



CITY OF FLORENCE

FLORENCE MUNICIPAL CENTER
600 West 3rd Street
Florence, Colorado 81226
(719) 784-4848 Fax (719) 784-0228
E-mail: cityofflorence@florencecolorado.org

March 4, 2022

Chelsea Brentzel
Chief Investigative Reporter
Pikes Peak Television
399 South 8th Street
Colorado Springs, CO 80905

Re: KRDO Request for COVID Sick Time Scheme

Dear Chelsea:

Enclosed is Finance Director Lori Cobler's detailed response to your request. I have keyed some short answers to your questions;

Why did they do this? The sick time in question was taken during March 2020 when the country was in the throes of responding to national government guidance, i.e. Dr. Fauci's suggestion that the entire country take two weeks off and stay home--in an attempt to stop/slow the virus. City employees were so instructed. Fremont County employees were also so instructed.

Did the city get reimbursement from the federal government for sick time? No

If not, why did the city deceive the taxpayers of Florence by making employees take off COVID sick time when they were not sick and could have been working on city business? Partially answered above. The City policy was as a result of national guidance.

Will there be any repercussions for those that continue to work in the City of Florence that were part of this scheme. While taking issue with the characterization of this policy as a "scheme," no repercussions will be forthcoming.

My understanding is there was a \$60,000 deficit related to prison water billing they were trying to makeup without "furloughing employees." Without more information it appears that the \$60,000 figure was a credit, not a delta.

Sincerely Yours,


Thomas H. Pitingsrud
Interim City Manager

cc: Council

In response to the recordings of the meeting with front office staff employees, that is indicating that now terminated city manager Mike Patterson and myself. I think that this is completely taken out of context and is reaching a conclusion without gathering all the facts.

In March 2020 we were reviewing the Families First Coronavirus Response Act (FFCRA), which provides paid sick time and paid FMLA leave. It was early in the pandemic and with our office being small and the information on the virus and how contagious it was, and the ever changing direction coming from local, state and federal public health officials. We were trying to combat the virus and the fear of an outbreak in our small office which appeared imminent. We were trying to keep the operations of the city continuing but also to not allow an outbreak in our employee's homes. Mr. Patterson had several conversations with department heads about how to keep the staff safe and how to maximize the work with a staff that needed to be social distancing. Mr. Patterson wanted to minimize staff time of working together so he originally thought that he could use FFCRA funds for payroll or at least a tax credit to offset the expense of the reduction of staff time working together. Mr. Patterson let me know that he would be giving everyone the 80 hours so that we could reduce staff and reduce the transmittal of the virus. At this time there was so much information coming out and updates regularly and most notably an email from Colorado Municipal League on 3/19/2020 stating an update and that they were advocating for local governments to get the credits (Attachment #1). The city of Florence never requested reimbursement for those paid days off in either tax credits or CVRF Funds (Attachment #2). As you can see in our 941 Quarterly tax filings for 2020 or in our Reimbursement requests for our CARES Funds. I only noted it on the spreadsheet for reference and NS means NOT SUBMITTED (Attachment #3). Mr. Patterson in his authority made the decision to keep staff to a minimum and use those hours which he thought would be reimbursable. As far as Mr. Patterson asking employees to wear masks in public he was an advocate for masks as to not spread the virus and he advocated social distancing.

As far as the recording Mike Patterson did bring the employees together in the front office, as that is the only one that I attended. He did speak with them about the schedule and how he was giving everyone the 80 hours that was to be paid. In reading the transcript that you provided, he speaks of the schedule and how this the citizens are losing services but we want everyone healthy so don't think of it like a party. He wanted to stress to employees to stay safe follow proper protocols for the virus.

As far as me speaking, I am talking about the new pay code that I have added so we can keep track of those hours, we have pay codes that differentiate where those hours are expensed, accrued or calculated. The calendar comment was to give the staff the ability to work out the schedule which best met their needs. The pay code is tied to annual pay and figured into those yearly reportable w2 wages.

(Attachments #4-#5)

As far as a deficit to the water billing, I have included the financial revenues with comparison to the budget for December of 2020 with the metered water items and it shows that there is not a deficit in fact it shows that the city is \$62,462.71 over budget projections. (Attachment #6)

Mr. Patterson did question an additional paid sick time with employees, and in reviewing the documentation the Paid Sick time was granted and it was not questioned going forward.

Once again, Mr. Patterson had to the authority to make the decision to minimize staff, he thought that this would be reimbursable, I found it to not be and did not request any reimbursements.

Some examples from the Treasury web page- that was referenced.

Nonexclusive examples of ineligible expenditures³

The following is a list of examples of costs that would not be eligible expenditures of payments from the Fund.

1. Expenses for the State share of Medicaid.
2. Damages covered by insurance.
3. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to Mitigating or responding to the COVID-19 public health emergency.

9b. Can government employers receive tax credits for providing paid leave wages under the FFCRA? (Updated January 28, 2021)

No. The Federal government, the governments of any State or political subdivision thereof, and any agencies or instrumentalities of those governments are not Eligible Employers and are not entitled to receive tax credits for providing paid leave wages under the EPSLA or Expanded FMLA.

However, for periods of leave between April 1, 2020 and December 31, 2020, under the Department of Labor (DOL) rules, non-federal public sector employers generally must provide paid sick and family leave wages under the EPSLA and Expanded FMLA, respectively, while federal public sector employers generally must provide paid sick leave wages under the EPSLA. (The requirement to provide paid leave under the EPSLA or Expanded FMLA for periods after December 31, 2020, was not extended by the COVID-related Tax Relief Act of 2020.) For more information on whether and to what extent public sector employers must provide paid leave wages under the EPSLA or Expanded FMLA, Families First Coronavirus Response Act: Questions and Answers, available at the DOL's website.

Attachment #1

Lori Cobler

From: Mike Patterson
Sent: Thursday, March 19, 2020 6:25 PM
To: Lori Cobler
Subject: Fwd: Federal Legislative Update: Families First Coronavirus Response Act

2 more weeks of sick leave for leave for employees.

