



2355 W Pinnacle Peak Rd.
 Phoenix, AZ 85027-1261
 OneAZcu.com
 1.844.663.2928

Period End Date

05/31/25

Member #

XXXXXXXX8471

BOWIE FIRE DEPARTMENT
 PO BOX 241
 BOWIE AZ 85605

Statement Summary

Deposit Accounts		Total Balance: \$3,579.85		
Account Type	Previous Balance	Deposits	Withdrawals	Ending Balance
BUS SAVINGS ACCT (XXXXXXXX7100)	5.43	0.00	0.00	5.43
Small Business (XXXXXXXX1706)	6,025.91	9,000.00	11,451.49	3,574.42

BUS SAVINGS ACCT (XXXXXXXX7100)

Period 05-01-2025 - 05-31-2025

Previous Balance: \$5.43		Ending Balance: \$5.43	
Deposits	0.00	Dividends	0.00
Withdrawals	0.00	Dividends Earned YTD	0.00
Fees	0.00	Annual Percentage Yield Earned	.00%

Small Business (XXXXXXXX1706)

Period 05-01-2025 - 05-31-2025

Previous Balance: \$6,025.91		Ending Balance		
Date	Description	Deposits	Withdrawals	Ending Balance
05-01	External Withdrawal INTUIT 58491830 - PAYROLL 17837395		-438.60	5,587.31
05-01	External Withdrawal INTUIT 58491830 - PAYROLL 17837395		-639.81	4,947.50
05-01	External Withdrawal INTUIT 58491830 - PAYROLL 17837395		-1,805.32	3,142.18
05-09	Check 5563		-1,515.49	1,626.69
05-14	Deposit	7,000.00		8,626.69
05-15	External Withdrawal INTUIT 59667018 - PAYROLL 17837395		-559.24	8,067.45
05-15	External Withdrawal INTUIT 59667018 - PAYROLL 17837395		-639.81	7,427.64
05-15	External Withdrawal INTUIT 59667018 - PAYROLL 17837395		-1,805.32	5,622.32
05-20	Check 5565		-677.00	4,945.32
05-20	Check 5564		-799.61	4,145.71
05-22	Deposit	2,000.00		6,145.71
05-29	External Withdrawal INTUIT 59672545 - PAYROLL		-353.44	5,792.27



2355 W Pinnacle Peak Rd.
 Phoenix, AZ 85027-1261
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Period End Date

05/31/25

Member #

XXXXXXXX8471

Date	Description	Deposits	Withdrawals	Ending Balance				
	17837395							
05-29	External Withdrawal INTUIT 59672545 - PAYROLL 17837395		-412.53	5,379.74				
05-29	External Withdrawal INTUIT 59672545 - PAYROLL 17837395		-1,805.32	3,574.42				
			Ending Balance:	\$3,574.42				
Cleared Items This Period								
<u>Date</u>	<u>Check #</u>	<u>Amount</u>	<u>Date</u>	<u>Check #</u>	<u>Amount</u>	<u>Date</u>	<u>Check #</u>	<u>Amount</u>
05-09	5563	1,515.49	05-20	5564	799.61	05-20	5565	677.00
<i>* Indicates a break in check number sequence</i>								
Deposits		9,000.00	Dividends		0.00			
Withdrawals		11,451.49	Dividends Earned YTD		0.00			
Fees		0.00	Annual Percentage Yield Earned		.00%			

Reports

Standard reports

Custom reports

Management reports

< Back

Looking for Summary by Employee? [Look here](#)

Payroll details [Feedback](#)

Export

Last pay date

05/29/2025

05/29/2025

Customize

Pay date	Name	Hours	Gross pay
Total		Gross 143h Salary 80h Regular Pay 63h Adjusted gross	\$3,226.92 \$2,326.92 \$900.00 \$3,226.92
05/29/2025 05/12 - 05/25 Direct deposit	DeSpain, Elizabeth E	Gross 24h Regular 24h Adjusted gross	\$432.00 \$432.00 \$432.00
05/29/2025 05/12 - 05/25 Direct deposit	Minnick, Martin C	Gross 80h Sal 80h Adjusted gross	\$2,326.92 \$2,326.92 \$2,326.92
05/29/2025 05/12 - 05/25 Direct deposit	Nichols, Christopher J	Gross 39h Regular 39h Adjusted gross	\$468.00 \$468.00 \$468.00

Bowie Fire District
P.O. Box 241
Bowie AZ 85605

Pay Stub Detail
PAY DATE: 05/29/2025
NET PAY: \$353.44

Elizabeth E. DeSpain
P.O. Box 94
San Simon AZ 85632

EMPLOYER
Bowie Fire District
P.O. Box 241
Bowie AZ 85605

PAY PERIOD
Period Beginning: 05/12/2025
Period Ending: 05/25/2025
Pay Date: 05/29/2025
Total Hours: 24.00

EMPLOYEE
Elizabeth E. DeSpain
P.O. Box 94
San Simon AZ 85632

NET PAY: \$353.44
Acct#....4332: \$353.44

MEMO:

<u>PAY</u>	<u>Hours</u>	<u>Rate</u>	<u>Current</u>	<u>YTD</u>
Regular Pay	24.00	18.00	432.00	6,318.00

<u>DEDUCTIONS</u>	<u>Current</u>	<u>YTD</u>
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<u>TAXES</u>	<u>Current</u>	<u>YTD</u>
Federal Income Tax	18.58	361.78
Social Security	26.79	391.72
Medicare	6.26	91.61
AZ Income Tax	26.93	351.06

