marketing	83.12
Car & Truck	4,377.33
Gasoline	590.08
License/registration	811.85
Total Car & Truck	**5,779.26**
Client gifts	206.26
Insurance	1,462.48
Interest Paid	568.02
Job Supplies	42.79
Meeting Meals	228.62
Misc Fees	420.50
Office Supplies & Software	209.78
Other Business Expenses	57.59
Payroll Expenses	
Taxes	19,486.99
Wages	171,376.00
Total Payroll Expenses	**190,862.99**
Reimbursements	1,716.09
Shipping/postage	7.70
Taxes & Licenses	7,184.48
Travel	307.09
Utilities	14.95
Total Expenses	**$210,101.97**
NET OPERATING INCOME	**$26,054.28**
Other Expenses	
Donations	130.52
Total Other Expenses	**$130.52**
NET OTHER INCOME	**$ -130.52**
NET INCOME	**$25,923.76**

Inspire Case Management

Balance Sheet

As of March 31, 2021

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Operation (9283)	56,452.26
Taxes/Payroll (9270)	115,983.55
TOTAL BUS CHK (9531)	0.00
Total Bank Accounts	**$172,435.81**
Other Current Assets	
Payroll Refunds	1,931.26
Uncategorized Asset	0.00
Total Other Current Assets	**$1,931.26**
Total Current Assets	**$174,367.07**
Fixed Assets	
Vehicles	
2019 Toyota Camry	12,014.00
Accumulated Depreciation	-6,403.00
Total 2019 Toyota Camry	**5,611.00**
chevy Tahoe	53,265.68
toyota 4 runner	43,375.00
Total Vehicles	**102,251.68**
Total Fixed Assets	**$102,251.68**
TOTAL ASSETS	**$276,618.75**

Inspire Case Management

Balance Sheet

As of March 31, 2021

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	500.00
Total Accounts Payable	**$500.00**
Other Current Liabilities	
Payroll Liabilities	
Federal Taxes (941/944)	-42,905.81
Federal Unemployment (940)	12,734.34
IN Income / Local Taxes	816.39
IN Unemployment Tax	3,874.54
IRS refund	-38.12
LW--Cavalry SPV	14,174.67
Personal Auto	0.00
Total Payroll Liabilities	1,185.00
	-10,158.99
Repayment	
Payroll Advance Reimbursement	2,483.48
Total Repayment	**2,483.48**
Total Other Current Liabilities	**$ -7,675.51**
Total Current Liabilities	**$ -7,175.51**
Long-Term Liabilities	
GM financial Tahoe loan	58,312.46
toyota 4 runner loan	46,990.97
Toyota Loan	0.00
Total Long-Term Liabilities	**$105,303.43**
Total Liabilities	**$98,127.92**
Equity	
Opening Balance Equity	48,048.58
Owner's Investment	3,066.77
Owner's Pay & Personal Expenses	-19,508.53
Retained Earnings	120,960.25
Net Income	25,923.76
Total Equity	**$178,490.83**
TOTAL LIABILITIES AND EQUITY	**$276,618.75**

950121

Form **941 for 2021:** **Employer's QUARTERLY Federal Tax Return**
(Rev. March 2021) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)	82-5212194
Name *(not your trade name)*	Inspire Case Management Inc
Trade name *(if any)*	
Address	7862 W 950 N (Number, Street; Suite or room number)
City	Fairland
State	IN
ZIP code	46126
Foreign country name	
Foreign province/county	
Foreign postal code	

Report for this Quarter of 2021
(Check one.)

- [x] **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.

REV 04/20/21 OSP

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	15
2	Wages, tips, and other compensation	2	171,376.00
3	Federal income tax withheld from wages, tips, and other compensation	3	12,225.81
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	171,376.00	× 0.124 =	21,250.62
5a	(i) Qualified sick leave wages		× 0.062 =	
5a	(ii) Qualified family leave wages		× 0.062 =	
5b	Taxable social security tips		× 0.124 =	
5c	Taxable Medicare wages & tips	171,376.00	× 0.029 =	4,969.90
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =	

5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	26,220.52
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	38,446.33
7	Current quarter's adjustment for fractions of cents	7	0.04
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	38,446.37
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 from Worksheet 1	11b	
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	

Next ▶

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

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

Name *(not your trade name)*: Inspire Case Management Inc

Employer identification number (EIN): 82-5212194

Part 1: Answer these questions for this quarter. *(continued)*

11d	**Total nonrefundable credits.** Add lines 11a, 11b, and 11c	11d	
12	**Total taxes after adjustments and nonrefundable credits.** Subtract line 11d from line 10	12	38,446.37
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**	13a	38,446.37
13b	**Reserved for future use**	13b	
13c	**Refundable portion of credit for qualified sick and family leave wages from Worksheet 1**	13c	
13d	**Refundable portion of employee retention credit from Worksheet 1**	13d	
13e	**Total deposits and refundable credits.** Add lines 13a, 13c, and 13d	13e	38,446.37
13f	**Total advances received from filing Form(s) 7200 for the quarter**	13f	
13g	**Total deposits and refundable credits less advances.** Subtract line 13f from line 13e	13g	38,446.37
14	**Balance due.** If line 12 is more than line 13g, enter the difference and see instructions	14	
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.

Tax liability:	**Month 1**	12,412.84
	Month 2	12,699.90
	Month 3	13,333.63
Total liability for quarter		38,446.37 **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.**

REV 04/20/21 OSP

Next ▶

950921

Name *(not your trade name)*	Employer identification number (EIN)
Inspire Case Management Inc	82-5212194

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**	19	
20	**Qualified health plan expenses allocable to qualified family leave wages**	20	
21	**Qualified wages for the employee retention credit**	21	
22	**Qualified health plan expenses allocable to wages reported on line 21**	22	
23	**Credit from Form 5884-C, line 11, for this quarter**	23	
24	**Reserved for future use**	24	
25	**Reserved for future use**	25	

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 Michael Wright (317)620-1512

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. 92485

☐ No.