Sent via the Samsung Galaxy S10e, an AT&T 5G Evolution capable smartphone
Get [Outlook for Android](#)

From: Colorado Municipal League <swerner@cml.org>
Sent: Thursday, March 19, 2020 5:27:32 PM
To: Mike Patterson <mike.patterson@florencecolorado.org>
Subject: Federal Legislative Update: Families First Coronavirus Response Act



COLORADO
MUNICIPAL
LEAGUE

303 831 6411 / 866 578 0936

303 860 8175

www.cml.org

1144 Sherman St., Denver, CO 80203

Federal Legislative Update: Families First Coronavirus Response Act

Late yesterday evening, President Trump signed the Families First Coronavirus Response Act (HR 6201). There are two major sections of the bill that need your urgent attention: emergency paid sick leave (subtitle division E) and the emergency FMLA expansion (subtitle division C):

Emergency Paid Sick Leave

The Act expands access to emergency paid sick leave to a specific set of employees, including those who work for local, state, or federal governments. Eligible full-time employees are entitled to two weeks (80 hours) of fully paid time off, up to \$511 per day, to self-quarantine, seek a diagnosis or preventive care, receive treatment for COVID-19, or care for a child due to a school or daycare closure due to COVID-19 precautions. Eligible part time employees are entitled to two weeks of paid time off at two thirds their

regular pay, up to \$200 per day, for the average number of hours worked in a two week time period to care for a family member or to care for a child whose school has closed, or if their child care provider is unavailable due to COVID-19.

Employers of employees who are health care providers or emergency responders may elect to exclude the employee from the application of this subsection.

Emergency Paid Family Leave

The Act ensures employees, including those who work for local, state, or federal governments, can care for their children by expanding FMLA. Full-time employees and part-time employees who have been on the job for at least 30 days are entitled to 12 weeks of job-protected leave **only** to take care for their children who are under the age of 18 in the event of a school closure or if their child care provider is unavailable due to a public health emergency. A public health emergency means a state of emergency declared by a federal, state, or local authority.

The 12 weeks of job-protected leave include two weeks of unpaid leave, followed by 10 weeks of paid leave. Eligible employees may elect or be required to overlap the initial two weeks of unpaid leave with two weeks of other paid leave they have available. Eligible employees will receive a benefit from their employers that will be no less than two-thirds of the employee's usual pay. The paid family leave pay is capped at \$200 per day or \$10,000 total.

Of note, the standard provisions of FMLA apply; this bill expands the two aforementioned sections to directly address concerns of workers during the current crisis.

Reimbursement

As it stands, this bill implements significant mandates on local governments as employers, but unfortunately, the bill expressly prohibits government employers from receiving the tax credits to offset the costs of providing such leave. Both the National League of Cities (NLC) and the Colorado Municipal League are advocating for credits to be given to local governments.

Please click [**here**](#) for a copy of NLC's letter to Congressional leadership. You may also consider sending an email or letter to Senators Bennet and Gardner, as well as your Member of Congress, urging them to incorporate the requested changes into the next round of COVID-19 relief legislation.

The bill goes into effect "no later than 15 days" after President Trump signed it into law, which means it will go into effect sometime on or before April 2, 2020. The bill has a sunset date of December 31, 2020, as it is meant to specifically address concerns around COVID-19.

Additional information on the leave provisions can be found on this [**factsheet**](#). A detailed breakdown of the entire bill, including other provisions, can be found on this [**factsheet**](#). Both documents are from the U.S. House of Representatives' Appropriations Committee staff.

CML will continue to apprise you of developments on this and other federal legislation that impacts municipalities. Please be aware that many additional resources for municipalities are available on **CML's COVID-19 resource page**.



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Colorado Municipal League | 1144 Sherman St., Denver, CO 80203 | 303 831 6411

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Attachment #2

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) 8 4 - 6 0 1 4 5 5 3

Name (not your trade name) City Of Florence

Trade name (if any)

Address 600 West 3rd Street

Number Street Suite or room number

Florence CO 81226

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
- ☒ 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: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4) | 1 | 41 |
| 2 | Wages, tips, and other compensation | 2 | 488991 82 |
| 3 | Federal income tax withheld from wages, tips, and other compensation | 3 | 37847 10 |
| 4 | If no wages, tips, and other compensation are subject to social security or Medicare tax | <input type="checkbox"/> Check and go to line 6. | |

| | Column 1 | | Column 2 |
|--|-------------------------------------|------------------|---------------------------------------|
| 5a Taxable social security wages | 359729 68 | $\times 0.124 =$ | 44606 48 |
| 5a (i) Qualified sick leave wages | 00 00 | $\times 0.062 =$ | 00 00 |
| 5a (ii) Qualified family leave wages | 00 00 | $\times 0.062 =$ | 00 00 |
| 5b Taxable social security tips | 00 00 | $\times 0.124 =$ | 00 00 |
| 5c Taxable Medicare wages & tips | 521242 13 | $\times 0.029 =$ | 15116 02 |
| 5d Taxable wages & tips subject to Additional Medicare Tax withholding | 00 00 | $\times 0.009 =$ | 00 00 |
| 5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d | | | 5e 59722 50 |
| 5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) | | | 5f 00 00 |
| 6 Total taxes before adjustments. Add lines 3, 5e, and 5f | | | 6 97569 60 |
| 7 Current quarter's adjustment for fractions of cents | | | 7 - 52 |
| 8 Current quarter's adjustment for sick pay | | | 8 00 00 |
| 9 Current quarter's adjustments for tips and group-term life insurance | | | 9 00 00 |
| 10 Total taxes after adjustments. Combine lines 6 through 9 | | | 10 97569 08 |
| 11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 | | | 11a 00 00 |
| 11b Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1 | | | 11b 00 00 |
| 11c Nonrefundable portion of employee retention credit from Worksheet 1 | | | 11c 00 00 |

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

Next ►

Name (not your trade name)

City Of Florence

Employer identification number (EIN)

84-6014553

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

| | | | |
|-----|---|-----|---|
| 11d | Total nonrefundable credits. Add lines 11a, 11b, and 11c | 11d | 00 . 00 |
| 12 | Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 | 12 | 97569 . 08 |
| 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 | 00 . 00 |
| 13b | Deferred amount of social security tax | 13b | 000 . 00 |
| 13c | Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 | 13c | 00 . 00 |
| 13d | Refundable portion of employee retention credit from Worksheet 1 | 13d | 00 . 00 |
| 13e | Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d | 13e | 00 . 00 |
| 13f | Total advances received from filing Form(s) 7200 for the quarter | 13f | 00 . 00 |
| 13g | Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e | 13g | 00 . 00 |
| 14 | Balance due. If line 12 is more than line 13g, enter the difference and see instructions | 14 | 97569 . 08 |
| 15 | Overpayment. If line 13g is more than line 12, enter the difference | | Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> 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 27328 . 26

Month 2 27092 . 23

Month 3 43148 . 59

Total liability for quarter 97569 . 08

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)

City Of Florence

84-6014553

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 00 . 00
- 20 Qualified health plan expenses allocable to qualified family leave wages 20 00 . 00
- 21 Qualified wages for the employee retention credit 21 00 . 00
- 22 Qualified health plan expenses allocable to wages reported on line 21 22 00 . 00
- 23 Credit from Form 5884-C, line 11, for this quarter 23 00 . 00
- 24 Deferred amount of the employee share of social security tax included on line 13b 24 00 . 00
- 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

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.



