

Form **1096** Annual Summary and Transmittal of U.S. Information Returns OMB No. 1545-0108
 Department of the Treasury Internal Revenue Service **2019**

FILER'S name
South Texas Educational Technologies, Inc.
 Street address (including room or suite number)
2402 E Business 83
 City or town, state or province, country, and ZIP or foreign postal code
Weslaco, Texas 78596



Name of person to contact
Alim Ansari Telephone number
(956) 969-3092
 Email address
alim.ansari@hmps.net Fax number
(956) 969-8614

1 Employer identification number **74-2859107** 2 Social security number
 3 Total number of forms **100** 4 Federal income tax withheld **\$ 0.00** 5 Total amount reported with this Form 1096
\$ 1,744,373.39

6 Enter an "X" in only one box below to indicate the type of form being filed. 7 Form 1099-MISC with NEC in box 7, check

W-2G 32	1097-BTC 50	1098 81	1098-C 78	1098-E 84	1098-F 03	1098-Q 74	1098-T 83	1099-A 80	1099-B 79	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86	1099-INT 92	1099-K 10	1099-LS 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-LTC 93	1099-MISC 95	1099-OID 96	1099-PATR 97	1099-Q 31	1099-QA 1A	1099-R 98	1099-S 75	1099-SA 94	1099-SB 43	3921 25	3922 26	5498 28	5498-ESA 72	5498-QA 2A	5498-SA 27	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature Title **Superintendent** Date **1-30-2020**

Instructions

Future developments. For the latest information about developments related to Form 1096, such as legislation enacted after it was published, go to www.irs.gov/Form1096.

Reminder. The only acceptable method of electronically filing information returns listed on this form in box 6 with the IRS is through the FIRE System. See Pub. 1220.

Purpose of form. Use this form to transmit paper Forms 1097, 1098, 1099, 3921, 3922, 5498, and W-2G to the IRS.

Caution: If you are required to file 250 or more information returns of any one type, you must file electronically. If you are required to file electronically but fail to do so, and you do not have an approved waiver, you may be subject to a penalty. For more information, see part F in the 2019 General Instructions for Certain Information Returns.

Forms 1099-QA and 5498-QA can be filed on paper only, regardless of the number of returns.

Who must file. Any person or entity who files any of the forms shown in line 6 above must file Form 1096 to transmit those forms to the IRS.

Enter the filer's name, address (including room, suite, or other unit number), and taxpayer identification number (TIN) in the spaces provided on the form. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1097, 1098, 1099, 3921, 3922, 5498, or W-2G.

When to file. File Form 1096 as follows.
 • With Forms 1097, 1098, 1099, 3921, 3922, or W-2G, file by February 28, 2020.
Caution: We recommend you file Form 1099-MISC, as a **stand-alone shipment**, by January 31, 2020, if you are reporting **nonemployee compensation (NEC)** in box 7. Also, check box 7 above.
 • With Forms 5498, file by June 1, 2020.

Where To File

Send all information returns filed on paper with Form 1096 to the following.

<p>If your principal business, office or agency, or legal residence in the case of an individual, is located in</p> <p>Alabama, Arizona, Arkansas, Delaware, Florida, Georgia, Kentucky, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Texas, Vermont, Virginia</p>	<p>Use the following address</p> <p>Department of the Treasury Internal Revenue Service Center Austin, TX 73301</p>
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Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address
Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2019
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

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

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>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	<input type="text" value="319"/>
2	Wages, tips, and other compensation	2	<input type="text" value="1746606"/> . 13
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="130357"/> . 38
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	<input type="text" value="6470"/> . 07 × 0.124 =	<input type="text" value="802"/> . 29
5b	Taxable social security tips	<input type="text" value="0"/> . 00 × 0.124 =	<input type="text" value="0"/> . 00
5c	Taxable Medicare wages & tips	<input type="text" value="1897030"/> . 19 × 0.029 =	<input type="text" value="55013"/> . 88
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value="0"/> . 00 × 0.009 =	<input type="text" value="0"/> . 00
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d		<input type="text" value="55816"/> . 16
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)		<input type="text" value="0"/> . 00
6	Total taxes before adjustments. Add lines 3, 5e, and 5f		<input type="text" value="186173"/> . 54
7	Current quarter's adjustment for fractions of cents		<input type="text" value="0"/> . 00
8	Current quarter's adjustment for sick pay		<input type="text" value="0"/> . 00
9	Current quarter's adjustments for tips and group-term life insurance		<input type="text" value="0"/> . 00
10	Total taxes after adjustments. Combine lines 6 through 9		<input type="text" value="186173"/> . 54
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974		<input type="text" value="0"/> . 00
12	Total taxes after adjustments and credits. Subtract line 11 from line 10		<input type="text" value="186173"/> . 54
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		<input type="text" value="186268"/> . 02
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions		<input type="text" value="0"/> . 00
15	Overpayment. If line 13 is more than line 12, enter the difference	<input type="text" value="94"/> . 48	Check one: <input type="checkbox"/> Apply to next return. <input checked="" type="checkbox"/> Send a refund.

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

Next ▶

Name (not your trade name) South Texas Educational Technologies, Inc	Employer identification number (EIN) 74-2859107
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Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages / / .

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year . . . Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

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

No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

Alim Ansari

Print your name here

Alim Ansari

Print your title here

Superintendent

Date

01/21/2020

Best daytime phone

(956)969-3092

Paid Preparer Use Only

Check if you are self-employed . . .

Preparer's name

PTIN

Preparer's signature

Date

/ /

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

EIN

Address

Phone

City

State

ZIP code

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) 7 4 - 2 8 5 9 1 0 7

Name (not your trade name) South Texas Educational Technologies, Inc

Calendar year 2 0 1 9 (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		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	53104 . 31
6		14		22		30	
7		15	6718 . 05	23		31	6051 . 91
8		16		24			

Tax liability for Month 1
65874 . 27

Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	47015 . 74
4		12		20	6110 . 16	28	
5		13		21		29	6250 . 16
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2
59376 . 06

Month 3

1		9		17		25	
2		10		18		26	
3		11		19		27	55883 . 98
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16	5039 . 23	24			

Tax liability for Month 3
60923 . 21

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
186173 . 54