<u>SUMMARY</u>	<u>Current</u>	<u>YTD</u>
Total Pay	\$432.00	\$6,318.00
Taxes	\$78.56	\$1,196.17
Deductions	\$0.00	\$0.00

Net Pay \$353.44

Bowie Fire District
P.O. Box 241
Bowie AZ 85605

Pay Stub Detail
PAY DATE: 05/29/2025
NET PAY: \$412.53

Christopher J. Nichols
[REDACTED]
Bowie AZ 85605-0183

EMPLOYER
Bowie Fire District
P.O. Box 241
Bowie AZ 85605

PAY PERIOD
Period Beginning: 05/12/2025
Period Ending: 05/25/2025
Pay Date: 05/29/2025
Total Hours: 39.00

EMPLOYEE
Christopher J. Nichols
[REDACTED]
Bowie AZ 85605-0183

NET PAY: \$412.53
Acct#....6504: \$412.53

MEMO:

<u>PAY</u>	<u>Hours</u>	<u>Rate</u>	<u>Current</u>	<u>YTD</u>	<u>DEDUCTIONS</u>	<u>Current</u>	<u>YTD</u>
Regular Pay	39.00	12.00	468.00	1,908.00	Case # 913047452	12.64	12.64

<u>TAXES</u>	<u>Current</u>	<u>YTD</u>
Federal Income Tax	0.00	28.62
Social Security	29.02	118.30
Medicare	6.79	27.67
AZ Income Tax	7.02	28.62

<u>SUMMARY</u>	<u>Current</u>	<u>YTD</u>
Total Pay	\$468.00	\$1,908.00
Taxes	\$42.83	\$203.21
Deductions	\$12.64	\$12.64

Net Pay \$412.53

Bowie Fire District
P.O. Box 241
Bowie AZ 85605

Pay Stub Detail
PAY DATE: 05/29/2025
NET PAY: \$1,805.32

Martin C. Minnick
P O Box 132
Bowie AZ 85605

EMPLOYER
Bowie Fire District
P.O. Box 241
Bowie AZ 85605

PAY PERIOD
Period Beginning: 05/12/2025
Period Ending: 05/25/2025
Pay Date: 05/29/2025

EMPLOYEE
Martin C. Minnick
P O Box 132
Bowie AZ 85605

NET PAY: \$1,805.32
Acct#....8359: \$1,805.32

MEMO:

<u>PAY</u>	<u>Hours</u>	<u>Rate</u>	<u>Current</u>	<u>YTD</u>
Salary	-	-	2,326.92	25,596.12

<u>DEDUCTIONS</u>	<u>Current</u>	<u>YTD</u>

<u>TAXES</u>	<u>Current</u>	<u>YTD</u>
Federal Income Tax	262.15	2,883.65
Social Security	144.27	1,586.96
Medicare	33.74	371.14
AZ Income Tax	81.44	895.84

<u>SUMMARY</u>	<u>Current</u>	<u>YTD</u>
Total Pay	\$2,326.92	\$25,596.12
Taxes	\$521.60	\$5,737.59
Deductions	\$0.00	\$0.00

Net Pay \$1,805.32

Bowie Fire District

Payroll details report

From May 01, 2025 to May 01, 2025 for all employees from all locations

Pay date	Name	Hours	Gross pay	Other pay	Employee taxes & deductions	Net pay	Employer taxes & contributions	Total payroll cost
Total		Gross 150h	\$3,586.92		Employee taxes - \$703.19	\$2,883.73	Total \$279.60	\$3,866.52
		Salary 80h	\$2,326.92		Federal Income Tax - \$305.84		Employer taxes \$279.60	
		Regular Pay 70h	\$1,260.00		Social Security - \$222.39		FUTA Employer \$4.32	
		Adjusted gross	\$3,586.92		Medicare - \$52.01		Social Security Employer \$222.39	
					AZ Income Tax - \$122.95		Medicare Employer \$52.01	
							AZ SUI Employer \$0.88	
05/01/2025 04/14 - 04/27 Direct deposit	DeSpain, Elizabeth E	Gross 30h	\$540.00		Employee taxes - \$101.40	\$438.60	Total \$41.69	\$581.69
		Regular 30h	\$540.00		FIT - \$29.38		Employer taxes \$41.69	
		Adjusted gross	\$540.00		SS - \$33.48		SS \$33.48	
					Med - \$7.83		Med \$7.83	
					AZ PIT - \$30.71		AZ SUI \$0.38	
05/01/2025 04/14 - 04/27 Direct deposit	Minnick, Martin C	Gross 80h	\$2,326.92		Employee taxes - \$521.60	\$1,805.32	Total \$178.01	\$2,504.93
		Sal 80h	\$2,326.92		FIT - \$262.15		Employer taxes \$178.01	
		Adjusted gross	\$2,326.92		SS - \$144.27		SS \$144.27	
					Med - \$33.74		Med \$33.74	
					AZ PIT - \$81.44		AZ SUI \$0.00	
05/01/2025 04/14 - 04/27 Direct deposit	Nichols, Christopher J	Gross 40h	\$720.00		Employee taxes - \$80.19	\$639.81	Total \$59.90	\$779.90
		Regular 40h	\$720.00		FIT - \$14.31		Employer taxes \$59.90	
		Adjusted gross	\$720.00		SS - \$44.64		FUTA \$4.32	
					Med - \$10.44		SS \$44.64	
					AZ PIT - \$10.80		Med \$10.44	
							AZ SUI \$0.50	