REV 04/20/21 OSP

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** _____ Print your name here _____

Print your title here _____

Date _____ Best daytime phone _____

Paid Preparer Use Only Check if you're self-employed . . . ☐

Preparer's name	Michael Wright	PTIN	P00018789
Preparer's signature		Date	
Firm's name (or yours if self-employed)	Taxwright Inc	EIN	35-2050476
Address	390 N Madison Ave Ste 103	Phone	(317)620-1512
City	Greenwood State IN	ZIP code	46142

2020

Inspire Case Management

Profit and Loss

January - March, 2020

	TOTAL
Income	
Service income	167,081.25
Total Income	**$167,081.25**
GROSS PROFIT	**$167,081.25**
Expenses	
Accounting	1,267.00
Advertising & Marketing	409.49
Bank Charges & Fees	1.00
Car & Truck	32.77
Gasoline	154.71
Total Car & Truck	**187.48**
Client gifts	180.12
Continuing education	10.00
Insurance	4,086.47
Legal & Professional Services	112.51
Meals & Entertainment	258.42
Meeting Meals	12.51
Mileage Reimbursement	8,096.86
Office Supplies & Software	448.64
Payroll Expenses	
Taxes	49,521.58
Wages	105,680.03
Total Payroll Expenses	**155,201.61**
Total Expenses	**$170,272.11**
NET OPERATING INCOME	**$ -3,190.86**
Other Expenses	
Donations	428.30
Total Other Expenses	**$428.30**
NET OTHER INCOME	**$ -428.30**
NET INCOME	**$ -3,619.16**

Inspire Case Management

Balance Sheet

As of March 31, 2020

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Operation (9283)	5,228.28
Payroll/Taxes (deleted)	100.00
Taxes/Payroll (9270)	45,919.33
TOTAL BUS CHK (9531)	0.00
Total Bank Accounts	**$51,247.61**
Other Current Assets	
Uncategorized Asset	0.00
Total Other Current Assets	**$0.00**
Total Current Assets	**$51,247.61**
Fixed Assets	
Vehicles	
2019 Toyota Camry	32,014.00
Accumulated Depreciation	-6,403.00
Total 2019 Toyota Camry	**25,611.00**
Total Vehicles	**25,611.00**
Total Fixed Assets	**$25,611.00**
TOTAL ASSETS	**$76,858.61**

Inspire Case Management

Balance Sheet

As of March 31, 2020

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	8,096.86
Total Accounts Payable	**$8,096.86**
Other Current Liabilities	
Payroll Liabilities	0.00
Federal Taxes (941/944)	6,000.23
Federal Unemployment (940)	584.01
IN Income / Local Taxes	2,281.14
IN Unemployment Tax	-4,493.83
Total Payroll Liabilities	**4,371.55**
Repayment	
Payroll Advance Reimbursement	1,488.48
Total Repayment	**1,488.48**
Total Other Current Liabilities	**$5,860.03**
Total Current Liabilities	**$13,956.89**
Long-Term Liabilities	
Toyota Loan	26,749.15
Total Long-Term Liabilities	**$26,749.15**
Total Liabilities	**$40,706.04**
Equity	
Opening Balance Equity	48,148.58
Owner's Investment	3,066.77
Owner's Pay & Personal Expenses	-9,223.91
Retained Earnings	-2,219.71
Net Income	-3,619.16
Total Equity	**$36,152.57**
TOTAL LIABILITIES AND EQUITY	**$76,858.61**

Inspire Case Management

Profit and Loss

April - June, 2020

	TOTAL
Income	
Service income	185,943.75
Total Income	**$185,943.75**
GROSS PROFIT	**$185,943.75**
Expenses	
Accounting	950.25
Advertising & Marketing	29.97
Bank Charges & Fees	1.50
Car & Truck	
Gasoline	141.62
Total Car & Truck	**141.62**
Insurance	363.51
Job Supplies	853.90
Mileage Reimbursement	1,979.17
Office Supplies & Software	118.30
Payroll Expenses	
Taxes	39,675.52
Wages	107,344.51
Total Payroll Expenses	**147,020.03**
Reimbursable Expenses	25.90
Rent & Lease	80.00
Taxes & Licenses	31.00
Utilities	82.32
Total Expenses	**$151,677.47**
NET OPERATING INCOME	**$34,266.28**
NET INCOME	**$34,266.28**

Inspire Case Management

Balance Sheet

As of June 30, 2020

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Operation (9283)	19,817.85
Payroll/Taxes (deleted)	100.00
Taxes/Payroll (9270)	59,686.32
TOTAL BUS CHK (9531)	0.00
Total Bank Accounts	**$79,604.17**
Other Current Assets	
Payroll Refunds	1,931.26
Uncategorized Asset	0.00
Total Other Current Assets	**$1,931.26**
Total Current Assets	**$81,535.43**
Fixed Assets	
Vehicles	
2019 Toyota Camry	32,014.00
Accumulated Depreciation	-6,403.00
Total 2019 Toyota Camry	**25,611.00**
Total Vehicles	**25,611.00**
Total Fixed Assets	**$25,611.00**
TOTAL ASSETS	**$107,146.43**

Inspire Case Management

Balance Sheet

As of June 30, 2020

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	9,888.95
Total Accounts Payable	**$9,888.95**
Other Current Liabilities	
Payroll Liabilities	-3,985.93
Federal Taxes (941/944)	6,000.23
Federal Unemployment (940)	584.01
IN Income / Local Taxes	2,281.14
IN Unemployment Tax	-4,493.83
Total Payroll Liabilities	**385.62**
Repayment	
Payroll Advance Reimbursement	1,488.48
Total Repayment	**1,488.48**
Total Other Current Liabilities	**$1,874.10**
Total Current Liabilities	**$11,763.05**
Long-Term Liabilities	
Toyota Loan	25,249.15
Total Long-Term Liabilities	**$25,249.15**
Total Liabilities	**$37,012.20**
Equity	
Opening Balance Equity	48,148.58
Owner's Investment	3,066.77
Owner's Pay & Personal Expenses	-9,508.53
Retained Earnings	-2,219.71
Net Income	30,647.12
Total Equity	**$70,134.23**
TOTAL LIABILITIES AND EQUITY	**$107,146.43**

Inspire Case Management

Profit and Loss

July - September, 2020

	TOTAL
Income	
Service income	218,237.50
Total Income	**$218,237.50**
GROSS PROFIT	**$218,237.50**
Expenses	
Accounting	950.25
Advertising & Marketing	503.16
Car & Truck	
Gasoline	180.41
Total Car & Truck	**180.41**
Insurance	363.51
Job Supplies	115.58
Legal & Professional Services	165.08
Meals & Entertainment	310.79
Meeting Meals	215.33
Mileage Reimbursement	2,909.83
Office Supplies & Software	2,130.29
Other Business Expenses	7.00
Payroll Expenses	
Taxes	12,714.38
Wages	143,989.05
Total Payroll Expenses	**156,703.43**
Reimbursements	2,952.74
Rent & Lease	36.00
Utilities	29.90
Total Expenses	**$167,573.30**
NET OPERATING INCOME	**$50,664.20**
NET INCOME	**$50,664.20**

