

CITY OF FLORENCE

FLORENCE MUNICIPAL CENTER 600 West 3rd Street Florence, Colorado 81226 Fax (719) 784-0228 (719) 784-4848

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.

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 form 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.



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



303 831 6411 / 866 578 0936

303 860 8175

www.cml.org

1144 Sherman St., Denver, CO 80203 **Q**

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**.



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

If you no longer wish to receive emails from CML, unsubscribe here



AHachment #2

Form 941 for 2020: Employer's QUARTERLY Federal Tax Return 950120 Department of the Treasury - Internal Revenue Service OMB No. 1545-0029 Report for this Quarter of 2020 8 Employer identification number (EIN) (Check one.) Name (not your trade name) | City Of Florence 1: January, February, March 2: April, May, June Trade name (if any) 3: July, August, September 600 West 3rd Street Address X 4: October, November, December Number Suite or room number Go to www.irs.gov/Form941 for instructions and the latest information. Florence CO 81226 City State ZIP code Foreign country name Foreign province/county Foreign postal code Read the separate instructions before you complete Form 941. Type or print within the boxes. Part 1: Answer these questions for this quarter. Number of employees who received wages, tips, or other compensation for the pay 41 period including: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4) 488991 ... 82 2 Wages, tips, and other compensation 10 3 37847 Federal income tax withheld from wages, tips, and other compensation . 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 359729 68 44606 5a Taxable social security wages . \times 0.124 = 48 00 00 00 ... 00 5a (i) Qualified sick leave wages . $\times 0.062 =$ 00 . 00 00 00 (ii) Qualified family leave wages 5a $\times 0.062 =$ 00 . 00 00 . 00 5b Taxable social security tips . \times 0.124 = 521242 13 15116 Taxable Medicare wages & tips. 02 5c $\times 0.029 =$ 5d Taxable wages & tips subject to 00 . 00 00 . 00 $\times 0.009 =$ Additional Medicare Tax withholding 59722 Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d 50 5e 5e Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 00 00 5f 6 97569 60 Total taxes before adjustments. Add lines 3, 5e, and 5f. 52 7 Current quarter's adjustment for fractions of cents 00 00 8 Current quarter's adjustment for sick pay . 00 . 9 Current quarter's adjustments for tips and group-term life insurance 00 97569 08 10 Total taxes after adjustments. Combine lines 6 through 9 00 00 11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 00 00 ... Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1

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Nonrefundable portion of employee retention credit from Worksheet 1

Name ((not your trade nam	e)					Employer ide	ntification number (l	9502	350
City (Of Florence						Linployer ide	84-6014553	21N)	
Part	1: Answer t	hese question	s for this q	uarter. (continue	ed)			04-0014333		
11d	Total nonrefu	ndable credits	. Add lines 1	1a, 11b, and 11c			11d		00 ,	00
12	Total taxes af	ter adjustment	ts and nonre	fundable credits	. Subtract li	ne 11d from line	10 . 12		97569	08
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13b	Deferred amo	unt of social s	ecurity tax				13b		000	00
13c	Refundable po	ortion of credit	for qualified	d sick and family	leave wage	es from Worksh	neet 1 13c		00	00
13d	Refundable po	ortion of emplo	yee retentio	on credit from We	orksheet 1		13d		00 .	00
13e	Total deposits	, deferrals, and	d refundable	e credits. Add line	es 13a, 13b,	13c, and 13d .	13e		00	00
13f	Total advance	s received fror	n filing Forn	n(s) 7200 for the	quarter		13f		00 .	00
13g	Total deposits,	deferrals, and ı	refundable cr	redits less advanc	es. Subtract	line 13f from line	13e . 13 g		00	00
14	Balance due.	f line 12 is more	than line 13	g, enter the differ	ence and se	e instructions .	14		97569	08
15			· · · · · · · · · · · · · · · · · · ·	enter the difference			Check one: [Apply to next return.	Send a ref	iund.
Part 2				e and tax liabilit						
f you'r	e unsure abou	t whether you'	re a monthly	schedule depos	itor or a se	miweekly sche	dule deposit	or, see section 1	1 of Pub. 15	— j.
16 C	heck one:	quarter was I federal tax lia semiweekly se	ess than \$2, ability. If you chedule depo	500 but line 12 our read the second of the s	deposit of on this retur chedule dep edule B (For	oligation during n is \$100,000 o positor, complet m 941). Go to Pa	the current or more, you se the depos art 3.	quarter was less quarter. If line 1 must provide a r it schedule belov	2 for the price ecord of you w; if you're	or ur a
	Ц	You were a r liability for the	nonthly sche quarter, the	edule depositor n go to Part 3.	for the enti	re quarter. Ente	er your tax lia	ability for each me	onth and tota	al
		Tax liability:	Month 1		27328	26				
			Month 2		27092	23				
			Month 3		43148	50				

X 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.

08 Total must equal line 12.

97569

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

Total liability for quarter

lf

Name (not your trade nam	ne)	Employer	952920 dentification number (EIN)
City Of Florence			84-6014553
Part 3: Tell us al	oout your business. If a question does NOT apply to you	r business, leave it	blank.
17 If your busine	ess has closed or you stopped paying wages		Check here, and
enter the final	date you paid wages / / ; also attach a sta	atement to your return	n. See instructions.
18 If you're a sea	asonal employer and you don't have to file a return for ever	y quarter of the year	r Check here.
19 Qualified heal	Ith plan expenses allocable to qualified sick leave wages		19 00 00
20 Qualified heal	Ith plan expenses allocable to qualified family leave wages		20 00 00
21 Qualified wag	es for the employee retention credit		21 00 , 00
22 Qualified heal	th plan expenses allocable to wages reported on line 21 .		00 . 00
23 Credit from F	orm 5884-C, line 11, for this quarter		23 00 00
24 Deferred amo	unt of the employee share of social security tax included on	n line 13b	00 00
25 Reserved for	future use		25
	peak with your third-party designee?		
Do you want to for details.	o allow an employee, a paid tax preparer, or another person to	discuss this return w	ith the IRS? See the instructions
Yes. Desig	gnee's name and phone number		
Selec	et a 5-digit personal identification number (PIN) to use when tall	king to the IRS.	
∐ No.			
	. You MUST complete all three pages of Form 941 and S		
and belief, it is true, cor	ury, I declare that I have examined this return, including accompanying rect, and complete. Declaration of preparer (other than taxpayer) is bas	schedules and statemer sed on all information of	nts, and to the best of my knowledge which preparer has any knowledge.
Sign y	rour (1. 1. 1. 1. 1.	Print your name here	ori Cobler
name	here Mu Cour	Print your title here	inance Officer
	Date 110521	Best daytime p	hone 719-784-4848
Paid Preparer l	Jse Only	Check if you'	re self-employed
Preparer's name		PTIN	
Preparer's signature		Date	/ /
Firm's name (or yours if self-employed)		EIN	