Bowie Fire District
P.O. Box 241
Bowie AZ 85605

Pay Stub Detail
PAY DATE: 05/01/2025
NET PAY: \$639.81

Christopher J. Nichols
[REDACTED] #9
Bowie AZ 85605-0183

EMPLOYER
Bowie Fire District
P.O. Box 241
Bowie AZ 85605

PAY PERIOD
Period Beginning: 04/14/2025
Period Ending: 04/27/2025
Pay Date: 05/01/2025
Total Hours: 40.00

EMPLOYEE
Christopher J. Nichols
[REDACTED]
Bowie AZ 85605-0183

NET PAY: \$639.81
Acct#...6504: \$639.81

MEMO:

<u>PAY</u>	<u>Hours</u>	<u>Rate</u>	<u>Current</u>	<u>YTD</u>
Regular Pay	40.00	18.00	720.00	720.00

<u>DEDUCTIONS</u>	<u>Current</u>	<u>YTD</u>
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<u>TAXES</u>	<u>Current</u>	<u>YTD</u>
Federal Income Tax	14.31	14.31
Social Security	44.64	44.64
Medicare	10.44	10.44
AZ Income Tax	10.80	10.80

<u>SUMMARY</u>	<u>Current</u>	<u>YTD</u>
Total Pay	\$720.00	\$720.00
Taxes	\$80.19	\$80.19
Deductions	\$0.00	\$0.00

Net Pay \$639.81

Bowie Fire District
P.O. Box 241
Bowie AZ 85605

Pay Stub Detail
PAY DATE: 05/01/2025
NET PAY: \$438.60

Elizabeth E. DeSpain
P.O. Box 94
San Simon AZ 85632

EMPLOYER
Bowie Fire District
P.O. Box 241
Bowie AZ 85605

PAY PERIOD
Period Beginning: 04/14/2025
Period Ending: 04/27/2025
Pay Date: 05/01/2025
Total Hours: 30.00

EMPLOYEE
Elizabeth E. DeSpain
P.O. Box 94
San Simon AZ 85632

NET PAY: \$438.60
Acct#....4332: \$438.60

MEMO:

<u>PAY</u>	<u>Hours</u>	<u>Rate</u>	<u>Current</u>	<u>YTD</u>
Regular Pay	30.00	18.00	540.00	5,193.00

<u>DEDUCTIONS</u>	<u>Current</u>	<u>YTD</u>
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<u>TAXES</u>	<u>Current</u>	<u>YTD</u>
Federal Income Tax	29.38	298.52
Social Security	33.48	321.97
Medicare	7.83	75.30
AZ Income Tax	30.71	288.06

<u>SUMMARY</u>	<u>Current</u>	<u>YTD</u>
Total Pay	\$540.00	\$5,193.00
Taxes	\$101.40	\$983.85
Deductions	\$0.00	\$0.00

Net Pay \$438.60

Bowie Fire District
P.O. Box 241
Bowie AZ 85605

Pay Stub Detail
PAY DATE: 05/01/2025
NET PAY: \$1,805.32

Martin C. Minnick
P O Box 132
Bowie AZ 85605

EMPLOYER
Bowie Fire District
P.O. Box 241
Bowie AZ 85605

PAY PERIOD
Period Beginning: 04/14/2025
Period Ending: 04/27/2025
Pay Date: 05/01/2025

EMPLOYEE
Martin C. Minnick
P O Box 132
Bowie AZ 85605

NET PAY: \$1,805.32
Acct#....8359: \$1,805.32

MEMO:

<u>PAY</u>	<u>Hours</u>	<u>Rate</u>	<u>Current</u>	<u>YTD</u>
Salary	-	-	2,326.92	20,942.28

<u>DEDUCTIONS</u>	<u>Current</u>	<u>YTD</u>

<u>TAXES</u>	<u>Current</u>	<u>YTD</u>
Federal Income Tax	262.15	2,359.35
Social Security	144.27	1,298.42
Medicare	33.74	303.66
AZ Income Tax	81.44	732.96

<u>SUMMARY</u>	<u>Current</u>	<u>YTD</u>
Total Pay	\$2,326.92	\$20,942.28
Taxes	\$521.60	\$4,694.39
Deductions	\$0.00	\$0.00