Inspire Case Management

Balance Sheet

As of September 30, 2020

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Operation (9283)	46,599.33
Payroll/Taxes (deleted)	100.00
Taxes/Payroll (9270)	95,288.51
TOTAL BUS CHK (9531)	0.00
Total Bank Accounts	**$141,987.84**
Other Current Assets	
Payroll Refunds	1,931.26
Uncategorized Asset	0.00
Total Other Current Assets	**$1,931.26**
Total Current Assets	**$143,919.10**
Fixed Assets	
Vehicles	
2019 Toyota Camry	32,014.00
Accumulated Depreciation	-6,403.00
Total 2019 Toyota Camry	**25,611.00**
Total Vehicles	**25,611.00**
Total Fixed Assets	**$25,611.00**
TOTAL ASSETS	**$169,530.10**

Inspire Case Management

Balance Sheet

As of September 30, 2020

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	12,798.78
Total Accounts Payable	**$12,798.78**
Other Current Liabilities	
Payroll Liabilities	-6,088.93
Federal Taxes (941/944)	11,225.31
Federal Unemployment (940)	1,393.41
IN Income / Local Taxes	5,955.00
IN Unemployment Tax	-2,026.53
Personal Auto	237.00
Total Payroll Liabilities	**10,695.26**
Repayment	
Payroll Advance Reimbursement	1,488.48
Total Repayment	**1,488.48**
Total Other Current Liabilities	**$12,183.74**
Total Current Liabilities	**$24,982.52**
Long-Term Liabilities	
Toyota Loan	23,749.15
Total Long-Term Liabilities	**$23,749.15**
Total Liabilities	**$48,731.67**
Equity	
Opening Balance Equity	48,148.58
Owner's Investment	3,066.77
Owner's Pay & Personal Expenses	-9,508.53
Retained Earnings	-2,219.71
Net Income	81,311.32
Total Equity	**$120,798.43**
TOTAL LIABILITIES AND EQUITY	**$169,530.10**

Inspire Case Management

Profit and Loss

October - December, 2020

	TOTAL
Income	
Service income	233,653.75
Total Income	**$233,653.75**
GROSS PROFIT	**$233,653.75**
Expenses	
Accounting	950.25
Advertising & Marketing	172.51
Car & Truck	
Gasoline	144.22
License/registration	256.35
Total Car & Truck	**400.57**
CPR	12.95
Insurance	363.50
Interest Paid	781.85
Legal & Professional Services	58.27
Meals & Entertainment	616.55
Meeting Meals	87.98
Mileage Reimbursement	-12,985.86
Office Supplies & Software	1,051.63
Payroll Expenses	
Taxes	12,923.66
Wages	163,912.00
Total Payroll Expenses	**176,835.66**
Reimbursements	5,059.68
Taxes & Licenses	16,821.59
Utilities	1,400.85
Total Expenses	**$191,627.98**
NET OPERATING INCOME	**$42,025.77**
NET INCOME	**$42,025.77**

Inspire Case Management

Balance Sheet

As of December 31, 2020

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Operation (9283)	51,524.50
Payroll/Taxes (deleted)	100.00
Taxes/Payroll (9270)	91,583.22
TOTAL BUS CHK (9531)	0.00
Total Bank Accounts	**$143,207.72**
Other Current Assets	
Payroll Refunds	1,931.26
Uncategorized Asset	0.00
Total Other Current Assets	**$1,931.26**
Total Current Assets	**$145,138.98**
Fixed Assets	
Vehicles	
2019 Toyota Camry	32,014.00
Accumulated Depreciation	-6,403.00
Total 2019 Toyota Camry	**25,611.00**
Total Vehicles	**25,611.00**
Total Fixed Assets	**$25,611.00**
TOTAL ASSETS	**$170,749.98**

Inspire Case Management

Balance Sheet

As of December 31, 2020

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	0.00
Total Accounts Payable	**$0.00**
Other Current Liabilities	
Payroll Liabilities	-31,410.81
Federal Taxes (941/944)	12,529.12
Federal Unemployment (940)	160.47
IN Income / Local Taxes	3,855.27
IN Unemployment Tax	-2,163.12
LW--Cavalry SPV	0.00
Personal Auto	592.50
Total Payroll Liabilities	**-16,436.57**
Repayment	
Payroll Advance Reimbursement	1,488.48
Total Repayment	**1,488.48**
Total Other Current Liabilities	**$ -14,948.09**
Total Current Liabilities	**$ -14,948.09**
Long-Term Liabilities	
Toyota Loan	23,031.00
Total Long-Term Liabilities	**$23,031.00**
Total Liabilities	**$8,082.91**
Equity	
Opening Balance Equity	48,148.58
Owner's Investment	3,066.77
Owner's Pay & Personal Expenses	-9,508.53
Retained Earnings	-2,376.84
Net Income	123,337.09
Total Equity	**$162,667.07**
TOTAL LIABILITIES AND EQUITY	**$170,749.98**

C01-9966P 04/10/20 02:11:04.38 p

Form **941 for 2020: Employer's QUARTERLY Federal Tax Return** 1148 970117

(Rev. January 2020) Department of the Treasury — Internal Revenue Service OMB No. 1545-0029

Employer identification number (EIN) 82-5212194

Name *(not your trade name)* INSPIRE CASE MANAGEMENT INC

Trade name *(if any)*

Address 7862 W 950 N

FAIRLAND, IN 46126

Report for this Quarter of 2020 (Check one.)

- [X] 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	11
2	Wages, tips, and other compensation	2	120,682.00
3	Federal income tax withheld from wages, tips, and other compensation	3	9,695.73
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	120,682.00	x 0.124 =	14,964.57
5b	Taxable social security tips		x 0.124 =	
5c	Taxable Medicare wages & tips	120,682.00	x 0.029 =	3,499.78
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	18,464.35
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	28,160.08
7	Current quarter's adjustment for fractions of cents	7	0.17
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	28,160.25
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	28,160.25
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	28,160.25
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	
15	Overpayment. If line 13 is more than line 12, enter the difference		Check one: [ ] Apply to next return. [ ] Send a refund.