State

City

Address

Phone

ZIP code

Form 941 for 2020: Employer's QUARTERLY Federal Tax Return (Rev. July 2020)

Department of the Treasury — Internal Revenue Service

MS NO. 1545-0029

Emplo	oyer identification number (EIN) 8 4 -	CONTRACTOR OF THE PARTY OF THE	ort for this Quarter of 2020						
Nam	e (not your trade name) City Of Florence				1:	January, February, March			
					2: April, May, June				
Trad	e name (if any)				X 3:	3: July, August, September			
Addr	ess 600 West 3rd Street				4:	October, November, December			
	Number Street		Suite or roo	om number	Go to www.irs.gov/Form941 for				
	Florence	CO	812	226		ctions and the latest information.			
	City								
	Foreign country name								
Doo'd t		Foreign province/county		ostal code					
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2	Wages, tips, and other compensatio	n			. 2	514678 w 34			
3	Federal income tax withheld from wa	ages, tips, and other com	pensation		. 3	39886 09			
4	If no wages, tips, and other compens	eation are subject to soc	ial security	or Medicare tax		Check and go to line 6.			
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5a	(ii) Qualified family leave wages .		× 0.062 =	00	. 00				
5b	Taxable social security tips	00 . 00	× 0.124 =	00	_ 00				
5с	Taxable Medicare wages & tips	5547068 👢 16	× 0.029 =	15864	98				
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7	Current quarter's adjustment for frac	ctions of cents			. 7	- 19			
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9	Current quarter's adjustments for tip	s and group-term life in	surance .	7 7 W W T	. 9	00 . 00			
10	Total taxes after adjustments. Comb	ine lines 6 through 9 .			. 10	104978 87			
11a	Qualified small business payroll tax cre	edit for increasing researc	ch activities	. Attach Form 897	1 11a	00 , 00			
11b	Nonrefundable portion of credit for qu	nalified sick and family lea	ave wages	from Worksheet	l 11b	00 . 00			
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Name (not your trade name)					E	mployer	r ident	ification number (EIN)	-	
City (Of Florence									84-6014553		
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13c	Refundable po	ortion of credit fo	or qualified	sick and family le	eave wage:	s fron	n Workshee	et 1	13c		00	00
13d	Refundable po	ortion of employe	ee retentio	n credit from Wor	ksheet 1.				13d		00 .	00
13e	Total deposits	, deferrals, and ı	refundable	credits. Add lines	13a, 13b, 1	13c, a	nd 13d .		13e		00 .	00
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15	Overpayment. If	line 13g is more th	han line 12,	enter the difference			• Ch	neck or	ne: [Apply to next return.	Send a re	efund.
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16 (Check one:	and you didn't quarter was les federal tax liab semiweekly sch	t incur a \$1 ss than \$2, bility. If you nedule depo	100,000 next-day 500 but line 12 or I're a monthly sclositor, attach Sche	deposit ob n this returr hedule dep dule B (Forr	ligation is \$1 ositor in 941	on during t 100,000 or , complete). Go to Par	the cur more, the data	r rent you i eposi	quarter was less the quarter. If line 12 to must provide a rect schedule below; billity for each mon	for the pri ord of yo if you're	ior our a
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► You MUST complete all three pages of Form 941 and SIGN it.

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_	Of Florence		84-6014	553	
Pari	Tell us about your business. If a question does NOT apply to your bu	siness, leave	e it blank.		
17	If your business has closed or you stopped paying wages			Check here, and	ſ
	enter the final date you paid wages / / ; also attach a statem	ent to your ret	turn. See instruction	ıs.	
18	If you're a seasonal employer and you don't have to file a return for every qu	arter of the y	rear []	Check here.	
19	Qualified health plan expenses allocable to qualified sick leave wages .	<i>.</i>	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	e 13b	24	00 .	00
25	Reserved for future use		25	•	ne e P ^o
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 disc	viaa thia vatuu	n with the IDS? Soc	the instructions	
	for details.	uss tills retur	n with the ing: See	the manuchons	
	Yes. Designee's name and phone number				
	Select a 5-digit personal identification number (PIN) to use when talking	to the IRS.			
	LJ No.				
	Sign here. You MUST complete all three pages of Form 941 and SIGN for penalties of perjury, I declare that I have examined this return, including accompanying schebelief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based of	edules and state			
1	Sign your A 1	Print your name here	Lori Cobler		
	name here Mu Collect	Print your title here	Finance Directo	pr	
	Date 10/12/2020	Best daytin	ne phone 719-78	4-4848 Ext. 223	3
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Prep	parer's name	PTIN			
Prep	parer's signature	Date	/ /	,	
	i's name (or yours [If-employed)	EIN			