Net Pay \$1,805.32

Bowie Fire District

Payroll details report

From May 15, 2025 to May 15, 2025 for all employees from all locations

Pay date	Name	Hours	Gross pay	Other pay	Employee taxes & deductions	Net pay	Employer taxes & contributions	Total payroll cost
Total		Gross 158.5h Salary 80h Regular Pay 78.5h Adjusted gross	\$3,739.92 \$2,326.92 \$1,413.00 \$3,739.92		Employee taxes -\$735.55 Federal Income Tax -\$321.14 Social Security -\$231.87 Medicare -\$54.23 AZ Income Tax -\$128.31	\$3,004.37	Total \$291.41 Employer taxes \$291.41 FUTA Employer \$4.32 Social Security Employer \$231.87 Medicare Employer \$54.23 AZ SUI Employer \$0.99	\$4,031.33
05/15/2025 04/28 - 05/11 Direct deposit	DeSpain, Elizabeth E	Gross 38.5h Regular 38.5h Adjusted gross	\$693.00 \$693.00 \$693.00		Employee taxes -\$133.76 FIT -\$44.68 SS -\$42.96 Med -\$10.05 AZ PIT -\$36.07	\$559.24	Total \$53.49 Employer taxes \$53.49 SS \$42.96 Med \$10.05 AZ SUI \$0.48	\$746.49
05/15/2025 04/28 - 05/11 Direct deposit	Minnick, Marlin C	Gross 80h Sal 80h Adjusted gross	\$2,326.92 \$2,326.92 \$2,326.92		Employee taxes -\$521.60 FIT -\$262.15 SS -\$144.27 Med -\$33.74 AZ PIT -\$81.44	\$1,805.32	Total \$178.01 Employer taxes \$178.01 SS \$144.27 Med \$33.74 AZ SUI \$0.00	\$2,504.93
05/15/2025 04/28 - 05/11 Direct deposit	Nichols, Christopher J	Gross 40h Regular 40h Adjusted gross	\$720.00 \$720.00 \$720.00		Employee taxes -\$80.19 FIT -\$14.31 SS -\$44.64 Med -\$10.44 AZ PIT -\$10.80	\$639.81	Total \$59.91 Employer taxes \$59.91 FUTA \$4.32 SS \$44.64 Med \$10.44 AZ SUI \$0.51	\$779.91

Bowie Fire District
P.O. Box 241
Bowie AZ 85605

Pay Stub Detail
PAY DATE: 05/15/2025
NET PAY: \$559.24

Elizabeth E. DeSpain
P.O. Box 94
San Simon AZ 85632

EMPLOYER
Bowie Fire District
P.O. Box 241
Bowie AZ 85605

PAY PERIOD
Period Beginning: 04/28/2025
Period Ending: 05/11/2025
Pay Date: 05/15/2025
Total Hours: 38.50

EMPLOYEE
Elizabeth E. DeSpain
P.O. Box 94
San Simon AZ 85632

NET PAY: \$559.24
Acct#....4332: \$559.24

MEMO:

<u>PAY</u>	<u>Hours</u>	<u>Rate</u>	<u>Current</u>	<u>YTD</u>
Regular Pay	38.50	18.00	693.00	5,886.00

DEDUCTIONS Current YTD

<u>TAXES</u>	<u>Current</u>	<u>YTD</u>
Federal Income Tax	44.68	343.20
Social Security	42.96	364.93
Medicare	10.05	85.35
AZ Income Tax	36.07	324.13

<u>SUMMARY</u>	<u>Current</u>	<u>YTD</u>
Total Pay	\$693.00	\$5,886.00
Taxes	\$133.76	\$1,117.61
Deductions	\$0.00	\$0.00

Net Pay **\$559.24**

Bowie Fire District
P.O. Box 241
Bowie AZ 85605

Pay Stub Detail
PAY DATE: 05/15/2025
NET PAY: \$1,805.32

Martin C. Minnick
P O Box 132
Bowie AZ 85605

EMPLOYER
Bowie Fire District
P.O. Box 241
Bowie AZ 85605

PAY PERIOD
Period Beginning: 04/28/2025
Period Ending: 05/11/2025
Pay Date: 05/15/2025

EMPLOYEE
Martin C. Minnick
P O Box 132
Bowie AZ 85605

NET PAY: \$1,805.32
Acct#....8359: \$1,805.32

MEMO:

<u>PAY</u>	<u>Hours</u>	<u>Rate</u>	<u>Current</u>	<u>YTD</u>
Salary	-	-	2,326.92	23,269.20

<u>DEDUCTIONS</u>	<u>Current</u>	<u>YTD</u>

<u>TAXES</u>	<u>Current</u>	<u>YTD</u>
Federal Income Tax	262.15	2,621.50
Social Security	144.27	1,442.69
Medicare	33.74	337.40
AZ Income Tax	81.44	814.40

<u>SUMMARY</u>	<u>Current</u>	<u>YTD</u>
Total Pay	\$2,326.92	\$23,269.20
Taxes	\$521.60	\$5,215.99
Deductions	\$0.00	\$0.00

Net Pay **\$1,805.32**

Bowie Fire District
P.O. Box 241
Bowie AZ 85605

Pay Stub Detail
PAY DATE: 05/15/2025
NET PAY: \$639.81

Christopher J. Nichols
[REDACTED]
Bowie AZ 85605-0183

EMPLOYER
Bowie Fire District
P.O. Box 241
Bowie AZ 85605

PAY PERIOD
Period Beginning: 04/28/2025
Period Ending: 05/11/2025
Pay Date: 05/15/2025
Total Hours: 40.00

EMPLOYEE
Christopher J. Nichols
[REDACTED]
Bowie AZ 85605-0183

NET PAY: \$639.81
Acct#...6504: \$639.81

MEMO:

<u>PAY</u>	<u>Hours</u>	<u>Rate</u>	<u>Current</u>	<u>YTD</u>
Regular Pay	40.00	18.00	720.00	1,440.00

<u>DEDUCTIONS</u>	<u>Current</u>	<u>YTD</u>
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<u>TAXES</u>	<u>Current</u>	<u>YTD</u>
Federal Income Tax	14.31	28.62
Social Security	44.64	89.28
Medicare	10.44	20.88
AZ Income Tax	10.80	21.60

<u>SUMMARY</u>	<u>Current</u>	<u>YTD</u>
Total Pay	\$720.00	\$1,440.00
Taxes	\$80.19	\$160.38
Deductions	\$0.00	\$0.00