Next ➡

▶ You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher. CAA B20941 NTF 2583732 0 9411 Form **941** (Rev. 1-2020)

Name (not your trade name) INSPIRE CASE MANAGEMENT INC

Employer identification number (EIN) 82-5212194

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 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** FILE COPY ONLY

Print your name here

Print your title here

Date

Best daytime phone

CAA B209412 NTF 2583733 0 9412

Paid Preparer Use Only

Check 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	

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1148

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

Department of the Treasury -- Internal Revenue Service

OMB No. 1545-0029 970311

Calendar year 2020

Employer identification number 82-5212194

Name (not your trade name) INSPIRE CASE MANAGEMENT INC

Report for this Quarter

- [X] 1: January, February, March
- [ ] 2: April, May, June
- [ ] 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. 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.

Month 1

1	9	17	25
2	10 9,185.07	18	26
3	11	19	27
4	12	20	28
5	13	21	29
6	14	22	30
7	15	23	31
8	16	24	

Tax liability for Month 1: 9,185.07

Month 2

1	9	17	25
2	10 9,305.14	18	26
3	11	19	27
4	12	20	28
5	13	21	29
6	14	22	30
7	15	23	31
8	16	24	

Tax liability for Month 2: 9,305.14

Month 3

1	9	17	25
2	10 9,670.04	18	26
3	11	19	27
4	12	20	28
5	13	21	29
6	14	22	30
7	15	23	31
8	16	24	

Tax liability for Month 3: 9,670.04

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Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total liability for the quarter: 28,160.25

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

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Form **941 for 2020: Employer's QUARTERLY Federal Tax Return** 1148 970120

(Rev. April 2020) Department of the Treasury — Internal Revenue Service OMB No. 1545-0029

Employer identification number (EIN) 82-5212194

Name *(not your trade name)* INSPIRE CASE MANAGEMENT INC

Trade name *(if any)*

Address 7862 W 950 N

FAIRLAND, IN 46126

Report for this Quarter of 2020 (Check one.)

- [ ] 1: January, February, March
- [X] 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: *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4)	1	0
2	Wages, tips, and other compensation	2	138,392.00
3	Federal income tax withheld from wages, tips, and other compensation	3	11,124.96
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	138,392.00	x 0.124 =	17,160.61
5a (i)	Qualified sick leave wages		x 0.062 =	
5a (ii)	Qualified family leave wages		x 0.062 =	
5b	Taxable social security tips		x 0.124 =	
5c	Taxable Medicare wages & tips	138,392.00	x 0.029 =	4,013.37
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		x 0.009 =	

5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	21,173.98
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	32,298.94
7	Current quarter's adjustment for fractions of cents	7	0.10
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	32,299.04
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 from Worksheet 1	11b	0.00
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	0.00

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

Name (not your trade name) INSPIRE CASE MANAGEMENT INC

Employer identification number (EIN) 82-5212194

Part 1: Answer these questions for this quarter. *(continued)*

11d	**Total nonrefundable credits.** Add lines 11a, 11b, and 11c	11d	0.00
12	**Total taxes after adjustments and nonrefundable credits.** Subtract line 11d from line 10	12	32,299.04
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**	13a	32,299.04
13b	**Deferred amount of the employer share of social security tax**	13b	0.00
13c	**Refundable portion of credit for qualified sick and family leave wages from Worksheet 1**	13c	0.00
13d	**Refundable portion of employee retention credit from Worksheet 1**	13d	0.00
13e	**Total deposits, deferrals, and refundable credits.** Add lines 13a, 13b, 13c, and 13d	13e	32,299.04
13f	**Total advances received from filing Form(s) 7200 for the quarter**	13f	0.00
13g	**Total deposits, deferrals, and refundable credits less advances.** Subtract line 13f from line 13e	13g	32,299.04
14	**Balance due.** If line 12 is more than line 13g, enter the difference and see instructions	14	

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.

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. Go to Part 3.

▶ **You MUST complete all three pages of Form 941 and SIGN it.** Next ➡

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, 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	19	0.00
20	Qualified health plan expenses allocable to qualified family leave wages	20	0.00
21	Qualified wages for the employee retention credit	21	0.00
22	Qualified health plan expenses allocable to wages reported on line 21	22	0.00
23	Credit from Form 5884-C, line 11, for this quarter	23	0.00
24	Qualified wages paid March 13 through March 31, 2020, for the employee retention credit (use this line only for the second quarter filing of Form 941)	24	0.00
25	Qualified health plan expenses allocable to wages reported on line 24 (use this line only for the second quarter filing of Form 941)	25	0.00

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: FILE COPY ONLY

Print your name here ____

Print your title here ____

Date ____

Best daytime phone ____

Paid Preparer Use Only

Check 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 ____

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1148

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

Department of the Treasury -- Internal Revenue Service

OMB No. 1545-0029 970311

Calendar year 2020

Employer identification number 82-5212194

Name (not your trade name) INSPIRE CASE MANAGEMENT INC

Report for this Quarter

- [ ] 1: January, February, March
- [X] 2: April, May, June
- [ ] 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. 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.

Month 1

1	9	17	25
2	10 9,808.78	18	26
3	11	19	27
4	12	20	28
5	13	21	29
6	14	22	30
7	15	23	31
8	16	24	

Tax liability for Month 1: 9,808.78

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	23	31
8 11,115.74	16	24	

Tax liability for Month 2: 11,115.74

Month 3

1	9	17	25
2	10 11,374.52	18	26
3	11	19	27
4	12	20	28
5	13	21	29
6	14	22	30
7	15	23	31
8	16	24	

Tax liability for Month 3: 11,374.52

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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: 32,299.04

Form **941 for 2020: Employer's QUARTERLY Federal Tax Return**
(Rev. July 2020) Department of the Treasury — Internal Revenue Service

950120
OMB No. 1545-0029

Employer identification number (EIN): 82-5212194

Name (not your trade name): Inspire Case Management Inc

Trade name (if any):

Address: 7862 W 950 N
Number Street Suite or room number

Fairland | IN | 46126
City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Report for this Quarter of 2020
(Check one.)

- [ ] 1: January, February, March
- [ ] 2: April, May, June
- [x] 3: July, August, September
- [ ] 4: October, November, December

Go to *www.irs.gov/Form941* for instructions and the latest information.