State

City

Address

Phone

ZIP code

941 for 2020: Employer's QUARTERLY Federal Tax Return

950120

(Rev. Ap	oril 2020) Department of the Treasury – Internal Revenue Service		OMB No. 1545-0029
Emplo	over identification number (EIN) 8 4 - 6 0 1 4 5 5 3		ort for this Quarter of 2020 ck one.)
Nam	e (not your trade name) City Of Florence	1:	January, February, March
Trad	e name (if any)	X 2:	April, May, June
		3:	July, August, September
Addr	Number Street Suite or room number		October, November, December
			www.irs.gov/Form941 for ctions and the latest information.
	City State ZIP code	SON	
	Foreign country name Foreign province/county Foreign postal code		
	the separate instructions before you complete Form 941. Type or print within the boxes.	-	
Part '			
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 Column 1 Column 2		Check and go to line 6.
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5a	Taxable decial ecounty mages	00	
5a	(i) Qualified sick leave wages	00	
5a	(ii) Qualified family leave wages . 00 × 0.062 = 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	00	
5b	Taxable social security tips $00 \times 0.124 =$	49	
5c	Taxable Medicare wages & tips 431706 . 56 × 0.029 = 12519	49	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding 00 × 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

950220	9	5	0	2	2	Г
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Name (not your trade name)		Employer identification	number (EIN)
City (Of Florence		84-6	014553
Part	1: Answer these questions for this qu	uarter. (continued)		
11d	Total nonrefundable credits. Add lines 11	a, 11b, and 11c	11d	. 00
12	Total taxes after adjustments and nonre	fundable credits. Subtract line 11d from	line 10 . 12	80011 79
13a	Total deposits for this quarter, including overpayments applied from Form 941-X, 941-			. 00
13b	Deferred amount of the employer share	of social security tax	13b	•
13c	Refundable portion of credit for qualified	d sick and family leave wages from Wo	rksheet 1 13c	
13d	Refundable portion of employee retention	on credit from Worksheet 1	13d	
13e	Total deposits, deferrals, and refundable	e credits. Add lines 13a, 13b, 13c, and 13	3d 13e	
13f	Total advances received from filing Forn	n(s) 7200 for the quarter	13f	
13g	Total deposits, deferrals, and refundable co	redits less advances. Subtract line 13f fron	n line 13e . 13g	
14	Balance due. If line 12 is more than line 13	g, enter the difference and see instructio	ns 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 schedul	e and tax liability for this quarter.		
	re unsure about whether you're a monthl		schedule depositor, see	section 11 of Pub. 15.
16 (and you didn't incur a \$ quarter was less than \$2 federal tax liability. If yo semiweekly schedule dep	less than \$2,500 or line 12 on the retu- 100,000 next-day deposit obligation do ,500 but line 12 on this return is \$100,0 u're a monthly schedule depositor, cor- ositor, attach Schedule B (Form 941). Go	uring the current quarte 100 or more, you must pount of the 10 part 3.	r. If line 12 for the prior rovide a record of your dule below; if you're a
	You were a monthly sch liability for the quarter, the	nedule depositor for the entire quarter on go to Part 3.	. Enter your tax liability fo	r each month and total
	Tax liability: Month 1	25637 30		
	Month 2	26075 06		
	Month 3	28299 43		
	Total liability for quarter	80011 79 Tota	al must equal line 12.	
		schedule depositor for any part of this Semiweekly Schedule Depositors, and at		

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

950920 Employer identification number (EIN)

Name (i	not your trade name)							Emp	loyer ide	ntificatio	n number (EIN)	
WATER STREET, PARTY	Of Florence										-6014553		
Part 3	3 Tell us abo	out you	ur business. If a	question does	NOT ap	ply to	our bus	iness, lea	ve it b	ank.			
17	If your busines	s has	closed or you sto	pped paying w	ages .						Check	here, and	d
	enter the final d	ate you	ı paid wages	/ /	; also	attach a	stateme	nt to your	return. S	See inst	ructions.		
18	If you're a seas	sonal e	mployer and you	don't have to	file a retu	ırn for e	very qua	rter of the	year		Check	here.	
19	Qualified health	h plan	expenses allocab	le to qualified	sick leav	e wage	s		. 19				00
20	Qualified health	h plan	expenses allocab	le to qualified	family le	ave waç	ges		. 20				00
21	Qualified wage	s for t	he employee rete	ntion credit	:			(4) (4) A	. 21				00
22	Qualified health	h plan	expenses allocab	le to wages re	ported o	n line 2	1		. 22				00
23	Credit from Fo	rm 588	4-C, line 11, for t	his quarter					. 23				00
24			d March 13 thro nly for the second										00
25			expenses allocal er filing of Form 9						ily . 25				00
Dort /	May we on	ook w	ith your third no	why docionoo?)								
Part 4			rith your third-pa nn employee, a pai			r persoi	n to discu	ıss this ret	urn with	the IRS	S? See the in:	structions	
	for details.		,,,,										
	X Yes. Design	nee's n	ame and phone nu	ımber Lori	Cobler						719-784	-4848	
		a 5-di	git personal identif	ication number	(PIN) to u	se wher	n talking t	to the IRS.	8	1	2 2	6	
	∐ No.												
Part 5			IUST complete a										
			lare that I have exam I complete. Declarati										
				1	1 ,			Print you name her	110	ri Cobl	er		
	Sign yo		Pos.	1 AM	014			Print you					
	name l	iere	VIVA	Com				title here	Fin	nance C	officer		
	[Date	7,10,202	0				Best day	time ph	one	719-784	-4848	
Pa	id Preparer U	lse Or	nly					Check	f you're	self-en	nployed .	[]
Prepa	arer's name							PTI	1				
150	arer's signature							Dat	е	,	/ /		
Firm's if self	s name (or yours [-employed)							EIN					
Addr	ress							Pho	ne				
City						State		ZIP	code				
		-							-				