Sign your
name here

Lori Cobler

Print your
name here

Lori Cobler

Print your
title here

Finance Officer

Date

1/05/21

Best daytime phone

719-784-4848

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

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

sent 9/10/20 950120
OMB No. 1545-0029

Employer identification number (EIN) 8 4 - 6 0 1 4 5 5 3

Name (not your trade name) City Of Florence

Trade name (if any)

Address 600 West 3rd Street
Number Street Suite or room number

Florence CO 81226
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
☐ 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: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4) | 1 | 42 |
| 2 | Wages, tips, and other compensation | 2 | 514678 34 |
| 3 | Federal income tax withheld from wages, tips, and other compensation | 3 | 39886 09 |
| 4 | If no wages, tips, and other compensation are subject to social security or Medicare tax | <input type="checkbox"/> Check and go to line 6. | |

| | Column 1 | | Column 2 |
|---------|---|------------------|--|
| 5a | Taxable social security wages 396999 90 | $\times 0.124 =$ | 49227 99 |
| 5a (i) | Qualified sick leave wages 00 00 | $\times 0.062 =$ | 00 00 |
| 5a (ii) | Qualified family leave wages 00 00 | $\times 0.062 =$ | 00 00 |
| 5b | Taxable social security tips 00 00 | $\times 0.124 =$ | 00 00 |
| 5c | Taxable Medicare wages & tips 5547068 16 | $\times 0.029 =$ | 15864 98 |
| 5d | Taxable wages & tips subject to Additional Medicare Tax withholding 00 00 | $\times 0.009 =$ | 00 00 |
| 5e | Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d | | 5e 65092 97 |
| 5f | Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) | | 5f 00 00 |
| 6 | Total taxes before adjustments. Add lines 3, 5e, and 5f | | 6 104979 06 |
| 7 | Current quarter's adjustment for fractions of cents | | 7 - 19 |
| 8 | Current quarter's adjustment for sick pay | | 8 00 00 |
| 9 | Current quarter's adjustments for tips and group-term life insurance | | 9 00 00 |
| 10 | Total taxes after adjustments. Combine lines 6 through 9 | | 10 104978 87 |
| 11a | Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 | | 11a 00 00 |
| 11b | Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1 | | 11b 00 00 |
| 11c | Nonrefundable portion of employee retention credit from Worksheet 1 | | 11c 00 00 |

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

Next ▶▶

Name (not your trade name)

Employer identification number (EIN)

City Of Florence

84-6014553

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

- 11d Total nonrefundable credits. Add lines 11a, 11b, and 11c 11d 00 . 00
- 12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 12 104978 . 87
- 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 00 . 00
- 13b Deferred amount of social security tax 13b 00 . 00
- 13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 13c 00 . 00
- 13d Refundable portion of employee retention credit from Worksheet 1 13d 00 . 00
- 13e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d 13e 00 . 00
- 13f Total advances received from filing Form(s) 7200 for the quarter 13f 00 . 00
- 13g Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e 13g 00 . 00
- 14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions 14 104978 . 87
- 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 00 . 00

Month 2 00 . 00

Month 3 00 . 00

Total liability for quarter 00 . 00

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.

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City Of Florence

Employer identification number (EIN)

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- 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 00 . 00
- 20 Qualified health plan expenses allocable to qualified family leave wages 20 00 . 00
- 21 Qualified wages for the employee retention credit 21 00 . 00
- 22 Qualified health plan expenses allocable to wages reported on line 21 22 00 . 00
- 23 Credit from Form 5884-C, line 11, for this quarter 23 00 . 00
- 24 Deferred amount of the employee share of social security tax included on line 13b 24 00 . 00
- 25 Reserved for future use 25

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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

Lori Cobler

Print your
name here

Lori Cobler

Print your
title here

Finance Director

Date 10/12/2020

Best daytime phone 719-784-4848 Ext. 223

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

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

950120
OMB No. 1545-0029

Employer identification number (EIN) 8 4 - 6 0 1 4 5 5 3

Name (not your trade name) City Of Florence

Trade name (if any)

Address 600 West 3rd Street

Number Street Suite or room number

Florence CO 81226

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
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- 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: <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4) | 1 | 59 |
| 2 | Wages, tips, and other compensation | 2 | 402038 94 |
| 3 | Federal income tax withheld from wages, tips, and other compensation | 3 | 28349 17 |
| 4 | If no wages, tips, and other compensation are subject to social security or Medicare tax | <input type="checkbox"/> Check and go to line 6. | |

| | Column 1 | | Column 2 |
|--|-------------------------------------|------------------|------------------------------------|
| 5a Taxable social security wages | 315669 53 | $\times 0.124 =$ | 39143 02 |
| 5a (i) Qualified sick leave wages | 00 | $\times 0.062 =$ | 00 |
| 5a (ii) Qualified family leave wages | 00 | $\times 0.062 =$ | 00 |
| 5b Taxable social security tips | 00 | $\times 0.124 =$ | 00 |
| 5c Taxable Medicare wages & tips | 431706 56 | $\times 0.029 =$ | 12519 49 |
| 5d Taxable wages & tips subject to Additional Medicare Tax withholding | 00 | $\times 0.009 =$ | 00 |

| | | | |
|-----|---|-----|------------------------------------|
| 5e | Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d | 5e | 51662 51 |
| 5f | Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) | 5f | 00 |
| 6 | Total taxes before adjustments. Add lines 3, 5e, and 5f | 6 | 80011 68 |
| 7 | Current quarter's adjustment for fractions of cents | 7 | 11 |
| 8 | Current quarter's adjustment for sick pay | 8 | 00 |
| 9 | Current quarter's adjustments for tips and group-term life insurance | 9 | 00 |
| 10 | Total taxes after adjustments. Combine lines 6 through 9 | 10 | 80011 79 |
| 11a | Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 | 11a | 00 |
| 11b | Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1 | 11b | 00 |
| 11c | Nonrefundable portion of employee retention credit from Worksheet 1 | 11c | 00 |

► 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.

Cat. No. 17001Z

Form **941** (Rev. 4-2020)

Next ►

Name (not your trade name)

Employer identification number (EIN)

City Of Florence

84-6014553

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
- 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
- 13b Deferred amount of the employer share 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
- 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
- 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)

City Of Florence

Employer identification number (EIN)

84-6014553

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 00
- 20 Qualified health plan expenses allocable to qualified family leave wages 20 00
- 21 Qualified wages for the employee retention credit 21 00
- 22 Qualified health plan expenses allocable to wages reported on line 21 22 00
- 23 Credit from Form 5884-C, line 11, for this quarter 23 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 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 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

Lori Cobler

719-784-4848

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

 8 1 2 2 6

☐ 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.