REV 10/16/20 OSP

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: *Sept. 12* (Quarter 3) or *Dec. 12* (Quarter 4)	1	13
2	Wages, tips, and other compensation	2	149,768.00
3	Federal income tax withheld from wages, tips, and other compensation	3	11,919.96
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	149,768.00	× 0.124 =	18,571.23
5a (i)	Qualified sick leave wages		× 0.062 =	
5a (ii)	Qualified family leave wages		× 0.062 =	
5b	Taxable social security tips		× 0.124 =	
5c	Taxable Medicare wages & tips	149,768.00	× 0.029 =	4,343.27
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =	

5e	**Total social security and Medicare taxes.** Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	22,914.50
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	34,834.46
7	Current quarter's adjustment for fractions of cents	7	0.06
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	34,834.52
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 from Worksheet 1	11b	
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	

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

950220

Name *(not your trade name)*	Employer identification number (EIN)
Inspire Case Management Inc	82-5212194

Part 1: Answer these questions for this quarter. *(continued)*

11d	**Total nonrefundable credits.** Add lines 11a, 11b, and 11c	11d	
12	**Total taxes after adjustments and nonrefundable credits.** Subtract line 11d from line 10	12	34,834.52
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**	13a	34,834.52
13b	**Deferred amount of social security tax**	13b	
13c	**Refundable portion of credit for qualified sick and family leave wages from Worksheet 1**	13c	
13d	**Refundable portion of employee retention credit from Worksheet 1**	13d	
13e	**Total deposits, deferrals, and refundable credits.** Add lines 13a, 13b, 13c, and 13d	13e	34,834.52
13f	**Total advances received from filing Form(s) 7200 for the quarter**	13f	
13g	**Total deposits, deferrals, and refundable credits less advances.** Subtract line 13f from line 13e	13g	34,834.52
14	**Balance due.** If line 12 is more than line 13g, enter the difference and see instructions	14	

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.

Tax liability:	**Month 1**	11,429.46
	Month 2	11,580.46
	Month 3	11,824.60
Total liability for quarter		34,834.52

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.**

REV 10/16/20 OSP

Next ▶

952920

Name (not your trade name)	Employer identification number (EIN)
Inspire Case Management Inc	82-5212194

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**	19	
20	**Qualified health plan expenses allocable to qualified family leave wages**	20	
21	**Qualified wages for the employee retention credit**	21	
22	**Qualified health plan expenses allocable to wages reported on line 21**	22	
23	**Credit from Form 5884-C, line 11, for this quarter**	23	
24	**Deferred amount of the employee share of social security tax included on line 13b**	24	
25	**Reserved for future use**	25	

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 Michael Wright (317)620-1512

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. 92485

☐ No.

REV 10/16/20 OSP

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** ____ Print your name here ____ Print your title here ____

Date ____ Best daytime phone ____

Paid Preparer Use Only Check if you're self-employed . . . ☐

Preparer's name	Michael Wright	PTIN	P00018789
Preparer's signature		Date	
Firm's name (or yours if self-employed)	Taxwright Inc	EIN	35-2050476
Address	390 N Madison Ave Ste 103	Phone	(317)620-1512
City	Greenwood State IN	ZIP code	46142

Form **941 for 2020: Employer's QUARTERLY Federal Tax Return**
(Rev. July 2020) Department of the Treasury — Internal Revenue Service

950120
OMB No. 1545-0029

Employer identification number (EIN): 82-5212194

Name (not your trade name): Inspire Case Management Inc

Trade name (if any):

Address: 7862 W 950 N
Number Street Suite or room number

Fairland | IN | 46126
City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Report for this Quarter of 2020
(Check one.)

- [ ] 1: January, February, March
- [ ] 2: April, May, June
- [ ] 3: July, August, September
- [x] 4: October, November, December

Go to *www.irs.gov/Form941* for instructions and the latest information.

REV 01/26/21 OSP

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: *Sept. 12* (Quarter 3) or *Dec. 12* (Quarter 4)	1	17
2	Wages, tips, and other compensation	2	163,912.00
3	Federal income tax withheld from wages, tips, and other compensation	3	12,272.24
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	163,912.00	× 0.124 =	20,325.09
5a	(i) Qualified sick leave wages		× 0.062 =	
5a	(ii) Qualified family leave wages		× 0.062 =	
5b	Taxable social security tips		× 0.124 =	
5c	Taxable Medicare wages & tips	163,912.00	× 0.029 =	4,753.45
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =	

5e	**Total social security and Medicare taxes.** Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	25,078.54
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	37,350.78
7	Current quarter's adjustment for fractions of cents	7	-0.04
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	37,350.74
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 from Worksheet 1	11b	
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	

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

950220

Name *(not your trade name)*	Employer identification number (EIN)
Inspire Case Management Inc	82-5212194

Part 1: Answer these questions for this quarter. *(continued)*

11d	**Total nonrefundable credits.** Add lines 11a, 11b, and 11c	11d	
12	**Total taxes after adjustments and nonrefundable credits.** Subtract line 11d from line 10	12	37,350.74
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**	13a	37,350.74
13b	**Deferred amount of social security tax**	13b	
13c	**Refundable portion of credit for qualified sick and family leave wages from Worksheet 1**	13c	
13d	**Refundable portion of employee retention credit from Worksheet 1**	13d	
13e	**Total deposits, deferrals, and refundable credits.** Add lines 13a, 13b, 13c, and 13d	13e	37,350.74
13f	**Total advances received from filing Form(s) 7200 for the quarter**	13f	
13g	**Total deposits, deferrals, and refundable credits less advances.** Subtract line 13f from line 13e	13g	37,350.74
14	**Balance due.** If line 12 is more than line 13g, enter the difference and see instructions	14	

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.

Tax liability:	**Month 1**	12,031.38
	Month 2	12,190.95
	Month 3	13,128.41
Total liability for quarter		37,350.74 **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.**

REV 01/26/21 OSP

Next ▶

952920

Name (not your trade name)	Employer identification number (EIN)
Inspire Case Management Inc	82-5212194

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	19	
20	Qualified health plan expenses allocable to qualified family leave wages	20	
21	Qualified wages for the employee retention credit	21	
22	Qualified health plan expenses allocable to wages reported on line 21	22	
23	Credit from Form 5884-C, line 11, for this quarter	23	
24	Deferred amount of the employee share of social security tax included on line 13b	24	
25	Reserved for future use	25	

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 Michael Wright (317)620-1512

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. 92485

☐ No.

REV 01/26/21 OSP

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.