Net Pay **\$639.81**

Bowie Fire District

P.O. Box 241
Bowie, AZ 85605
520-847-2553

ARIZONA STATE CU
280 W. MAIN ST.
SAFFORD, AZ 85546
91-7249/3221

5563

5-8-25

PAY TO THE
ORDER OF

Cochise County Treasurer

\$ 1,515.49

One Thousand Five Hundred Fifteen + 49/100 ~ DOLLARS

PROTECTED AGAINST FRAUD



Qtr 2

941 For April 2025

Beth DePa
Met Met

MEMO

Bowie Fire District

5563

Federal	605.15	5-8-25
SS	368.90	
SS	368.90	737.80
Med	86.27	
med	86.27	172.54

Bowie Fire District

1,515.49 ✓

5563

PAYMENT
RECORD

Federal 605.15

5-8-25

SS

368.90

SS

368.90

Med

86.27

med

86.27

1,515.49

PAYMENT RECORD



Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	270553364406770
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PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
Taxpayer EIN	xxxxx9510
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q1/2025
Payment Amount	\$1,515.49
Settlement Date	05/13/2025
Subcategories:	
1 Social Security	\$737.80
2 Medicare	\$172.54
3 Tax Withholding	\$605.15
Account Number	xxxxx8493
Account Type	CHECKING
Routing Number	122100024
Bank Name	JPMORGAN CHASE BANK, NA

Bowie Fire District

P.O. Box 241
Bowie AZ 85605
520-847-2553

ARIZONA STATE CU
280 W. MAIN ST
SAFFORD, AZ 85546
91-7249/3221

5564

12 May 2025

PAY TO THE
ORDER OF

Arizona Department of Revenue

\$ 799.61/xx

Seven-hundred-ninety-nine and 61/100

DOLLARS

PROTECTED AGAINST FRAUD

MEMO

GH 10/1/24-12/31/24

EIN 86-0589510

Buck DeSp
Mick Mick

Bowie Fire District

5564

Bowie Fire District

5564

PAYMENT
RECORD



10515



105151



Rev 6

PAYMENT
RECORD



105151



DO NOT file more than one original A1-QRT per EIN per quarter.

Part 1 Taxpayer Information (Refer to the instruction before completing Part 1.)

Business Name (As listed on the Arizona Joint Tax Application) <u>Bowie Fire District</u>	Employer Identification Number (EIN) 86-0589510
Number and street or PO Box <u>PO Box 241</u>	QUARTER AND YEAR 4 2024
City or town, state and ZIP Code <u>Bowie AZ 85605</u>	↑ Enter Quarter (1, 2, 3 or 4) and four digits of year. See instructions.
Business telephone number (with area code) <u>(520) 847-2553</u>	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 89 X
Check box if: A <input type="checkbox"/> Amended Return B <input type="checkbox"/> Address Change C <input type="checkbox"/> Final Return (CANCEL ACCOUNT) If this is your final return, the department will cancel your withholding account. Enter the date final wages were paid and complete Part 6	81 PM 86 RCVD
D <input type="checkbox"/> Check this box if this form is being filed by the surviving employer and the periods covered by this return are for less than three (3) months. Also enter the following: Predecessor Employer Name..... Predecessor Employer EIN.....	
E Total Arizona payroll for this quarter.....	\$ 20484 78
F Total number of employees paid Arizona wages for this quarter.....	2

Part 2 Tax Liability Schedule Include all withholding amounts from all sources (i.e. wages & salary, pensions & annuities, gambling winnings, etc.). See instructions.

A. Quarterly Deposit Schedule: Complete if prior 4 quarter average was not more than \$1,500.

A1 Tax Liability. Enter the total amount withheld during the quarter. Also enter this amount on Part 3, line 1..... A1 799 61

Complete Section A above OR Section B below; DO NOT COMPLETE BOTH.

B. Monthly or Semi-Weekly/Next Day Deposit Schedule: Complete if prior 4 quarter average was greater than \$1,500.

Semi-weekly depositors and taxpayers with a next-day tax deposit obligation during the quarter, CHECK THIS BOX and complete Part 4.

For lines B1 through B3, enter the total amount withheld for each month in the quarter.

B1 Month 1 Liability.....	B1		
B2 Month 2 Liability.....	B2		
B3 Month 3 Liability.....	B3		
B4 Total. Enter this amount on Part 3, line 1.....	B4		

Part 3 Tax Computation (See instructions.)

1 Liability: Enter the amount from line A1 or line B4.....	1	799	61
2 Payments made during this quarter.....	2		
3 Total Amount Due: Subtract line 2 from line 1. Enter the difference. Use a minus sign to indicate a negative amount.....	3	799	61

Declaration: Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.

Please Sign Here: Chris Nichols 5/12/2025 (520) 847-2553
TAXPAYER'S SIGNATURE DATE BUSINESS TELEPHONE NUMBER

Paid Preparer's Use Only: Bowie Fire District 86-0589510
FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) FIRM'S EIN
118 W Kinchilfa (520) 847-2553
FIRM'S STREET ADDRESS FIRM'S TELEPHONE NUMBER
Bowie AZ 85605
CITY STATE ZIP CODE

▶ Payment by EFT may be required. See instructions.
▶ This form must be e-filed unless the taxpayer has a waiver or is exempt from e-filing. See instructions