Sign your name here

Lori Cobler

Print your name here

Lori Cobler

Print your title here

Finance Officer

Date

7 / 10 / 2020

Best daytime phone

719-784-4848

Paid Preparer Use OnlyCheck 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

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

950117
OMB No. 1545-0029

Employer identification number (EIN) **8 4 - 6 0 1 4 5 5 3**

Name (not your trade name) **City Of Florence**

Trade name (if any)

Address **600 West Third Street**
Number Street Suite or room number
Florence **CO** **81226**
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
☐ 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 **47**

2 Wages, tips, and other compensation 2 **465833 . 90**

3 Federal income tax withheld from wages, tips, and other compensation 3 **33225 . 95**

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 . . . | 344015 . 02 | 42657 . 86 |
| 5b Taxable social security tips . . . | 00 . 00 | 00 . 00 |
| 5c Taxable Medicare wages & tips. . . | 500270 . 04 | 14507 . 83 |
| 5d Taxable wages & tips subject to Additional Medicare Tax withholding 00 . 00 | 00 . 00 | 00 . 00 |
| 5e Add Column 2 from lines 5a, 5b, 5c, and 5d . . . | | 57165 . 69 |
| 5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . . | | 00 . 00 |
| 6 Total taxes before adjustments. Add lines 3, 5e, and 5f . . . | | 90421 . 64 |
| 7 Current quarter's adjustment for fractions of cents . . . | | - . 37 |
| 8 Current quarter's adjustment for sick pay . . . | | 00 . 00 |
| 9 Current quarter's adjustments for tips and group-term life insurance . . . | | 00 . 00 |
| 10 Total taxes after adjustments. Combine lines 6 through 9 . . . | | 90421 . 27 |
| 11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 . . . | | 00 . 00 |
| 12 Total taxes after adjustments and credits. Subtract line 11 from line 10 . . . | | 90421 . 27 |
| 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 . . . | | 00 . 00 |
| 14 Balance due. If line 12 is more than line 13, enter the difference and see instructions . . . | | 90421 . 27 |
| 15 Overpayment. If line 13 is more than line 12, enter the difference Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund. | | |

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

Name (not your trade name)

City Of Florence

Employer identification number (EIN)

84-6014553

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 39420 . 53

Month 2 25122 . 40

Month 3 25878 . 34

Total liability for quarter 90421 . 27

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

Lori Cobler

Print your name here

Lori Cobler

Print your title here

Finance Officer

Date

4/13/2020

Best daytime phone

719-784-4848

Paid Preparer Use OnlyCheck if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

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

EIN

Address

Phone

City

State

ZIP code

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) 8 4 - 6 0 1 4 5 5 3

Name (not your trade name)

City Of Florence

Calendar year

2 0 2 0

(Also check quarter)

Report for this Quarter...

(Check one.)

- ☒ 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. 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.

Month 1

| | | | | | | | |
|---|------------|----|------------|----|--|----|-----------|
| 1 | | 9 | | 17 | | 25 | |
| 2 | 12536 . 88 | 10 | | 18 | | 26 | |
| 3 | | 11 | | 19 | | 27 | |
| 4 | | 12 | | 20 | | 28 | |
| 5 | | 13 | | 21 | | 29 | |
| 6 | | 14 | | 22 | | 30 | 14359 . 6 |
| 7 | | 15 | | 23 | | 31 | |
| 8 | | 16 | 12524 . 03 | 24 | | | |

Tax liability for Month 1

39420 . 53

Month 2

| | | | | | | | |
|---|--|----|------------|----|--|----|------------|
| 1 | | 9 | | 17 | | 25 | |
| 2 | | 10 | | 18 | | 26 | |
| 3 | | 11 | | 19 | | 27 | 12566 . 20 |
| 4 | | 12 | | 20 | | 28 | |
| 5 | | 13 | 12556 . 20 | 21 | | 29 | |
| 6 | | 14 | | 22 | | 30 | |
| 7 | | 15 | | 23 | | 31 | |
| 8 | | 16 | | 24 | | | |

Tax liability for Month 2

25122 . 40

Month 3

| | | | | | | | |
|---|--|----|------------|----|--|----|------------|
| 1 | | 9 | | 17 | | 25 | |
| 2 | | 10 | | 18 | | 26 | 12860 . 95 |
| 3 | | 11 | | 19 | | 27 | |
| 4 | | 12 | 13017 . 39 | 20 | | 28 | |
| 5 | | 13 | | 21 | | 29 | |
| 6 | | 14 | | 22 | | 30 | |
| 7 | | 15 | | 23 | | 31 | |
| 8 | | 16 | | 24 | | | |

Tax liability for Month 3

25878 . 34

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

90421 . 27

Attachment #3

Total Award

\$324,644.00

Expenses

COVID TIME \$30,000.00 NS

| | | |
|--------------------------|---------------------|----|
| Telework | \$64,757.30 | OK |
| Small Business Grants | \$170,315.16 | |
| Citizen Emergency Grants | \$4,702.84 | |
| Granicus | \$10,131.00 | |
| Barricades | \$1,958.12 | |
| Contactless window | \$11,195.00 | |
| Supplies | \$2,302.53 | |
| Bulk station | \$44,299.29 | |
| Total Expenses | \$309,661.24 | |

Reimbursements

| | | |
|---|---------------------|-----|
| Reimbursement #1 (Telework) | \$16,931.00 | ok |
| Reimbursement #2 (Telework) | \$47,826.30 | ok |
| Reimbursement #3 (Small Business Grants) | \$41,402.00 | ok |
| Reimbursement #4 (Small Business Grants) | \$20,477.84 | ok |
| Reimbursement #5 (Small Business Grants) | \$11,000.00 | ok |
| Reimbursement #6 (Non Profit) | \$9,000.00 | |
| Reimbursement #7 (small Business) | \$9,000.00 | |
| Reimbursement #8(Sanitation Supplies) | \$556.53 | #13 |
| Reimbursement #9 (heaters/Supplies Sanitizing)) | \$1,891.18 | ok |
| Reimbursement #10 (Granicus) | \$10,131.00 | ok |
| Reimbursement #11 (Bulk Station) | \$44,299.29 | ok |
| Reimbursement #17 (Contactless window) | \$11,195.00 | |
| Reimbursement #12 (Barricades) | \$1,958.12 | #14 |
| Reimbursement #13 (Round 2 Small Business) | \$30,544.52 | ok |
| Reimbursement #14 (Round 2 Small Business) | \$16,000.00 | ok |
| Reimbursement #15 (Small Business and Citizen Grant) | \$9,827.44 | ok |
| Reimbursement #16 (Small Business and COVID Supplies) | \$14,621.00 | #16 |
| Reimbursement #17 (Small Business Grant/Non Profit) | \$8,000.00 | #17 |
| Reimbursement #18 (Small Business Grant/ Non Profit) | \$19,982.54 | #18 |
| Total Reimbursements | \$324,643.76 | |