950117 941 for 2020: Employer's QUARTERLY Federal Tax Return OMB No. 1545-0029 Department of the Treasury - Internal Revenue Service (Rev. January 2020) Report for this Quarter of 2020 6 Employer identification number (EIN) (Check one.) Name (not your trade name) City Of Florence X 1: January, February, March 2: April, May, June Trade name (if any) 3: July, August, September 600 West Third Street Address 4: October, November, December Number Suite or room number Go to www.irs.gov/Form941 for instructions and the latest information. Florence CO 81226 City State ZIP code Foreign province/county Foreign postal code Foreign country name Read the separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter. Part 1: Number of employees who received wages, tips, or other compensation for the pay period 47 including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 465833 ... 90 2 Wages, tips, and other compensation 95 33225 _ Federal income tax withheld from wages, tips, and other compensation ... Check and go to line 6. If no wages, tips, and other compensation are subject to social security or Medicare tax Column 2 Column 1 344015 42657 _ 86 $02 \times 0.124 =$ Taxable social security wages . 5а 00 . 00 . 00 00l Taxable social security tips . $\times 0.124 =$ 5b 500270 _ 14507 -83 $\times 0.029 =$ Taxable Medicare wages & tips. 5c Taxable wages & tips subject to 5d 00 . 00 00 00 $\times 0.009 =$ Additional Medicare Tax withholding 69 57165 Add Column 2 from lines 5a, 5b, 5c, and 5d 00 00 _ Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 5f 90421 64 Total taxes before adjustments. Add lines 3, 5e, and 5f 6 37 Current quarter's adjustment for fractions of cents 00 . 00 Current quarter's adjustment for sick pay 00 00 . Current quarter's adjustments for tips and group-term life insurance 9 90421 27 Total taxes after adjustments. Combine lines 6 through 9 10 00 . 00 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11 27 90421 . 12 12 Total taxes after adjustments and credits. Subtract line 11 from line 10 . . . Total deposits for this quarter, including overpayment applied from a prior quarter and 13 00 00 . 13 overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 90421 27 Balance due. If line 12 is more than line 13, enter the difference and see instructions Check one: Apply to next return. Send a refund. Overpayment, If line 13 is more than line 12, enter the difference You MUST complete both pages of Form 941 and SIGN it.

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

Form 941 (Rev. 1-2020)

Cat. No. 17001Z

Name (not your trade name)	Employer identification number (EIN)			
City Of Florence	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 semiwee	kly 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 incur a \$100,000 next-day deposit obligation during the current quarter line 12 on this return is \$100,000 or more, you must provide a record of depositor, complete the deposit schedule below; if you are a semiweekly separt 3. X You were a monthly schedule depositor for the entire quarter	r. If line 12 for the prior quarter was less than \$2,500 but your federal tax liability. If you are a monthly schedule schedule depositor, attach Schedule B (Form 941). Go to			
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 To	tal must equal line 12.			
You were a semiweekly schedule depositor for any part of the Report of Tax Liability for Semiweekly Schedule Depositors, and a	is quarter. Complete Schedule B (Form 941), attach it to Form 941.			
Part 3: Tell us about your business. If a question does NOT apply to your business.	ess, 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 quar	ter 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 schedul and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on a	es and statements, and to the best of my knowledge Il information of which preparer has any knowledge.			
	Print your lame here Lori Cobler			
name here	Print your Itle here Finance Officer			
Date 4 /13/2020	Best daytime phone 719-784-4848			
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	ZIP code			

Schedule B (Form 941):

-		ility	•		chedule Depositor			OMB No. 1545-0029
(Rev. Jar	nuary 2017)	_	Department of the	Trea	sury — Internal Revenue Servi	e		rt for this Quarter
Employe (EIN)	er identification numbe	er	8 4 - 6	0	1 4 5 5	3	_	
Name (n	ot your trade name)	ity	Of Florence					January, February, March April, May, June
		Γ	$\begin{bmatrix} 2 & 0 & 2 & 0 \end{bmatrix}$	7			-	
Calenda	r year	L		J	(Also chec	k quarte	·	July, August, September
							4:	October, November, December
Form 9- Form 9- \$100,00	41-SS, don¹t chang 41 or Form 941-SS	e yo if v	ur tax liability by adjus ou're a semiweekly scl	tme าedเ	nts reported on any Form ile depositor or became	s 941-) one be	(or 944-X. You mu cause your accum	you file this form with Form 941 or ust fill out this form and attach it to ulated tax liability on any day was ges were paid. See Section 11 in
Month 1								
1		9	•	17	a 25		•	Tax liability for Month 1
2	12536 88	10	•	18	■ 26		•	39420 _ 53
3		11	•	19	<u> </u>			
4		12		20	■ 28		-	
5	•	13	•	21	. 29		•	
6	•	14		22	• 30		143596	
7		15		23	. 31		•	
8		16	12524 03	24	•			
Month 2								
1	•	9	-	17	■ 25			Tax liability for Month 2
2		10		18	■ 26		-	25122 . 40
3	•	11	•	19	= 27		12566 _ 20	
4	•	12	•	20	■ 28		•	
5	•	13	12556 20	21	• 29		•	
6	•	14	•	22	30			
7		15	ш	23	31			
8		16		24	•			
Month 3		n		1				
1		9		17	<u> </u>		•	Tax liability for Month 3
2		10		18	<u> </u>	<u></u>	12860 95	25878 _ 34
3		11	•	19	. 27	<u></u>	•	
4	•	12	13017 . 39	20	. 28	<u></u>	•	
5		13	•	21	. 29			
6		14		22	30			
7		15		23	3		•	
8		16	•	24				
			F10 Se 3 :	امرا	ability for the amouter Ad-44	1 , 64	ith 2 + Manth 2) 🛰	Total liability for the quarter
			Fill in your to		ability for the quarter (Month otal must equal line 12 on F			90421 _ 27