Name (as shown on page 1)
Bowie Fire District EIN
86-0589510

Part 4 Semi-Weekly/Next Day Deposit Schedule

A. First Month of Quarter (Days of the Month)

1	<input type="checkbox"/>	8	<input type="checkbox"/>	15	<input type="checkbox"/>	22	<input type="checkbox"/>	29	<input type="checkbox"/>
2	<input type="checkbox"/>	9	<input type="checkbox"/>	16	<input type="checkbox"/>	23	<input type="checkbox"/>	30	<input type="checkbox"/>
3	<input type="checkbox"/>	10	<input type="checkbox"/>	17	<input type="checkbox"/>	24	<input type="checkbox"/>	31	<input type="checkbox"/>
4	<input type="checkbox"/>	11	<input type="checkbox"/>	18	<input type="checkbox"/>	25	<input type="checkbox"/>		
5	<input type="checkbox"/>	12	<input type="checkbox"/>	19	<input type="checkbox"/>	26	<input type="checkbox"/>		
6	<input type="checkbox"/>	13	<input type="checkbox"/>	20	<input type="checkbox"/>	27	<input type="checkbox"/>		
7	<input type="checkbox"/>	14	<input type="checkbox"/>	21	<input type="checkbox"/>	28	<input type="checkbox"/>		

Check a box only if you had a next-banking day deposit obligation.

Month 1 Liability: Enter total here and on Part 2, line B1..... \$

B. Second Month of Quarter (Days of the Month)

1	<input type="checkbox"/>	8	<input type="checkbox"/>	15	<input type="checkbox"/>	22	<input type="checkbox"/>	29	<input type="checkbox"/>
2	<input type="checkbox"/>	9	<input type="checkbox"/>	16	<input type="checkbox"/>	23	<input type="checkbox"/>	30	<input type="checkbox"/>
3	<input type="checkbox"/>	10	<input type="checkbox"/>	17	<input type="checkbox"/>	24	<input type="checkbox"/>	31	<input type="checkbox"/>
4	<input type="checkbox"/>	11	<input type="checkbox"/>	18	<input type="checkbox"/>	25	<input type="checkbox"/>		
5	<input type="checkbox"/>	12	<input type="checkbox"/>	19	<input type="checkbox"/>	26	<input type="checkbox"/>		
6	<input type="checkbox"/>	13	<input type="checkbox"/>	20	<input type="checkbox"/>	27	<input type="checkbox"/>		
7	<input type="checkbox"/>	14	<input type="checkbox"/>	21	<input type="checkbox"/>	28	<input type="checkbox"/>		

Check a box only if you had a next-banking day deposit obligation.

Month 2 Liability: Enter total here and on Part 2, line B2..... \$

C. Third Month of Quarter (Days of the Month)

1	<input type="checkbox"/>	8	<input type="checkbox"/>	15	<input type="checkbox"/>	22	<input type="checkbox"/>	29	<input type="checkbox"/>
2	<input type="checkbox"/>	9	<input type="checkbox"/>	16	<input type="checkbox"/>	23	<input type="checkbox"/>	30	<input type="checkbox"/>
3	<input type="checkbox"/>	10	<input type="checkbox"/>	17	<input type="checkbox"/>	24	<input type="checkbox"/>	31	<input type="checkbox"/>
4	<input type="checkbox"/>	11	<input type="checkbox"/>	18	<input type="checkbox"/>	25	<input type="checkbox"/>		
5	<input type="checkbox"/>	12	<input type="checkbox"/>	19	<input type="checkbox"/>	26	<input type="checkbox"/>		
6	<input type="checkbox"/>	13	<input type="checkbox"/>	20	<input type="checkbox"/>	27	<input type="checkbox"/>		
7	<input type="checkbox"/>	14	<input type="checkbox"/>	21	<input type="checkbox"/>	28	<input type="checkbox"/>		

Check a box only if you had a next-banking day deposit obligation.

Month 3 Liability: Enter total here and on Part 2, line B3..... \$

Part 5 Amended Form A1-QRT Return Information

If you checked the box "Amended Return" in Part 1, explain why an amended Form A1-QRT is being filed (include additional sheets, if necessary):

Part 6 Final Form A1-QRT

If you checked the box "Final Return" in Part 1, check the box that indicates why this is a final return:

- 1 Reorganization or change in business entity (example: from corporation to partnership).
- 2 Business sold.
- 3 Business stopped paying wages and will not have any employees in the future.
- 4 Business permanently closed.
- 5 Business has only leased or temporary agency employees.
- 6 Other (specify reason): _____
- 7 Check this box if records will be kept at a location different from the address shown in Part 1.
 Name: _____
 Number and Street: _____
 City: _____ State: _____ ZIP Code: _____
- 8 Check this box if there is a successor employer.
 Name: _____ EIN: _____
 Number and Street: _____
 City: _____ State: _____ ZIP Code: _____

Instructions for Filing Form A1-QRT

Quarterly Withholding Tax Return

File Form A1-QRT quarterly to report your withholding tax liability and payments.

To file

1. Review the account information on the completed form. To edit, go to your account settings.
2. Print your return.
3. Sign and date your return.
4. Write a check for the amount due, payable to: Arizona Department of Revenue. Include EIN on payment.
5. Mail the form and check to the agency using the address on the form. Or go to the agency website and follow their instructions.

You can view your submitted form in your **Archived forms**.