Reimbursed 2020 \$249,503.13

Reimbursed 2021

\$14,621.00

\$11,195.00

\$1,958.12

\$9,827.44

\$9,000.00

\$556.53

\$8,000.00

\$19,982.54

TOTAL 2021 Reimbursement \$75,140.63

TOTAL REIMBURSEMENT \$324,644.00

BALANCE OF AWARD

\$0.00

Pay code:

Pay code: 1-00 Regular Pay

Pay Code Employee Employer Leave Rates W-2/1099 Notes

Pay code:

1

Sub code:

00

Title:

Regular Pay

Abbreviated title:

Regular

Type:

Gross Regular

State:

CO

Identification number:

Calculation order:

1

Modify calculation order

☒ Add on new employee

☒ Allow employee options

☐ Allow employer options

☐ Allow payout payments

☐ Use as summarization pay code

Use as Comparison, to show
Some structure as Paycode 19

aselle Connect® > Payroll > Organization > Pay Codes

aselle Connect® Modify Existing Employees Customer Inquiry Reconcile Bank Accounts Enter Journal Amounts Financial Statements Account Inquiry Pay Codes

ay code:

ay code: 19-00 Emergency Leave FFCRA

ay Code Employee Employer Leave Rates W-2/1099 Notes

Pay code:

19

Sub code:

00

Title:

Emergency Leave FFCRA

Abbreviated title:

FFCRA

Type:

Gross Regular

State:

CO

Identification number:

Calculation order: 21 [Modify calculation order](#)

☐ Add on new employee

☒ Allow employee options

☐ Allow employer options

☐ Allow payout payments

☐ Use as summarization pay code

Attachment #5

City of Florence

Employee Compensation Report

Report dates: 1/13/2020 - 12/27/2020

Page: 1
Mar 02, 2022 11:34AM

Report Criteria:

Employee amounts included
Employer paid amounts included
[Report] Employee number = 1330

| Employee number | Name | Primary Position | Termination Date | Pay Code | Title | GL Account | Amount | YTD Amount |
|------------------------|-----------------|------------------|------------------|----------|----------------------|--------------|-----------|------------|
| 1330 | Gordon, Michael | Patrolman | | 1-00 | Regular Pay | 01.4210.1100 | 35,982.87 | 37,297.97 |
| 1330 | Gordon, Michael | Patrolman | | 2-02 | Police Overtime | 01.4210.1200 | 10,191.60 | 10,867.94 |
| 1330 | Gordon, Michael | Patrolman | | 3-01 | Vacation Pay | 01.4210.1100 | 2,887.44 | 2,887.44 |
| 1330 | Gordon, Michael | Patrolman | | 4-00 | Sick Leave Pay | 01.4210.1100 | 1,659.82 | 1,659.82 |
| 1330 | Gordon, Michael | Patrolman | | 7-01 | Holiday Pay | 01.4210.1100 | 940.07 | 940.07 |
| 1330 | Gordon, Michael | Patrolman | | 7-02 | Holiday Worked | 01.4210.1100 | 841.13 | 1,310.81 |
| 1330 | Gordon, Michael | Patrolman | | 8-06 | Bonus Pay | 01.4210.1100 | 200.00 | 200.00 |
| 1330 | Gordon, Michael | Patrolman | | 8-07 | DUI Grant | 01.4210.1100 | 1,800.00 | 2,205.00 |
| 1330 | Gordon, Michael | Patrolman | | 9-01 | Comp Time Used | 01.4210.1100 | 1,300.94 | 1,300.94 |
| 1330 | Gordon, Michael | Patrolman | | 19-00 | Emergency Leave F | 01.4210.1100 | 968.63 | 968.63 |
| 1330 | Gordon, Michael | Patrolman | | 45-02 | One America-police | 01.4210.1950 | 329.25 | 355.53 |
| 1330 | Gordon, Michael | Patrolman | | 51-03 | FPPA - Police Pensi | 01.4210.1900 | 3,319.56 | 3,462.34 |
| 1330 | Gordon, Michael | Patrolman | | 60-08 | Health Ins - EPO 3 | 01.4210.1800 | 5,729.20 | 5,729.20 |
| 1330 | Gordon, Michael | Patrolman | | 62-11 | Life Insurance | 01.4210.1800 | 24.64 | 24.64 |
| 1330 | Gordon, Michael | Patrolman | | 63-01 | Dental Insurance Si | 01.4210.1800 | 392.21 | 392.21 |
| 1330 | Gordon, Michael | Patrolman | | 64-01 | Vision Insurance Sin | 01.4210.1800 | 96.80 | 96.80 |
| 1330 | Gordon, Michael | Patrolman | | 75-00 | Medicare | 01.4210.1650 | 793.40 | 833.73 |
| 1330 | Gordon, Michael | Patrolman | | 90-02 | FPPA - Death & Dis | 01.4210.1970 | 1,161.78 | 1,211.75 |
| 1330 | Gordon, Michael | Patrolman | | 98-00 | State Unemploymen | 01.4210.1400 | 169.38 | 177.97 |
| Total Gordon, Michael: | | | | | | | 68,788.72 | 71,922.79 |
| Grand Totals: | | | | | | | 68,788.72 | 71,922.79 |

Use to Show Calculations

Iselle Connect® > Payroll > Employee Inquiry

Iselle Connect® Modify Existing Employees Customer Inquiry Reconcile Bank Accounts Enter Journal Amounts Financial Statements Account Inquiry Pay Codes Employee Inquiry

330 Gordon Michael Telephone 1: 719-431-9897 Pay Type: Hourly Production: Paroleman
04-00-0660 108 Rose ID Telephone 2: Pay Frequency: Directly Manager: Barb, Nancy J
Florence CO 81226 Email:

Employee Pay Positions Contacts Leave
Pay Periods Checks Pay Summary

Amount Hours

Year: 2022 Quarter: Month:

2021

2020

Grand Total

| Category | Type | Pay Code | Amount | Hours | Amount | Hours | Amount | Hours | Amount | Hours |
|----------|---------------------------|-------------------|------------|--------|-------------|----------|-------------|-----------|-------------|----------|
| Gross | Gross Miscela | 08-01 Misc Pay | 33.18 | .00 | 54.40 | .00 | .00 | .00 | 200.00 | .00 |
| | | 08-06 Bonus Pay | .00 | .00 | 1,035.00 | .00 | 23.00 | 2,205.00 | 49.00 | 72.00 |
| | | 08-07 DUL Grant | .00 | .00 | .00 | .00 | 22.00 | .00 | 3,240.00 | .00 |
| | | 09-03 Comp Time | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| | Gross Miscellaneous Total | | 33.18 | .00 | 1,089.40 | .00 | 45.00 | 2,405.00 | 71.00 | 116.00 |
| | Gross Overtime | 02-02 Police Ove | .00 | .00 | 5,728.83 | .00 | 162.00 | 10,867.94 | 343.00 | 505.00 |
| | Gross Regular | 01-00 Regular Pay | 6,130.04 | 245.00 | 42,013.04 | 1,758.00 | 37,297.97 | 1,801.00 | 85,441.05 | 3,805.00 |
| | | 03-01 Vacation P | 247.56 | 10.00 | 2,351.64 | 98.00 | 2,887.44 | 138.00 | 5,486.64 | 246.00 |
| | | 04-00 Sick Leave | 895.16 | 36.00 | 4,354.73 | 180.00 | 1,659.82 | 74.00 | 6,910.71 | 290.00 |
| | | 07-01 Holiday Pay | .00 | .00 | 1,189.66 | 50.00 | 940.07 | 46.00 | 2,129.73 | 96.00 |
| | | 07-02 Holiday W | 618.90 | 10.00 | 1,802.61 | 30.00 | 1,310.81 | 25.00 | 3,732.32 | 65.00 |
| | | 09-01 Comp Time | .00 | .00 | 910.14 | 37.50 | 1,300.94 | 58.00 | 2,211.08 | 95.50 |
| | | 18-00 Hazard Pay | .00 | .00 | 2,143.00 | .00 | .00 | .00 | 2,143.00 | .00 |
| | | 19-00 Emergenc | 505.02 | 20.00 | .00 | .00 | 968.63 | 50.00 | 1,473.65 | 70.00 |
| | Gross Regular Total | | 8,397.68 | 321.00 | 54,764.82 | 2,154.50 | 46,365.68 | 2,192.00 | 109,528.18 | 4,667.50 |
| | Gross Total | | 8,430.86 | 321.00 | 61,583.05 | 2,361.50 | 59,638.62 | 2,606.00 | 129,652.53 | 5,288.50 |
| | Expense | | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| | Deduction | | (1,764.20) | 240.00 | (10,005.13) | 2,080.00 | (8,179.89) | 2,000.00 | (19,949.22) | 4,320.00 |
| | Tax | | (1,107.80) | .00 | (8,272.83) | .00 | (7,962.08) | .00 | (17,342.71) | .00 |
| | Net | | (5,558.86) | .00 | (43,305.09) | .00 | (43,996.65) | .00 | (92,360.60) | .00 |
| | Grand Total | | .00 | 561.00 | .00 | 4,441.50 | .00 | 4,606.00 | .00 | 9,608.50 |

Amount type: Employee
Display: Both
Year: 3
Based on: Pay period date

more calculations

jaselle Connect® > Payroll > Employee Inquiry

Employee: 1117
 000-00-5820
 Canon City CO 81212

Client: Byron K
 1131 Harrison Ave
 Telephone 1: 719-431-1934
 Telephone 2:
 Email:

Pay type: Hourly
 Pay frequency: Biweekly

Position: Patronman
 Manager:
 Terminated

Employee Pay
 Pay Periods: Checks Pay Summary

Amount Hours Year End Date

| Pay Code | Amount | Hours | 05/17/2020 | 05/03/2020 | 04/19/2020 | 04/05/2020 | 03/22/2020 | 03/08/2020 | 02/23/2020 | 02/09/2020 | 01/26 |
|--------------------------------|------------|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| 01-00 Regular Pay | 845.81 | 40.00 | 845.81 | 40.00 | 1,691.62 | 80.00 | 1,691.62 | 80.00 | 1,691.62 | 80.00 | 1,691.62 |
| 02-02 Public Overtime | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 03-01 Vacation Pay | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 04-00 Sick Leave Pay | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 07-01 Holiday Pay | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 07-02 Holiday Worked | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 08-06 Bonus Pay | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 09-01 Comp Time Used | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 09-03 Comp Time Earned | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 15-00 Emergency Leave FF... | 845.81 | 40.00 | 845.81 | 40.00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 21-00 Uniform Allowance | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 51-03 99A - Police Pension... | (186.08) | 80.00 | (186.08) | 80.00 | (186.08) | 80.00 | (186.08) | 80.00 | (186.08) | 80.00 | (186.08) |
| 60-06 Health Ins EPO & Sm... | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 60-12 Health Insurance - H... | (27.50) | .00 | (27.50) | .00 | (27.50) | .00 | (27.50) | .00 | (27.50) | .00 | (27.50) |
| 60-14 Health Insurance EP... | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 62-11 Life Insurance | (.56) | .00 | (.56) | .00 | (.56) | .00 | (.56) | .00 | (.56) | .00 | (.56) |
| 62-13 American Fidelity Pre... | (14.15) | .00 | (14.15) | .00 | (14.15) | .00 | (14.15) | .00 | (14.15) | .00 | (14.15) |
| 62-14 American Fidelity Aft... | (15.63) | .00 | (15.63) | .00 | (15.63) | .00 | (15.63) | .00 | (15.63) | .00 | (15.63) |
| 63-02 Dental Insurance Em... | (9.34) | .00 | (9.34) | .00 | (9.34) | .00 | (9.34) | .00 | (9.34) | .00 | (9.34) |
| 64-02 Vision Insurance Em... | (1.50) | .00 | (1.50) | .00 | (1.50) | .00 | (1.50) | .00 | (1.50) | .00 | (1.50) |
| 74-00 Social Security | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 75-00 Medicare | (23.77) | .00 | (23.77) | .00 | (23.77) | .00 | (23.77) | .00 | (23.77) | .00 | (23.77) |
| 76-00 Federal Withholding ... | (149.23) | .00 | (149.23) | .00 | (149.23) | .00 | (149.23) | .00 | (149.23) | .00 | (149.23) |
| 77-00 State Withholding Tax | (56.00) | .00 | (56.00) | .00 | (56.00) | .00 | (56.00) | .00 | (56.00) | .00 | (56.00) |
| 85-00 Net Pay | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 86-00 Direct Deposit | (1,207.86) | .00 | (1,207.86) | .00 | (1,207.86) | .00 | (1,207.86) | .00 | (1,207.86) | .00 | (1,207.86) |
| Grand Total | .00 | 160.00 | .00 | 160.00 | .00 | 160.00 | .00 | 160.00 | .00 | 160.00 | .00 |

jselle Connect® - > Payroll - > Employee Inquiry

jselle Connect® Modify Existing Employees Customer Inquiry Record Bank Accounts Enter Journal Amounts Financial Statements Account Inquiry Pay Codes Employee Inquiry

Employee

350 Dodd, Janelle
01-01-1117 534 West Main Street
Florence CO 81226

Telephone 1:
Telephone 2:
Email:
Pay Type: Hourly
Pay Frequency:
Position:
Manager:
Terminated