BALANCE OF AWARD

Total Award

\$324,644.00

\$0.00

	¥02.1,01.1100	
xpenses		
OVID TIME	\$30,000.00 NS	
Telework	\$64,757.30)
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	
Reimbursement #2 (Telework)	\$47,826.30	
Reimbursement #3 (Small Business Grants)	\$41,402.00	
Reimbursement #4 (Small Business Grants)	\$20,477.84	
Reimbursement #5 (Small Business Grants)	\$11,000.00	
Reimbursement #6 (Non Profit)	\$9,000.00	
Reimbursement #7 (small Business)	\$9,000.00	
Reimbursement #8(Sanitation Supplies)	\$556.53	#
Reimbursement #9 (heaters/Supplies Sanitizing))	\$1,891.18	c
Reimbursement #10 (Granicus)	\$10,131.00	c
Reimbursement #11 (Bulk Station)	\$44,299.29	c
Reimbursement #17 (Contactless window)	\$11,195.00	
Reimburse ment #12 (Barrricades)	\$1,958.12	#
Relmbursement #13 (Round 2 Small Business)	\$30,544.52	c
Reimbursement #14 (Round 2 Small Business)	\$16,000.00	c
Reimbursement #15 (Small Business and Citizen Grant)	\$9,827.44	c
Reimbursement #16 (Small Business and COVID Supplies)	\$14,621.00	#
Reimbursement #17 (Small Business Grant/Non Profit)	\$8,000.00	#
Reimbursement #18 (Small Business Grant/ Non Profit)	\$19,982.54	#
Total Reimbursements	\$324,643.76	
Reimbursed 2020	\$249,503.13	
dolar humand 2021	Č14 C21 00	
Reimbursed 2021	\$14,621.00	
	\$11,195.00	
	\$1,958.12 \$9.837.44	
	\$9,827.44 \$9,000.00	
	\$9,000.00	
	<u>\$556.53</u> \$8,000.00	
	<u>\$19,982.54</u>	
OTAL 2021 Reimbursement	<u>\$75,140.63</u>	
OTAL REIMBURSEMENT	\$324,644.00	
DALANCE OF AWARD		

	Caselle Connect® Modify Existing Employees Outtoner Indiany
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Pay code: 1-00		Regular Pay
Pay Code	Employee	Pay Code Employee Employer Leave Rates W-2/1099 Notes
Pay code:	15	
Sub code:	12	00
큺		Regular Pay
Abbrevia	Abbreviated tite:	Regular
Type:		Gross Regular V
State:		8
Identific	Identification number:	
Calculati	Calculation order:	1 Modify calculation order

Add on new employee

Allow employee options

Use as summarization pay code

Allow employer options
 Allow payout payments

Some Structure are Raycode 19

selle Connect	aselle Connect® - > Payroll - > Organization - > Pay Codes	Organization • >	Pay Codes				
aselle Connect®	Modify Existing Employees	Customer Inquiry	Reconcile Bank Accounts	Enter Journal Amounts	Financial Statements	Account Inquiry	Pay Codes 🔯
ay code:				35			
ay code: 19-00 E	19-00 Emergency Leave FFCRA						
Code Employee	3y Code Employee Employer Leave Rates W-2/1099 Notes	/1099 Notes					
Pay code:	19						
Sub code:	8						
Title:	Emergency Leave FFCRA						
Abbreviated title:	FFCRA						
Type:	Gross Regular	<					
State:	8						
Identification number:	7						
Calculation order:	21 Modify calculation order						
Add on new employee	loyee						
Allow employee options	options						
Allow employer options	ptions			翼			
Allow payout payments	yments						



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			Termination	Pay	-	0		YTD
number	Name	Primary Position	Date	Code	Title	GL Account	Amount —	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

330 Gordon, Michael 0X-XX-0660 108 Rose Dr Florence CO 81226 Office HT selle Connect® - > Payroll - > Employee Inquiry ployee Pay Positions Contacts Leave ³ay Periods Checks Pay Summary asele Connect® Modify Existing Employees | Customer Inquiry | Recordle Bank Accounts | Enter Journal Amounts | Financial Statements | Account Inquiry | Pay Codes | Employee Inquiry | Statements | Account Inquiry | Pay Codes | Employee Inquiry | Statements | Account Inquiry | Pay Codes | Employee Inquiry | Statements | Account Inquiry | Pay Codes | Employee Inquiry | Statements | Account Inquiry | Pay Codes | Employee Inquiry | Codes | Employee Inquiry | Pay Cod Telephone 1: 719-431-9897 Telephone 2: Email: Pay type: Hourly
Pay frequency: Biweekly Position: Patrolman Manager: Barth, Nancy J ✓ M 4 148 of 500 }

Amount	Hours		Year - Quarter - Month -	ster -	Month -						
			•	2022		•	2021	•	2020	e e	Grand Total
Category	Type -	Pay Code -	Amount	Hours		Amount	Hours	Amount	Hours	2	Amount Hours
- Gross	Gross Miscella 08-01 Misc Pay	08-01 Misc Pay	33.18	18	.00	54.40	.00			8	87.58
		08-06 Bonus Pay		.00	.00	.00		20		8	200.00
		08-07 DUI Grant	.00	8	.00	1,035.00		2		3	₹ 740.00
		09-03 Comp Time	9 60	3 8	3 8	2,00.00				3.00	3,240.00
	The Charles of the Charles				.00	.00	22.07	2	0	22.00	.00
	Gross Miscellaneous Total	is Total	33.18	18	.00	1,089.40	45.00	0 2,405.00		71.00	3,527.58
	☐ Gross Overtime	Gross Overtime 02-02 Police Ove	.00	00	.00	5,728.83	162.00			343.00	16,596.77
	Gross Regular	01-00 Regular Pay	6,130.04	4	245.00	42,013.04	-			.8	85,441.05
		03-01 Vacation P.	247.56	86	10.00	2,351.64				138.00	5,486.64
		04-00 Sick Leave	896.16	16	36.00	4,354.73				4.00	6,910.71
		07-01 Holiday Pay	.00	90	.00	1,189.66	50.00			\$.00	2,129.73
		07-02 Holiday W	618.90	96	10.00	1,802.61		0 1,310.81		25.00	3,732.32
		09-01 Comp Time	.00	00	.00	910.14	37.50			58.00	2,211.08
		18-00 Hazard Pay	.00	00	.00	2,143.00	.00	.00		.00	2,143.00
		19-00 Emergenc	505.02	02	20.00	.00	.0	0 968.63		50.00	1,473.65
	Gross Regular Total	a.	8,397.68	8	321.00	54,764.82	2,154.50	0 46,365.68	8 2,192.00	200	109,528.18
Gross Total			8,430.86	86	321.00	61,583.05	2,361.50	0 59,638.62	2 2,606.00	00	129,652.53
• Expense				00	.00	.00	.0	.0	0	.00	.00
Deduction			(1,764.20)	9	240.00	(10,005,13)	2,080.00	0 (8,179.89)	2,000.00	0.00	(19,949.22)
+ Tax	Manufacture of the second		(1,107.80)	9	.00	(8,272.83)	.00			.00	(17,342.71)
+ Net		CHENNE STORY OF STORY	(5,558.86)	6)	.00	(43,305.09)		0 (43,496.65)	9	8	(92,360.60)
Grand Total				6	561.00	.00	4,441.50	0	0 4,606.00	00	.00

more adaulations

Based on: Pay period date ~ Years: 3

Display:

Amount type: Employee ~

Display: Both ~

_aselle Connect® • > Payroll • > Employee Inquiry ----

1117 XXX-XX-5820 Employee: Caselle Connect® | Modify Existing Employees | Customer Inquiry | Recorde Bank Accounts | Enter Journal Amounts | Financial Statements | Account Inquiry | Pay Codes | Employee Inquiry | | Cline, Byron K 1131 Harrison Ave Canon City CO 81212 Telephone 1: 719-431-1934 Telephone 2: Email: Pay type: Hourly
Pay frequency: Biweekly Position: Patrolman Manager: Terminated ✓ |4 4 194 of 500 → |4

Amount Hours		Year - End Date -	A STATE OF THE PARTY OF THE PAR									2020							
-		05/17/2020		05/03/2020	No. of the Control of	04/19/2020		04/05/2020		03/22/2020				03/08/2020	03/08/2020	03/08/2020 02/23/2020			02/23/2020
Pay Code	4	Amount Hours	Amount		A	Amount Hours	A	Amount Hours		Amount Hours	22	Amount				Hours Amount	Hours Amount Hours	Hours Amount Hours Amount	Hours Amount Hours Amount
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			1,480.16	1,480.16 70.00	1,480.16 70.00 1,268.71	1,480.16 70.00 1,268.71 60.00	1,480.16 70.00 1,268.71 60.00 1,691.62	1,480.16 70.00 1,268.71 60.00 1,691.62 80.00
02-02 Police Overtime		.00	.00	.00	.00	.00	.8	.00	.00	317.18	10.00			.00		.00	.00 .00	.0000	.00 .00 .00
03-01 Vacation Pay		.00	.00	.00	.8	.00	.00	.00	.00	.00	.00	-	STATE OF THE PERSONS	.00		.00	.00	.00 .00	.00 .00 .00
04-00 Sick Leave Pay		.00	.00	.00	.00	.00	.0	.00	.0	.00	.00	-	2	211.45		10.00 21	10.00 211.45 1	10.00 211.45 10.00	10.00 211.45 10.00 .00
07-01 Holiday Pay	10000	.00	.00	.00	.8	.00	.0	.00	.0	.00	.0				.00	.00	.00 .00 211.45	.00 .00 211.45 10.00	.00 .00 211.45 10.00 .00
07-02 Holiday Worked		.00	.00	.00	.0	.00	.00	.00	.8	.00		×	.00		.8	.00 .00	.00 .00	.00 .00 .00	.00 .00 .00
08-06 Bonus Pay		.00	.00	.0	.00	.00	.00	.00	.8	.0	STATE SANCES	9	.0	.00	SAND TRANSPORTED BASE	.00	.00	.00 .00	.00 .00 .00 .00
09-01 Comp Time Used		.00	.00	.00	.00	.00	.00	.00	.0	.00		ò	.8		.00	.00 .00	.00 .00	.00 .00 .00	.00 .00 .00
09-03 Comp Time Earned	ď	.00	.00	.00	.0	.00	.00	.00	.00	.00		9	.00	CONTRACTOR ACTUAL ACTUA	.00	.00	.00 .00 .00	.00 .00 .00	.00 .00 .00 .00
19-00 Emergency Leave FF	e#	845.81	40.00	845,81	40.00	.00	.00	.00	.00	.00		8	.00	Contraction of the last of the	.00	.00	.00. 00.	.00 .00 .00	.00 .00 .00 .00
1-00 Uniform Allowance	ř	.00	.00	.00	.00	.00	.00	.00	.00	.00		.0	.00		.00	.00	.00 .00	.00 .00 .00	.00 .00 .00 .00
S1-03 FPPA - Police Pension	ision	(186.08)	80.00	(186.08)	80.00	(186.08)	80.00	(186.08)	80.00	(186.08)	80.00	8		(186	(186.08) 80.00	(186.08) 80.00	(186.08) 80.00 (186.08)	(186.03) 80.00 (186.08) 80.00 (186	(186,08) 80,00 (186,08) 80,00 (186,08) 80
60-06 Health Ins-EPO 4 Sin.	Sn.	.00	.00	.00	.00	.00	.00	.00	.00	.00		8			.00	.00	.00 .00	.00 .00 .00	.00 .00 .00 .00
60-12 Health Insurance - H.	-	(27.50)	.00	(27.50)	.8	(27.50)	.0	(27.50)	.0	(27.50)	.0				(27.50) .00	(27.50)	(27.50) .00 (27.50)	(27.50) .00 (27.50)	(27.50) .00 (27.50) .00 (27.50)
60-14 Health Insurance EP	8	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			.00	.00 .00	.00 .00	.00 .00 .00	.00 .00 .00	.00 .00 .00 .00
62-11 Life Insurance	100	(.56)	.00	(.56)	.8	(.56)	.00	(.%)	.8	(.56)	.00				(.\$6.)	.00	(35.) 00. (36.)	.00 (85.) 00. (87.)	(36.) 00. (36.) 00. (36.)
62-13 American Fidelity Pre.	Pre.	(14.15)	.00	(14.15)	.00	(14.15)	.00	(14.15)	.00	(14.15)	.0					(14.15) .00	(14.15) .00	(14.15) .00 (14.15) .00	(14.15) .00 (14.15) .00 (14.15)
52-14 American Fidelity Aft	Aft.	(15.63)	.00	(15.63)	.8	(15.63)	.08	(15.63)	.8	(15.63)	٠.			0 (15.63)	(15.63)	(15.63)	(15.63) .00 (15.63)	(15.63) .00 (15.63)	(15.63) .00 (15.63) .00 (15.63)
63-02 Dental Insurance Em.	9	(9.34)	.00	(9.34)	.00	(9.34)	.00	(9.34)	.00	(9.34)	٥.	\approx			(9.34)	(9.34) .00	(9.34) .00 (9.34)	(9.34) .00 (9.34) .00	(9.34) .00 (9.34) .00 (9.34)
54-02 Vision Insurance Emp	Emp	(1.50)	.00	(1.50)	.08	(1.50)	.00	(1.50)	.00	(08.1)		8			(05.1)	(05.1)	(05.1) 00. (05.1)	00. (05.1) 00. (05.1)	(05.1) 00. (05.1) 00.
74-00 Social Security		.00	.00	.00	.00	.00	.00	.00	.00	.00		ò			.00	.00 .00	.00 .00 .00	.00 .00 .00	.00 .00 .00 .00
75-00 Medicare		(23.77)	.00	(23.77)	.00	(23.77)	.08	(23.77)	.08	(28.37)		ò		.00 (23.77)	(23.77)	(23.77)	(23.77) .00 (23.77)	(23.77) .00 (23.77)	(23.77) .00 (23.77) .00
76-00 Federal Withholding	100	(149.23)	.00	(149.23)	.00	(149.23)	.00	(149.23)	.00	(195.37)		ò			(149.23) .00	(149.23) .00 ((149.23) .00 ((149.23) .00 (149.23) .00 ((149.23) .00 (149.23) .00 (149.23)
77-00 State Withholding Tax	gTax	(56.00)	.00	(56.00)	.00	(56.00)	.00	(56.00)	.00	(71.00)		8		.00 (56.00)	(56.00) .00	(56.00)	(56.00) .00 (56.00)	(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		8			.00	.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	(1,459.30)	.00			0 (1,207.85)	(1,207.85) .00 ((1,207.85)	(1,207.85) .00 (1,207.85)	(1,207.85) .00 (1,207.85) .00 (1,20	(1,207.85) .00 (1,207.85) .00 (1,207.86)
Crand Total	-	80	16000	8	160.00	8	16000									00 16000	00 160.00 00	170,00 00 160,00 00 160,00 00	30