Your form and payment are due on 01/31/2025

Bowie Fire District

P.O. Box 241
Bowie AZ 85605
520-847-2553

ARIZONA STATE CU
280 W. MAIN ST.
SAFFORD, AZ 85646
91-7249/3221

5565

12 May 2025

PAY TO THE
ORDER OF

Arizona Department of Revenue

\$ 677. ~~xx~~ ~~xx~~

Six hundred-seventy-seven and NO/100

DOLLARS

PROTECTED AGAINST FRAUD



MEMO

1/1/25-3/31/25

EIN 86-0589510

Beth D. Sp...
M.L. M...

Bowie Fire District

5565

Bowie Fire District

5565

PAYMENT
RECORD



PAYMENT
RECORD



DO NOT file more than one original A1-QRT per EIN per quarter.

Part 1 Taxpayer Information (Refer to the instruction before completing Part 1.)

Business Name (As listed on the Arizona Joint Tax Application) Bowie Fire District	Employer Identification Number (EIN) 86-0589510
Number and street or PO Box PO Box 241	QUARTER AND YEAR 1 1 2 0 2 5
City or town, state and ZIP Code Bowie AZ 85605	↑ Enter Quarter (1, 2, 3 or 4) and four digits of year. See instructions. REVENUE USE ONLY. DO NOT MARK IN THIS AREA. [88] [89] <input checked="" type="checkbox"/>
Business telephone number (with area code) (520) 847-2553	
Check box if: A <input type="checkbox"/> Amended Return B <input type="checkbox"/> Address Change C <input type="checkbox"/> Final Return (CANCEL ACCOUNT) If this is your final return, the department will cancel your withholding account. Enter the date final wages were paid and complete Part 6 D <input type="checkbox"/> Check this box if this form is being filed by the surviving employer and the periods covered by this return are for less than three (3) months. Also enter the following: Predecessor Employer Name Predecessor Employer EIN.....	[81] PM [66] RCVD
E Total Arizona payroll for this quarter.....	\$ 17318 52
F Total number of employees paid Arizona wages for this quarter.....	2

Part 2 Tax Liability Schedule Include all withholding amounts from all sources (i.e. wages & salary, pensions & annuities, gambling winnings, etc.). See instructions.

A. Quarterly Deposit Schedule: Complete if prior 4 quarter average was not more than \$1,500.

A1 Tax Liability. Enter the total amount withheld during the quarter. Also enter this amount on Part 3, line 1..... A1 **677 00**

Complete Section A above **OR** Section B below; **DO NOT COMPLETE BOTH.**

B. Monthly or Semi-Weekly/Next Day Deposit Schedule: Complete if prior 4 quarter average was greater than \$1,500.

Semi-weekly depositors and taxpayers with a next-day tax deposit obligation during the quarter, CHECK THIS BOX and complete Part 4.

For lines B1 through B3, enter the total amount withheld for each month in the quarter.

B1 Month 1 Liability.....	B1		
B2 Month 2 Liability.....	B2		
B3 Month 3 Liability.....	B3		
B4 Total. Enter this amount on Part 3, line 1.....	B4		

Part 3 Tax Computation (See instructions.)

1 Liability: Enter the amount from line A1 or line B4.....	1	677 00
2 Payments made during this quarter.....	2	
3 Total Amount Due: Subtract line 2 from line 1. Enter the difference. Use a minus sign to indicate a negative amount.....	3	677 00

Declaration. Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.

Please Sign Here: *[Signature]* TAXPAYER'S SIGNATURE 5/12/2025 DATE (520) 847-2553 BUSINESS TELEPHONE NUMBER

Paid Preparer's Use Only: PAID PREPARER'S SIGNATURE *[Signature]* DATE _____ PAID PREPARER'S PTIN 86-0589510
 FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED), Bowie Fire District FIRM'S EIN
 FIRM'S STREET ADDRESS 118 W Kinchilla FIRM'S TELEPHONE NUMBER (520) 847-2553
 CITY Bowie STATE AZ ZIP CODE 85605

▶ Payment by EFT may be required. See instructions.
 ▶ This form must be e-filed unless the taxpayer has a waiver or is exempt from e-filing. See instructions

Name (as shown on page 1) **Bowie Fire District** EIN **86-0589510**

Part 4 Semi-Weekly/Next Day Deposit Schedule

A. First Month of Quarter (Days of the Month)

1	<input type="checkbox"/>	8	<input type="checkbox"/>	15	<input type="checkbox"/>	22	<input type="checkbox"/>	29	<input type="checkbox"/>
2	<input type="checkbox"/>	9	<input type="checkbox"/>	16	<input type="checkbox"/>	23	<input type="checkbox"/>	30	<input type="checkbox"/>
3	<input type="checkbox"/>	10	<input type="checkbox"/>	17	<input type="checkbox"/>	24	<input type="checkbox"/>	31	<input type="checkbox"/>
4	<input type="checkbox"/>	11	<input type="checkbox"/>	18	<input type="checkbox"/>	25	<input type="checkbox"/>	Check a box only if you had a next-banking day deposit obligation.	
5	<input type="checkbox"/>	12	<input type="checkbox"/>	19	<input type="checkbox"/>	26	<input type="checkbox"/>		
6	<input type="checkbox"/>	13	<input type="checkbox"/>	20	<input type="checkbox"/>	27	<input type="checkbox"/>		
7	<input type="checkbox"/>	14	<input type="checkbox"/>	21	<input type="checkbox"/>	28	<input type="checkbox"/>		