Sign your name here ____ Print your name here ____ Print your title here ____

Date ____ Best daytime phone ____

Paid Preparer Use Only Check if you're self-employed . . . ☐

Preparer's name	Michael Wright	PTIN	P00018789
Preparer's signature		Date	
Firm's name (or yours if self-employed)	Taxwright Inc	EIN	35-2050476
Address	390 N Madison Ave Ste 103	Phone	(317)620-1512
City	Greenwood State IN	ZIP code	46142

Instructions for E-Filing Form 941

Quarterly Federal Tax Return

File Form 941 quarterly to report wages paid to your employees and associated tax liabilities.

To file Form 941 electronically:

1. Review the account information on the completed form.

   If you need to edit any account information, such as your business address, you can do so in the **Setup** section. When you have saved your changes, return to e-file your 941. Also remember to complete the Federal Change of Address form. (Link easily to this form at the Help/Resources page or Help Index.)

2. Click the Submit button to file the form electronically.

You can view this form later by clicking "View forms you have saved" on the Quarterly Forms page.

If you want to file by paper this time:

Just uncheck the box next to "File Electronically," print the form, and follow the instructions.

2019

Inspire Case Management

Profit and Loss

January - March, 2019

	TOTAL
Income	
Service income	89,700.00
Total Income	**$89,700.00**
GROSS PROFIT	**$89,700.00**
Expenses	
Accounting	950.25
Advertising & Marketing	57.71
Car & Truck	
Mileage Reimbursement	5,845.52
Total Car & Truck	**5,845.52**
Job Supplies	1,519.38
Legal & Professional Services	244.62
Meals & Entertainment	227.00
Meeting Meals	73.66
Office Supplies & Software	278.22
Other Business Expenses	80.23
Payroll Expenses	
Taxes	5,122.07
Wages	55,370.00
Total Payroll Expenses	**60,492.07**
Reimbursable Expenses	14.00
Taxes & Licenses	2.00
Total Expenses	**$69,784.66**
NET OPERATING INCOME	**$19,915.34**
Other Expenses	
Donations	150.00
Total Other Expenses	**$150.00**
NET OTHER INCOME	**$ -150.00**
NET INCOME	**$19,765.34**

Inspire Case Management

Balance Sheet

As of March 31, 2019

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Inspire Case Management (deleted)	38,454.81
Payroll/Taxes (deleted)	100.00
Taxes/Payroll (9270)	9,900.00
TOTAL BUS CHK (9531)	2,671.96
Total Bank Accounts	**$51,126.77**
Total Current Assets	**$51,126.77**
Fixed Assets	
Vehicles	
2019 Toyota Camry	32,014.00
Total Vehicles	**32,014.00**
Total Fixed Assets	**$32,014.00**
TOTAL ASSETS	**$83,140.77**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	6,804.99
Total Accounts Payable	**$6,804.99**
Other Current Liabilities	
Payroll Liabilities	0.00
Federal Taxes (941/944)	3,289.12
Federal Unemployment (940)	929.76
IN Income / Local Taxes	588.13
IN Unemployment Tax	464.50
Total Payroll Liabilities	**5,271.51**
Total Other Current Liabilities	**$5,271.51**
Total Current Liabilities	**$12,076.50**
Long-Term Liabilities	
Toyota Loan	31,314.00
Total Long-Term Liabilities	**$31,314.00**
Total Liabilities	**$43,390.50**
Equity	
Opening Balance Equity	4,650.05
Owner's Investment	5,908.77
Owner's Pay & Personal Expenses	-7,190.64
Retained Earnings	16,616.75
Net Income	19,765.34
Total Equity	**$39,750.27**
TOTAL LIABILITIES AND EQUITY	**$83,140.77**

Inspire Case Management

Profit and Loss

April - June, 2019

	TOTAL
Income	
Service income	91,743.75
Total Income	**$91,743.75**
GROSS PROFIT	**$91,743.75**
Expenses	
Accounting	850.25
Advertising & Marketing	1,634.98
Car & Truck	
Gasoline	101.11
License/registration	303.43
Mileage Reimbursement	7,606.77
Total Car & Truck	**8,011.31**
Insurance	117.50
Job Supplies	117.95
Legal & Professional Services	180.45
Meals & Entertainment	153.34
Meeting Meals	59.60
Office Supplies & Software	394.76
Other Business Expenses	92.00
Payroll Expenses	
Taxes	6,336.91
Wages	76,070.00
Total Payroll Expenses	**82,406.91**
Total Expenses	**$94,019.05**
NET OPERATING INCOME	**$ -2,275.30**
Other Income	
Personal use of Company Vehicle	157.76
Total Other Income	**$157.76**
NET OTHER INCOME	**$157.76**
NET INCOME	**$ -2,117.54**

Inspire Case Management

Balance Sheet

As of June 30, 2019

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Inspire Case Management (deleted)	34,505.47
Payroll/Taxes (deleted)	100.00
Taxes/Payroll (9270)	9,900.00
TOTAL BUS CHK (9531)	3,366.04
Total Bank Accounts	**$47,871.51**
Total Current Assets	**$47,871.51**
Fixed Assets	
Vehicles	
2019 Toyota Camry	32,014.00
Total Vehicles	**32,014.00**
Total Fixed Assets	**$32,014.00**
TOTAL ASSETS	**$79,885.51**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	6,831.75
Total Accounts Payable	**$6,831.75**
Other Current Liabilities	
Payroll Liabilities	0.00
Federal Taxes (941/944)	4,868.17
Federal Unemployment (940)	21.30
IN Income / Local Taxes	2,143.39
IN Unemployment Tax	-104.34
Total Payroll Liabilities	**6,928.52**
Total Other Current Liabilities	**$6,928.52**
Total Current Liabilities	**$13,760.27**
Long-Term Liabilities	
Toyota Loan	30,314.00
Total Long-Term Liabilities	**$30,314.00**
Total Liabilities	**$44,074.27**
Equity	
Opening Balance Equity	4,650.05
Owner's Investment	5,908.77
Owner's Pay & Personal Expenses	-9,012.13
Retained Earnings	16,616.75
Net Income	17,647.80
Total Equity	**$35,811.24**
TOTAL LIABILITIES AND EQUITY	**$79,885.51**