Employee Pay Positions Contacts Leave

Pay Periods Checks Pay Summary

Amount Hours Year End Date

| Pay Code | 05/17/2020 | | 05/03/2020 | | 04/19/2020 | | 04/05/2020 | | 03/22/2020 | | 03/08/2020 | | 02/25/2020 | | 02/09/2020 | | 01/26/2020 | |
|--------------------------------|------------|-------|------------|-------|------------|-------|------------|-------|------------|-------|------------|-------|------------|-------|------------|-------|------------|-------|
| | Amount | Hours | Amount | Hours | Amount | Hours | Amount | Hours | Amount | Hours | Amount | Hours | Amount | Hours | Amount | Hours | Amount | Hours |
| 01-00 Regular Pay | 934.76 | | 56.00 | | 1,066.30 | | 64.00 | | 1,201.84 | | 72.00 | | 1,335.38 | | 80.00 | | 1,335.38 | |
| 02-01 Overtime Pay | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 03-01 Vacation Pay | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 04-00 Sick Leave Pay | 133.54 | | 8.00 | | .00 | | .00 | | .00 | | .00 | | .00 | | 141.88 | | 8.50 | |
| 07-01 Holiday Pay | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | 133.54 | | 8.00 | |
| 08-01 Misc Pay | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 08-06 Bonus Pay | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 19-00 Emergency Leave FF... | 267.08 | | 16.00 | | 267.08 | | 16.00 | | 133.54 | | 8.00 | | .00 | | .00 | | .00 | |
| 45-01 One America | (50.00) | .00 | (50.00) | .00 | (50.00) | .00 | (50.00) | .00 | (50.00) | .00 | (50.00) | .00 | (50.00) | .00 | (50.00) | .00 | (50.00) | .00 |
| 60-11 Health Insurance-RP | (27.50) | .00 | (27.50) | .00 | (27.50) | .00 | (27.50) | .00 | (27.50) | .00 | (27.50) | .00 | (27.50) | .00 | (27.50) | .00 | (27.50) | .00 |
| 62-07 Texas Life - PT | .00 | .00 | (43.25) | .00 | .00 | .00 | (43.25) | .00 | .00 | .00 | .00 | .00 | .00 | .00 | (43.25) | .00 | .00 | .00 |
| 62-11 Life Insurance | (.56) | .00 | (.56) | .00 | (.56) | .00 | (.56) | .00 | (.56) | .00 | (.56) | .00 | (.56) | .00 | .00 | .00 | .00 | .00 |
| 62-13 American Fidelity Pre... | (16.70) | .00 | (16.70) | .00 | (16.70) | .00 | (16.70) | .00 | (16.70) | .00 | (16.70) | .00 | (16.70) | .00 | (16.70) | .00 | (16.70) | .00 |
| 62-14 American Fidelity Aft... | (42.03) | .00 | (42.03) | .00 | (42.03) | .00 | (42.03) | .00 | (42.03) | .00 | (42.03) | .00 | (42.03) | .00 | (42.03) | .00 | (42.03) | .00 |
| 63-02 Dental Insurance Em... | (9.34) | .00 | (9.34) | .00 | (9.34) | .00 | (9.34) | .00 | (9.34) | .00 | (9.34) | .00 | (9.34) | .00 | (9.34) | .00 | (9.34) | .00 |
| 63-03 Dental Insurance Fa... | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 64-02 Vision Insurance Emp... | (1.50) | .00 | (1.50) | .00 | (1.50) | .00 | (1.50) | .00 | (1.50) | .00 | (1.50) | .00 | (1.50) | .00 | (1.50) | .00 | (1.50) | .00 |
| 64-03 Vision Insurance Family | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 74-00 Social Security | (79.38) | .00 | (79.38) | .00 | (79.38) | .00 | (79.38) | .00 | (79.38) | .00 | (79.38) | .00 | (79.38) | .00 | (79.38) | .00 | (79.38) | .00 |
| 75-00 Medicare | (18.56) | .00 | (17.94) | .00 | (18.56) | .00 | (17.94) | .00 | (18.56) | .00 | (17.94) | .00 | (18.56) | .00 | (17.94) | .00 | (18.56) | .00 |
| 75-01 Federal Withholding ... | (77.53) | .00 | (72.94) | .00 | (77.53) | .00 | (72.94) | .00 | (77.53) | .00 | (72.94) | .00 | (77.53) | .00 | (72.94) | .00 | (77.53) | .00 |
| 77-00 State Withholding Tax | (34.00) | .00 | (32.00) | .00 | (34.00) | .00 | (32.00) | .00 | (34.00) | .00 | (32.00) | .00 | (34.00) | .00 | (32.00) | .00 | (34.00) | .00 |
| 85-00 Net Pay | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 86-00 Direct Deposit | (978.28) | .00 | (944.92) | .00 | (978.28) | .00 | (944.92) | .00 | (978.28) | .00 | (944.92) | .00 | (978.28) | .00 | (944.92) | .00 | (978.28) | .00 |
| Grand Total | .00 | | 80.00 | | .00 | | 80.00 | | .00 | | 80.00 | | .00 | | 80.00 | | .00 | |

Amount type: Employee

Years: 3

Employee: 550 Dodd, Janelle Telephone 1: 01-00-1117 534 West Main Street Florence CO 81226 Telephone 2: Email: Pay Type: Hourly Position: Manager: Terminated

Employee Pay Positions Contacts Leave Pay Periods Checks Pay Summary

Amount Hours

Year: 2022 Quarter: Month:

| Category | Type | Pay Code | 2022 | | 2021 | | Q1 | | Q2 | | 2020 | | Q2 Total | | Q3 | |
|----------|---------------------------|---------------------|-------|------------|-------|--------|------------|--------|--------|------------|--------|------------|----------|------------|--------|------------|
| | | | Hours | Amount | Hours | Amount | Hours | Amount | Hours | Amount | Hours | Amount | Hours | Amount | Hours | Amount |
| Gross | Gross Miscel... | 08-01 Misc Pay | .00 | 46.02 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| | | 08-05 Bonus Pay | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| | Gross Miscellaneous Total | | .00 | 46.02 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| | Gross Overtime | 01-00 Overtime ... | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| | Gross Regular | 01-00 Regular Pay | .00 | 8,021.57 | .00 | 457.50 | 7,469.77 | .00 | .00 | .00 | 152.00 | 2,599.81 | 155.75 | 8,475.47 | 507.75 | 7,994.81 |
| | | 03-01 Vacation P... | .00 | 1,445.99 | .00 | 82.47 | .00 | .00 | .00 | .00 | .00 | .00 | 4.25 | 70.94 | 4.25 | 185.61 |
| | | 04-00 Sick Leave... | .00 | 1,402.67 | .00 | 80.00 | 141.88 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| | | 07-01 Holiday Pay | .00 | 420.81 | .00 | 24.00 | 400.62 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| | | 19-00 Emergent... | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| | Gross Regular Total | | .00 | 11,291.04 | .00 | 643.97 | 8,012.27 | .00 | 480.00 | 2,670.76 | 160.00 | 2,670.75 | 160.00 | 9,347.65 | 560.00 | 8,012.27 |
| | Gross Total | | .00 | 11,337.06 | .00 | 643.97 | 8,012.27 | .00 | 480.00 | 2,670.76 | 160.00 | 4,006.14 | 240.00 | 2,670.75 | 160.00 | 8,744.65 |
| | Deduction | | .00 | (1,570.98) | .00 | .00 | (872.97) | .00 | .00 | (338.51) | .00 | (529.39) | .00 | (338.51) | .00 | (874.65) |
| | Tax | | .00 | (1,677.50) | .00 | .00 | (1,250.84) | .00 | .00 | (409.05) | .00 | (608.63) | .00 | (409.05) | .00 | (1,250.85) |
| | Net | | .00 | (8,088.58) | .00 | .00 | (5,888.46) | .00 | .00 | (1,923.20) | .00 | (2,868.12) | .00 | (1,923.19) | .00 | (5,888.77) |
| | Grand Total | | .00 | .00 | .00 | 643.97 | .00 | 480.00 | .00 | 160.00 | .00 | 240.00 | .00 | 160.00 | .00 | 480.00 |

aselle Connect®

Modify Existing Employees

Customer Inquiry

Reconcile Bank Accounts

Enter Journal Accounts

Financial Statements

Account Inquiry

Pay Codes

Employee Inquiry

Employee:

652 Phillips, Nicole

Telephone 1:

Telephone 2:

Pay Type: Hourly

Pay Frequency: Biweekly

Position: Office/ Clerk

Manager:

Terminated

206 West 7th Street

Florence CO 81226

Email:

Employee Pay Positions Contacts Leave

Pay Periods: Checks Pay Summary

Amount Hours

Year: 2021 Quarter: Month:

| | | 2022 | | 2021 | | Q1 | | Q2 | | 2020 | | Q3 | | Q4 | | 2020 Total | | Grand Total | |
|---------------------|---------------|---------------------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|------------|-------|-------------|-------|
| Category | Type | Pay Code | Hours | Amount | Hours | Amount | Hours | Amount | Hours | Amount | Hours | Amount | Hours | Amount | Hours | Amount | Hours | Amount | Hours |
| Gross | Gross Miscela | 08-06 Bonus Pay | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| | Gross Regular | 01-00 Regular Pay | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| | | 03-01 Vacation P... | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| | | 04-00 Sick Leave... | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| | | 07-01 Holiday Pay | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| | | 19-00 Emergenc... | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| Gross Regular Total | | | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| Gross Total | | | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| Deduction | | | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| Tax | | | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| Net | | | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| Grand Total | | | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |

Amount type: Employee

Years: 3

Employee

331 of 500

Attachment #6

CITY OF FLORENCE
REVENUES WITH COMPARISON TO BUDGET
FOR THE 12 MONTHS ENDING DECEMBER 31, 2020

WATER FUND

| | | PERIOD ACTUAL | YTD ACTUAL | BUDGET | UNEXPENDED | PCNT |
|--------------|-------------------------------|---------------|--------------|--------------|---------------|--------|
| | <u>METERED WATER</u> | | | | | |
| 02.3410.1050 | METERED WATER | 273,442.98 | 1,279,314.05 | 1,450,000.00 | 170,685.95 | 88.2 |
| 02.3410.2000 | METERED OVER 5000 GALLONS | 74,106.80 | 1,208,148.66 | 975,000.00 | (233,148.66) | 123.9 |
| | TOTAL METERED WATER | 347,549.78 | 2,487,462.71 | 2,425,000.00 | (62,462.71) | 102.6 |
| | <u>DEBT RETIREMENT</u> | | | | | |
| 02.3420.1050 | DEBT RETIREMENT | 141,471.16 | 1,309,902.43 | 1,550,000.00 | 240,097.57 | 84.5 |
| 02.3420.2050 | SERVICE AVAILABILITY | .00 | .00 | 1.00 | 1.00 | .0 |
| | TOTAL DEBT RETIREMENT | 141,471.16 | 1,309,902.43 | 1,550,001.00 | 240,098.57 | 84.5 |
| | <u>WATER TAP FEES</u> | | | | | |
| 02.3430.2000 | WATER TAP FEES-49% | 8,232.00 | 19,944.47 | 40,000.00 | 20,055.53 | 49.9 |
| | TOTAL WATER TAP FEES | 8,232.00 | 19,944.47 | 40,000.00 | 20,055.53 | 49.9 |
| | <u>OTHER INCOME</u> | | | | | |
| 02.3440.1050 | METER INSTALLATION FEES | 3,100.00 | 23,783.43 | 7,000.00 | (16,783.43) | 339.8 |
| 02.3440.1060 | HYDRANT METER RENTAL/DEPOSITS | (50.00) | 275.00 | .00 | (275.00) | .0 |
| 02.3440.1100 | WATER TURN ON FEES | .00 | 317.23 | 500.00 | 182.77 | 63.5 |
| 02.3440.1200 | BULK WATER SALES | 11,204.62 | 168,441.19 | 150,000.00 | (18,441.19) | 112.3 |
| 02.3440.1250 | BULK WATER CARD FEES | 312.00 | 5,140.00 | 4,000.00 | (1,140.00) | 128.5 |
| 02.3440.1275 | RAW BULK WATER | .00 | 393.95 | 1,200.00 | 806.05 | 32.8 |
| 02.3440.1300 | MISCELLANEOUS REVENUES | 240.00 | 57,470.00 | 500.00 | (56,970.00) | 11494. |
| 02.3440.1600 | GOLF COURSE-UNTRTD IRRG WTR | .00 | 14,698.06 | 20,000.00 | 5,301.94 | 73.5 |
| 02.3440.1800 | MTN CABIN UTILITIES | 100.00 | 1,200.00 | 1,200.00 | .00 | 100.0 |
| | TOTAL OTHER INCOME | 14,906.62 | 271,718.86 | 184,400.00 | (87,318.86) | 147.4 |
| | <u>UNRESTRICTED INTEREST</u> | | | | | |
| 02.3450.1000 | INTEREST INCOME | 1,311.00 | 8,351.65 | 20,000.00 | 11,648.35 | 41.8 |
| | TOTAL UNRESTRICTED INTEREST | 1,311.00 | 8,351.65 | 20,000.00 | 11,648.35 | 41.8 |