Month 1 Liability: Enter total here and on Part 2, line B1..... \$

B. Second Month of Quarter (Days of the Month)

1	<input type="checkbox"/>	8	<input type="checkbox"/>	15	<input type="checkbox"/>	22	<input type="checkbox"/>	29	<input type="checkbox"/>
2	<input type="checkbox"/>	9	<input type="checkbox"/>	16	<input type="checkbox"/>	23	<input type="checkbox"/>	30	<input type="checkbox"/>
3	<input type="checkbox"/>	10	<input type="checkbox"/>	17	<input type="checkbox"/>	24	<input type="checkbox"/>	31	<input type="checkbox"/>
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6	<input type="checkbox"/>	13	<input type="checkbox"/>	20	<input type="checkbox"/>	27	<input type="checkbox"/>		
7	<input type="checkbox"/>	14	<input type="checkbox"/>	21	<input type="checkbox"/>	28	<input type="checkbox"/>		

Month 2 Liability: Enter total here and on Part 2, line B2..... \$

C. Third Month of Quarter (Days of the Month)

1	<input type="checkbox"/>	8	<input type="checkbox"/>	15	<input type="checkbox"/>	22	<input type="checkbox"/>	29	<input type="checkbox"/>
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3	<input type="checkbox"/>	10	<input type="checkbox"/>	17	<input type="checkbox"/>	24	<input type="checkbox"/>	31	<input type="checkbox"/>
4	<input type="checkbox"/>	11	<input type="checkbox"/>	18	<input type="checkbox"/>	25	<input type="checkbox"/>	Check a box only if you had a next-banking day deposit obligation.	
5	<input type="checkbox"/>	12	<input type="checkbox"/>	19	<input type="checkbox"/>	26	<input type="checkbox"/>		
6	<input type="checkbox"/>	13	<input type="checkbox"/>	20	<input type="checkbox"/>	27	<input type="checkbox"/>		
7	<input type="checkbox"/>	14	<input type="checkbox"/>	21	<input type="checkbox"/>	28	<input type="checkbox"/>		

Month 3 Liability: Enter total here and on Part 2, line B3..... \$

Part 5 Amended Form A1-QRT Return Information

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7 Check this box if records will be kept at a location different from the address shown in Part 1.
 Name: _____
 Number and Street: _____
 City: _____ State: _____ ZIP Code: _____

8 Check this box if there is a successor employer.
 Name: _____ EIN: _____
 Number and Street: _____
 City: _____ State: _____ ZIP Code: _____

Instructions for Filing Form A1-QRT

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2. Print your return.
3. Sign and date your return.
4. Write a check for the amount due, payable to: Arizona Department of Revenue. Include EIN on payment.
5. Mail the form and check to the agency using the address on the form. Or go to the agency website and follow their instructions.

You can view your submitted form in your **Archived forms**.

Your form and payment are due on 04/30/2025

Bowie Fire District

P.O. Box 241
Bowie, AZ 85605
520-847-2553

ARIZONA STATE CU
280 W. MAIN ST.
SAFFORD, AZ 85546
91-7249/3221

5566

May 15th 2025

PAY TO THE
ORDER OF

Arizona Department of Revenue

\$ 251.26/xx

Two-hundred-fifty-one and 26/100

DOLLARS

PROTECTED AGAINST FRAUD



MEMO

86-0586510

4/1-4/30 Q2

4/28-5/11 Q2

Beth De...
mt...

Bowie Fire District

5566

Bowie Fire District

5566

PAYMENT
RECORD



PAYMENT
RECORD





Deposit cash or checks
at most Chase ATMs.
An image of your check can
be printed on your receipt.

My Transaction Summary

Transaction #24
Account Number Ending In: 8493
Checking Deposit \$1,515.49

Further review may result in delayed
availability of this deposit

.....

JPMorgan Chase Bank, N.A.
Safford, Branch 000009
1-800-935-9935

Your satisfaction matters. Share your
feedback at: chase.com/sendusfeedback

Member FDIC, Equal Housing Lender
Please keep your receipt
05/08/2025 13:37

Business Date 05/08/2025
Session #13

Thank you - James
Cashbox #03

Payroll direct deposit receipt for Bowie Fire District

From QuickBooks Online Payroll <QBOPayrollNoReply@intuit.com>

Date Wed 5/14/2025 8:02 PM

To bowiefiredist@vtc.net <bowiefiredist@vtc.net>



Payroll direct deposit receipt

Your direct deposit for Bowie Fire District.

Total amount

\$3004.37

Withdrawn on 05/15/2025

Paid to employees on 05/15/2025

From account ending1706

Transaction ID 8aa2f47896c861de0196cfe23e574bc4

To Employees

Martin C. Minnick
Christopher J. Nichols
Elizabeth E. DeSpain

No transfer fees or taxes apply

Direct deposit services brought to you by:

Intuit Payments Inc.

2700 Coast Avenue, Mountain View, CA 94043

Payroll direct deposit receipt for Bowie Fire District

From QuickBooks Online Payroll <QBOPayrollNoReply@intuit.com>
Date Wed 5/28/2025 7:05 PM
To bowiefiredist@vtc.net <bowiefiredist@vtc.net>



Payroll direct deposit receipt

Your direct deposit for Bowie Fire District.

Total amount

\$2571.29

Withdrawn on	05/29/2025
Paid to employees on	05/29/2025
From account ending1706
Transaction ID	8aa2fa9f971564be0197180c81f07e2f

To Employees

Christopher J. Nichols
Elizabeth E. DeSpain
Martin C. Minnick

No transfer fees or taxes apply

Direct deposit services brought to you by:
Intuit Payments Inc.
2700 Coast Avenue, Mountain View, CA 94043