Inspire Case Management

Profit and Loss

July - September, 2019

	TOTAL
Income	
Service income	61,743.75
Total Income	**$61,743.75**
GROSS PROFIT	**$61,743.75**
Expenses	
Accounting	950.25
Advertising & Marketing	701.69
Car & Truck	
Gasoline	98.72
Mileage Reimbursement	5,187.36
Total Car & Truck	**5,286.08**
Insurance	234.98
Job Supplies	7,273.82
Legal & Professional Services	41.27
Meals & Entertainment	104.17
Meeting Meals	228.73
Mileage Reimbursement	3,496.42
Office Supplies & Software	161.73
Payroll Expenses	
Taxes	7,172.53
Wages	84,957.00
Total Payroll Expenses	**92,129.53**
Reimbursable Expenses	11.00
Reimbursements	7,224.20
Uncategorized Expense	5,336.89
Total Expenses	**$123,180.76**
NET OPERATING INCOME	**$ -61,437.01**
Other Income	
Personal use of Company Vehicle	349.20
Total Other Income	**$349.20**
NET OTHER INCOME	**$349.20**
NET INCOME	**$ -61,087.81**

Inspire Case Management

Balance Sheet

As of September 30, 2019

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Inspire Case Management (deleted)	4,737.82
Operation (9283)	1,972.68
Payroll/Taxes (deleted)	100.00
Taxes/Payroll (9270)	23,156.32
TOTAL BUS CHK (9531)	3,366.04
Total Bank Accounts	**$33,332.86**
Other Current Assets	
Uncategorized Asset	-10,000.00
Total Other Current Assets	**$ -10,000.00**
Total Current Assets	**$23,332.86**
Fixed Assets	
Vehicles	
2019 Toyota Camry	32,014.00
Total Vehicles	**32,014.00**
Total Fixed Assets	**$32,014.00**
TOTAL ASSETS	**$55,346.86**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	5,998.32
Total Accounts Payable	**$5,998.32**
Other Current Liabilities	
Payroll Liabilities	0.00
Federal Taxes (941/944)	4,400.74
Federal Unemployment (940)	444.36
IN Income / Local Taxes	3,677.80
IN Unemployment Tax	-3,228.94
Total Payroll Liabilities	**5,293.96**
Total Other Current Liabilities	**$5,293.96**
Total Current Liabilities	**$11,292.28**
Long-Term Liabilities	
Toyota Loan	28,886.40
Total Long-Term Liabilities	**$28,886.40**
Total Liabilities	**$40,178.68**
Equity	
Opening Balance Equity	48,148.58
Owner's Investment	2,908.77
Owner's Pay & Personal Expenses	-9,065.91
Retained Earnings	16,616.75
Net Income	-43,440.01
Total Equity	**$15,168.18**
TOTAL LIABILITIES AND EQUITY	**$55,346.86**

Inspire Case Management

Profit and Loss

October - December, 2019

	TOTAL
Income	
Service income	160,162.50
Total Income	**$160,162.50**
GROSS PROFIT	**$160,162.50**
Expenses	
Advertising & Marketing	79.47
Car & Truck	19.70
Gasoline	30.00
License/registration	284.91
Mileage Reimbursement	5,129.88
Total Car & Truck	**5,464.49**
Insurance	352.47
Interest Paid	616.57
Job Supplies	894.60
Legal & Professional Services	764.25
Meeting Meals	491.21
Office Supplies & Software	1,660.87
Other Business Expenses	9.99
Payroll Expenses	
Taxes	8,955.35
Wages	109,898.00
Total Payroll Expenses	**118,853.35**
Reimbursable Expenses	919.99
Reimbursements	11,384.21
Taxes & Licenses	12.95
Total Expenses	**$141,504.42**
NET OPERATING INCOME	**$18,658.08**
Other Income	
Personal use of Company Vehicle	385.50
Total Other Income	**$385.50**
Other Expenses	
Depreciation Expense	6,403.00
Donations	29.12
Total Other Expenses	**$6,432.12**
NET OTHER INCOME	**$ -6,046.62**
NET INCOME	**$12,611.46**

Inspire Case Management

Balance Sheet

As of December 31, 2019

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Operation (9283)	11,333.88
Payroll/Taxes (deleted)	100.00
Taxes/Payroll (9270)	37,120.94
TOTAL BUS CHK (9531)	0.00
Total Bank Accounts	**$48,554.82**
Other Current Assets	
Uncategorized Asset	0.00
Total Other Current Assets	**$0.00**
Total Current Assets	**$48,554.82**
Fixed Assets	
Vehicles	
2019 Toyota Camry	32,014.00
Accumulated Depreciation	-6,403.00
Total 2019 Toyota Camry	**25,611.00**
Total Vehicles	**25,611.00**
Total Fixed Assets	**$25,611.00**
TOTAL ASSETS	**$74,165.82**

Inspire Case Management

Balance Sheet

As of December 31, 2019

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	284.91
Total Accounts Payable	**$284.91**
Other Current Liabilities	
Payroll Liabilities	0.00
Federal Taxes (941/944)	6,000.23
Federal Unemployment (940)	584.01
IN Income / Local Taxes	2,281.14
IN Unemployment Tax	-4,493.83
Total Payroll Liabilities	**4,371.55**
Repayment	
Payroll Advance Reimbursement	1,488.48
Total Repayment	**1,488.48**
Total Other Current Liabilities	**$5,860.03**
Total Current Liabilities	**$6,144.94**
Long-Term Liabilities	
Toyota Loan	28,249.15
Total Long-Term Liabilities	**$28,249.15**
Total Liabilities	**$34,394.09**
Equity	
Opening Balance Equity	48,148.58
Owner's Investment	2,908.77
Owner's Pay & Personal Expenses	-9,065.91
Retained Earnings	28,608.84
Net Income	-30,828.55
Total Equity	**$39,771.73**
TOTAL LIABILITIES AND EQUITY	**$74,165.82**

950117

Form **941 for 2019:** **Employer's QUARTERLY Federal Tax Return**
(Rev. January 2019) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN): 82-5212194

Name (not your trade name): Inspire Case Management

Trade name (if any):

Address: 7862 W. 950 N
Number Street Suite or room number

Fairland — City
IN — State
46126 — ZIP code

Foreign country name
Foreign province/county
Foreign postal code

Report for this Quarter of 2019
(Check one.)

- [x] 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.

REV 04/02/19 OSP

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	6
2	Wages, tips, and other compensation	2	55,370.00
3	Federal income tax withheld from wages, tips, and other compensation	3	4,652.56
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	55,370.00	× 0.124 =	6,865.88
5b	Taxable social security tips		× 0.124 =	
5c	Taxable Medicare wages & tips	55,370.00	× 0.029 =	1,605.73
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =	

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	8,471.61
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	13,124.17
7	Current quarter's adjustment for fractions of cents	7	0.01
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	13,124.18
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	13,124.18
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	13,124.18
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	
15	Overpayment. If line 13 is more than line 12, 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. BAA

950217

Name *(not your trade name)*	Employer identification number (EIN)
Inspire Case Management	82-5212194

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**	3,717.27
	Month 2	4,395.41
	Month 3	5,011.50
Total liability for quarter		13,124.18 **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 the instructions for details.