X-XX-1117 selle Connect® ▼ > Payroll ▼ > Employee Inquiry sele Connect® ployee Pay Dodd, Janelle 534 West Main Street Florence CO 81226 Positions Contacts Leave Modify Existing Employees Customer Inquiry Telephone 1: Telephone 2: Email: Reconcile Bank Accounts Enter Journal Amounts Pay type: Pay frequency: Position: Manager: Terminated Financial Statements Account Inquiry Pay Codes Employee Inquiry 🔀 ∨ N 4 426 of 500 v

ay Periods Checks Pay Summary

01-00 Regular Pay 02-01 Overtime Pay 93-01 Vacation Pay 14-00 Sick Leave Pay irand Total 6-00 Direct Deposit 35-00 Net Pay 77-00 State Withholding Tax 50-11 Health Insurance+RP 52-07 Texas Life - PT 5-01 One America Amount Hours 4-02 Vision Insurance Emp. 3-03 Dental Insurance Fa... 3-02 Dental Insurance Em. 2-14 American Fidelity Aft. 2-13 American Fidelity Pre. 2-11 Life Insurance Pay Code 5-00 Federal Withholding +00 Social Security 4-03 Vision Insurance Family -06 Bonus Pay -01 Misc Pay -01 Holday Pay ^ Amount Year - End Date -(.56) (16.70) (42.03) (9.34) (50.00) (27.50) .00 (79.38) (18.56) (77.51) (34.00) .00 934.76 05/17/2020 .0 8 8 Hours Amount .00 (76.70) (17.94) (72.94) (32.00) (50.00) (27.50) (43.25) (43.25) (16.70) (42.03) (9.34) (1.50) 05/03/2020 Hours Amount (978.28) (18.56) (77.53) (34.00) (27.50) (16.70) (42.03) (9.34) .00 (1.50) .00 (79.38) (.56) (50.00) 133.54 04/19/2020 8 8 8 8 8 Hours 8 8 8 8 8 8 9 8 8 8 8 8 8 8 Amount 1,335.38 (1.50) .00 (76.70) (17.94) (72.94) .00 (50.00) (27.50) (43.25) (.56) (16.70) (42.03) (9.34) 04/05/2020 Hours 8 8 8 8 8 8 8 8 8 8 8 . 8 8 8 8 8 Amount (18.56) (50.00) (27.50) .00 (.56) (16.70) (42.03) (9.34) 1,335.38 (34.00) .00 03/22/2020 888888 Hours 80.00 8 8 .0 8 8 8 8 8 8 8 8 8 8 8 2020 Amount 1,335.38 (42.03) (27.50) (76.70) (16.70) (43.25) (50.00) (9.34) (,56) .8 03/08/2020 9 8 .00 Hours 80.00 8 8 9 8 8 8 8 8 8 8 8 8 8 8 8 Amount (42.03) .00 1,059.95 (50.00) (9.34) 141.88 .8 02/23/2020 .0 .0 Hours .00 8 8 8 8 8 8 8 Amount 1,335.38 .00 (32.00) (42.03) (16.70) (27.50) (50.00) .00 .00 02/09/2020 8 8 Hours 8 8 8 8 8 8 8 8 8 Amount (82,79) (19,36) (84,13) (37,00) (1,062,10) 1,201.84 133.54

