

**RESOLUTION 2017-04**

**A RESOLUTION OF THE BOARD OF DIRECTORS OF THE HORN BROOK COMMUNITY SERVICES DISTRICT AUTHORIZING AGREEMENT WITH BANK OF THE WEST TO PARTICIPATE IN THE CSDA DISTRICT PURCHASING CARD PROGRAM**

**WHEREAS**, Credit cards and purchasing cards are mechanisms for purchasing goods and services for the convenience of the Hornbrook Community Services District (District); and

**WHEREAS**, the California Special Districts Association (CSDA) has negotiated with Bank of the West to provide a Purchasing Card Program for vendor payments, purchasing, travel or fleet transactions, and

**WHEREAS**, the CSDA District Purchasing Card Program (Program) is available to members of the CSDA and the District is a member of the CSDA; and

**WHEREAS**, the Program requires an application for credit approval, a resolution by the District Governing Board, and District policy and procedures regarding the use of the credit cards; and

**WHEREAS**, the District has a Standard Practice of procedures for using credit cards as required by the Program,

**NOW THEREFORE BE IT RESOLVED**, that the Governing Board of the Hornbrook Community Services District directs the following actions:

- a. Authorize participation with Bank of the West in the CSDA District Purchasing Card program
- b. Authorize the application to the Program for credit cards or purchasing cards;
- c. Authorize the Board President to execute any necessary agreements

**BE IT FURTHER RESOLVED**, that this Resolution shall take effect immediately upon adoption.

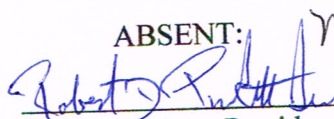
**PASSED AND ADOPTED** by the Board of Directors of the Hornbrook Community Services District on January 24, 2017 by the following vote:

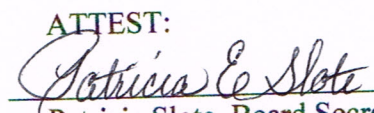
AYES: Puckett, Schaeffler, Tullado, Slote

NOES: -0-

ABSTAIN: -0-

ABSENT: Moody

  
Robert Puckett, President

ATTEST:  
  
Patricia Slote, Board Secretary

Board of Directors

Form **941 for 2017: Employer's QUARTERLY Federal Tax Return**  
 (Rev. January 2017) Department of the Treasury — Internal Revenue Service

950117  
 OMB No. 1545-0029

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/country Foreign postal code

**Report for this Quarter of 2017**  
 (Check one.)

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

Instructions and prior year forms are available at [www.irs.gov/form941](http://www.irs.gov/form941).

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="1"/>
2	Wages, tips, and other compensation	2	<input type="text" value="3007.50"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="250.29"/>
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.	
		<b>Column 1</b>	<b>Column 2</b>
5a	Taxable social security wages	<input type="text" value="3007.50"/>	<input type="text" value="372.93"/>
5b	Taxable social security tips	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
5c	Taxable Medicare wages & tips	<input type="text" value="3007.50"/>	<input type="text" value="87.22"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e <input type="text" value="460.15"/>	
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f <input type="text" value="0.00"/>	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6 <input type="text" value="710.44"/>	
7	Current quarter's adjustment for fractions of cents	7 <input type="text" value="0.00"/>	
8	Current quarter's adjustment for sick pay	8 <input type="text" value="0.00"/>	
9	Current quarter's adjustments for tips and group-term life insurance	9 <input type="text" value="0.00"/>	
10	Total taxes after adjustments. Combine lines 6 through 9	10 <input type="text" value="710.44"/>	
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11 <input type="text" value="0.00"/>	
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12 <input type="text" value="710.44"/>	
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13 <input type="text" value="0.00"/>	
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14 <input type="text" value="710.44"/>	
15	Overpayment. If line 13 is more than line 12, enter the difference <input type="text"/>	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	



Employment  
Development  
Department  
State of California

# PAYROLL TAX DEPOSIT DE 88ALL

(TYPE OR PRINT IN BLACK INK ONLY)

## 1. PAY DATE: MUST BE COMPLETED

0 3 3 0 1 7  
(Last PAY DATE covered by deposit)

## 2. DEPOSIT SCHEDULE: (MUST MARK ONE BOX)

NEXT DAY  A)

SEMIWEEKLY  B)

MONTHLY  C)

QUARTERLY  D)

3. QUARTER COVERED 1 7 1

## 4. DEPOSIT AMOUNTS:

Rate	Tax	PAY THIS AMOUNT							
UI				1	8	6	4	7	
ETT									
SDI					2	7	0	7	
California PIT							5	4	9
Penalty									
Interest									
<b>TOTAL \$ PAID</b>					2	1	9	0	3

EMPLOYMENT DEVELOPMENT DEPT

Employer Name  
HORN BROOK COMMUNITY SERVICE DISTRICT  
Employer ID#

P O BOX 826276  
SACRAMENTO, CA 94230-6276

Indicate your Account Number here: Please enter on your check

2 8 8 0 2 4 0 3

CUT ALONG DASHED LINES

PREPARER'S SIGNATURE

TELEPHONE NO.

(530) 937-3279

DEPARTMENT USE ONLY

CUT ALONG DASHED LINES

DE 88ALL Rev. 18 (1-12)

TOTAL LINES A THROUGH F.  
DO NOT FOLD OR STAPLE.  
Make check payable to EDD.

CUT ALONG DASHED LINES