☒ Yes. Designee's name and phone number Michael C Wright (317)620-1512

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. 92485

☐ No.

Part 5: **Sign here. You MUST complete both pages of Form 941 and SIGN it.** REV 04/02/19 OSP

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

Date

Best daytime phone

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name	Michael C. Wright	PTIN	P00018789
Preparer's signature		Date	
Firm's name (or yours if self-employed)	Taxwright Inc	EIN	35-2050476
Address	390 N Madison Ave Ste 103	Phone	(317)620-1512
City	Greenwood State IN	ZIP code	46142

950117

Form **941 for 2019:** **Employer's QUARTERLY Federal Tax Return**
(Rev. January 2019) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)	82-5212194
Name *(not your trade name)*	Inspire Case Management
Trade name *(if any)*	
Address	7862 W. 950 N (Number Street) — Suite or room number
	Fairland (City) — IN (State) — 46126 (ZIP code)
	Foreign country name — Foreign province/county — Foreign postal code

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.

REV 07/09/19 OSP

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	7
2	Wages, tips, and other compensation	2	76,070.00
3	Federal income tax withheld from wages, tips, and other compensation	3	6,664.74
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	76,070.00	× 0.124 =	9,432.68
5b	Taxable social security tips		× 0.124 =	
5c	Taxable Medicare wages & tips	76,070.00	× 0.029 =	2,206.03
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =	

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	11,638.71
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	18,303.45
7	Current quarter's adjustment for fractions of cents	7	0.01
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	18,303.46
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	18,303.46
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	18,303.46
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	
15	Overpayment. If line 13 is more than line 12, 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. BAA

950217

Name *(not your trade name)*	Employer identification number (EIN)
Inspire Case Management	82-5212194

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**	5,490.60
	Month 2	6,222.31
	Month 3	6,590.55
Total liability for quarter		18,303.46

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 the instructions for details.

☒ Yes. Designee's name and phone number Michael C Wright (317)620-1512

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. 92485

☐ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it. REV 07/09/19 OSP

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

Date

Best daytime phone

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name	Michael C. Wright	PTIN	P00018789
Preparer's signature		Date	
Firm's name (or yours if self-employed)	Taxwright Inc	EIN	35-2050476
Address	390 N Madison Ave Ste 103	Phone	(317)620-1512
City	Greenwood State IN	ZIP code	46142

Instructions for E-Filing Form 941

Quarterly Federal Tax Return

File Form 941 quarterly to report wages paid to your employees and associated tax liabilities.

To file Form 941 electronically:

1. Review the account information on the completed form.

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2. Click the Submit button to file the form electronically.

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950117

Form **941 for 2019: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2019) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)	82-5212194
Name *(not your trade name)*	Inspire Case Management Inc
Trade name *(if any)*	
Address	7862 W 950 N (Number, Street, Suite or room number)
	Fairland (City) IN (State) 46126 (ZIP code)
	Foreign country name / Foreign province/county / Foreign postal code

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.

REV 10/01/19 OSP

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	9
2	Wages, tips, and other compensation	2	90,257.00
3	Federal income tax withheld from wages, tips, and other compensation	3	7,637.42
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	90,257.00	× 0.124 =	11,191.87
5b	Taxable social security tips		× 0.124 =	
5c	Taxable Medicare wages & tips	90,257.00	× 0.029 =	2,617.45
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =	

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	13,809.32
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	21,446.74
7	Current quarter's adjustment for fractions of cents	7	0.02
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	21,446.76
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	21,446.76
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	21,446.76
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	
15	Overpayment. If line 13 is more than line 12, 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. BAA

950217

Name *(not your trade name)*	Employer identification number (EIN)
Inspire Case Management Inc	82-5212194

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**	7,012.59
	Month 2	7,014.48
	Month 3	7,419.69
Total liability for quarter		21,446.76

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 the instructions for details.

☒ Yes. Designee's name and phone number Michael Wright (317)620-1512

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. 92485

☐ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it. REV 10/01/19 OSP

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

Date

Best daytime phone

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name	Michael Wright	PTIN	P00018789
Preparer's signature		Date	
Firm's name (or yours if self-employed)	Taxwright Inc	EIN	35-2050476
Address	390 N Madison Ave Ste 103	Phone	(317)620-1512
City	Greenwood State IN	ZIP code	46142

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950117

Form **941 for 2019:** **Employer's QUARTERLY Federal Tax Return**
(Rev. January 2019) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)	82-5212194
Name *(not your trade name)*	Inspire Case Management Inc
Trade name *(if any)*	
Address	7862 W 950 N (Number, Street) — Suite or room number
	Fairland (City) — IN (State) — 46126 (ZIP code)
	Foreign country name — Foreign province/county — Foreign postal code

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.

REV 01/16/20 OSP

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	0
2	Wages, tips, and other compensation	2	109,898.00
3	Federal income tax withheld from wages, tips, and other compensation	3	9,407.04
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	109,898.00	× 0.124 =	13,627.35
5b	Taxable social security tips		× 0.124 =	
5c	Taxable Medicare wages & tips	109,898.00	× 0.029 =	3,187.04
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =	

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	16,814.39
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	26,221.43
7	Current quarter's adjustment for fractions of cents	7	0.01
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	26,221.44
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	26,221.44
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	26,221.44
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	
15	Overpayment. If line 13 is more than line 12, enter the difference		Check one: ☐ Apply to next return. ☐ Send a refund.

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950217

Name *(not your trade name)*	Employer identification number (EIN)
Inspire Case Management Inc	82-5212194

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☒ **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**	8,435.38
	Month 2	8,766.88
	Month 3	9,019.18
Total liability for quarter		26,221.44 **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.

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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 ☐

Date Best daytime phone ☐

Paid Preparer Use Only Check if you are self-employed . . . ☐

Preparer's name	Michael Wright	PTIN	P00018789
Preparer's signature		Date	
Firm's name (or yours if self-employed)	Taxwright Inc	EIN	35-2050476
Address	390 N Madison Ave Ste 103	Phone	(317)620-1512
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