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Years: 3 45

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Amount type: Employee >

Gross Total
Deduction
Tax
Net
Grand Total 550 Dodd, Janelle OC-XX-1117 534 West Main Street Florence CO 81226 ay Periods Cheds Pay Summary ployee Pay Positions Contacts Leave selle Connect® - > Payroll - > Employee Inquiry Amount type: Fmnlaves > Amount Hours selle Connect® | Modify Existing Employees | Customer Inquiry Gross Miscella... 08-01 Misc Pay Gross Regular Total Gross Regular 01-00 Regular Pay Gross Miscellaneous Total Gross Overtime 02-01 Overtime ... 08-06 Bonus Pay Pay Code -19-00 Emergenc. 07-01 Holiday Pay 04-00 Sick Leave 03-01 Vacation P. Telephone 1: Telephone 2: Email: Hours ^ Year - Quarter - Month -2022 Recondle Bank Accounts Enter Journal Amounts Financial Statements Account Inquiry Pay Codes Employee Inquiry 🔯 + Amount 11,291.04 11,337.06 (1,570.98) (1,677.50) (8,088.58) 46.02 .00 46.02 .00 8,021.57 1,445.99 420.81 Years: Pay type: Pay frequency: Hours ω Φ .00
.00
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.00
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.457.50
.82.47
.80.00
.24.00
.643.97
.643.97
.00
.00 Hourly Amount **1** Position: Manager: Terminated Hours 0 .00 480.00 480.00 .00 .00 .00 .00 .00 .00 .00 .00 24.00 April Amount 2,670.76 2,670.76 (338.51) (409.05) (1,923.20) .00 .00 .00 .00 .00 .2,537.22 .00 .00 Hours 160.00 160.00 .00 .00 .00 .00 .00 .00 .00 .00 May 4,006.14 (529.39) (608.63) (2,868.12) 4,006.14 .00 .00 .00 .00 .00 .00 133.54 .00 534.16 22 240.00 240.00 200.00 .00 8.00 32.00 .0 0 0 00 Amount June (1,923.19) 2,670.75 (409.05) 2,670.75 2,599.81 70.94 . . 8 % 9 9 9 2020 160.00 160.00 .00 .00 .00 .00 .00 155.75 4.25 .00 Amount 9,347.65 (1,206.41) (1,426.73) 9,347.65 8,475.47 70.94 133.54 .00 8888 Q2 Total .00 .00 .00 .00 .00 507.75 4.25 ~ 14 4 426 of 500 ▶ ▶ 7,494.81 183.61 66.77 267.08 .00 8,012.27 8,012.27 (974.65) (1,250.85) (5,886.77) 03 .00 445,00 111,00 480,00 480,00 .00 .00 •

XX-XX-9096 aselle Connect® ▼ > Payroll ▼ > Employee Inquiry aselle Connect® Modify Existing Employees Pay Periods Checks Pay Summary mployee Pay Positions Contacts Leave Amount Hours Philips, Nicole 206 West 7th Street Florence CO 81226 Telephone 1: Telephone 2: Email: Customer Inquiry Year + Quarter - Month - 2022 + 20 Reconcile Bank Accounts Pay type: Hourly
Pay frequency: Bweeldy 2021 Enter Journal Amounts 0 Position: Office/derk Manager: Terminated Financial Statements Account Inquiry Pay Codes Employee Inquiry 🔯 **1** 2020 Employee ✓ M 4 331 of 500 → M

Hours ō

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2 Hours

2020 Total

2 Hours

Category -	- Gross							Gross Total	Deduction	⊕ Tax	+ Net	Grand Total
-	Gross Miscella.	Gross Regular					Gross Regular Total					THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO PERSON NAMED
Pay Code .	Gross Miscella 08-06 Bonus Pay	01-00 Regular Pay	03-01 Vacation P	04-00 Sick Leave	07-01 Holiday Pay	19-00 Emergenc	3					
Hours												
Amount	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.8	.00
Hours	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
Amount	.00	6,919.90	.00	45.83	366.63	.00	7,332.36	7,332.36	(671.12)	(1,259.01)	(5,402.23)	.00
Hours	.00	453.00	.00	3.00	24.00	.00	480.00	480.00	.00	.00	.00	480.00
Amount Ho	.00	6,996.26	45.83	168.03	122.21	1,222.05	8,554.38	8,554.38	(910.92)	(1,443.15)	(6,200.31)	.00
Hours Ar	.00	458.00	3.00	11.00	8.00	80.00	560,00	560.00	.00	.00	.00	560.00
Amount	.8	6,614.39	244.41	198.59	274.97	.00	7,332.36	7,332.36	(672.80)	(1,259.01)	(5,400.55)	00
Hours	.00	4			18.00						.00	
Amount												
Hours	200.00	6,446.35	930.59	106.93	274.97	355.44	14.28	14.28	25.41)	90.20)	(6,498.67)	
An	.00	422.00	60.92	7.00	18.00	\$6.00	563.92	563.92	8	.0	.00	563.92
Amount	200.00	26,976.90	1,220.83	519.38	1,038.78	2,077,49	31,833.38	32,033.38	(3,080,25)	(5,451.37)	(23,501.76)	.00
Hours	.0	1,766.	K	34	68.00	136	2,083.92	2,083				2,083.92
Amount		2					.92 31,833,38				.00 (23,501.76)	
Hours	.00			38 34.00							.00	

Amount type: Employee ~

Years:

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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
	METERED WATER					
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
	DEBT RETIREMENT					
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
	WATER TAP FEES					
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
	OTHER INCOME					
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 02.3440.1200	WATER TURN ON FEES BULK WATER SALES	.00 11,204.62	317.23	500.00 150,000.00	182.77 (18,441.19)	63.5 112.3
02.3440.1250	BULK WATER SALES BULK WATER CARD FEES	312.00	168,441.19 5,140.00	4,000.00	(18,441.19) (1,140.00)	128.5
02.3440.1275	RAW BULK WATER	.00	393.95	1,200.00	806.05	32.8
02.3440.1300	MISCELLANOUS REVENUES	240.00	57,470.00	500.00	(56,970.00)	11494.
02.3440.1600	GOLF COURSE-UNTRTED 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
					·	
	UNRESTRICTED INTEREST					
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