Form 941 for 2024: Employer's QUARTERLY Federal Tax Return
(Rev. March 2024) Department of the Treasury — Internal Revenue Service

950124

OMB No. 1545-0029

Emplo	yerid	ientification n	umber (EIN)						ort for this Quarter of 2024 k one.)	
Name (not your trade name) Lancaster Stones LLC							1: January, February, March			
							✓ 2: April, May, June			
Trade	rade name (If any) Lancaster Stones LLC						3: July, August, September			
Addr	ess		Incoln Hwy East					4:	October, November, December	
		Number	Street		Suite or roor				www.irs.gov/Form941 for	
		Kinzer	'S	PA State	1753		ır	nstruc	tions and the latest information.	
		City		State	7	7				
		Foreign coun	try name	Foreign province/county	Foreign po	stal code				
Read to	ne se	eparate ins	structions before you comp	olete Form 941. Type or	print within the	ne boxes.				
Part 1		Answer t Mariana	hese questions for this	quarter. Employers i Islands, and Puerto i	n American	Samoa, Gu			mmonwealth of the Northern you have employees who are	
1			nployees who received w r. 12 (Quarter 1), June 12 (1	3	
	Inci	iuuing: wa	r. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Q	uarter 3j, or D	ec. 12 (Gua	rter 4)	וי		
2	Wa	ges, tips,	and other compensation					2	\$1500,00	
3	Fed	deral incor	ne tax withheld from wa	ges, tips, and other co	mpensation			3	\$150-00	
4	lf n	o wages, 1	tips, and other compens	ation are subject to so	cial security	or Medicar	e tax	(Check here and go to line 6.	
				Column 1			mn 2			
5a	Тах	cable socia	al security wages	\$1500.00	× 0.124 =	\$	186.0	00		
5b	Тах	able socia	al security tips		× 0.124 =					
5c	Tax	Taxable Medicare wages & tips \$1500 • 00 × 0.029 = \$43				\$43.5	5			
5d			es & tips subject to edicare Tax withholding		× 0.009 =					
5e	Tota	al social se	ecurity and Medicare taxes	. Add Column 2 from line	es 5a, 5b, 5c, a	ınd 5d		5e	\$229•5	
5f	Sec	ction 3121	(q) Notice and Demand-	Tax due on unreporte	d tips (see ins	structions)		5f [•	
6	Tot	tal taxes b	efore adjustments. Add I	ines 3, 5e, and 5f				6	\$379•5	
7	Cur	rrent quar	ter's adjustment for fract	tions of cents				7 [
8	Cur	rrent quar	ter's adjustment for sick	рау				8		
9	Cur	rrent quar	ter's adjustments for tips	and group-term life i	nsurance .			9		
10	Tot	tal taxes a	fter adjustments. Combir	ne lines 6 through 9 .				10	\$379.5	
11	Qua	alified sma	ll business payroll tax cre	dit for increasing resea	rch activities.	Attach Form	n 8974	11		
12	Tot	tal taxes a	fter adjustments and nor	refundable credits. S	ubtract line 11	from line 10	0	12		
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter 13									
14	Bala	ance due.	If line 12 is more than line	13, enter the difference	and see inst	ructions .		14		
15	Ove	erpayment.	If line 13 is more than line 12	2, enter the difference			Check o	ne: [Apply to next return. Send a refund.	
Yo	u MU	UST comp	lete both pages of Form	941 and SIGN it.						

La	ncaster Stones LLC			Employer Identification number (EIN)				
	bout your deposit schedu	le and tax liability for th	nis quarter.					
If you're unsure abo	ut whether you're a monthl	y schedule depositor or	a semiweekly sch	nedule depositor, see section 11 of Pub. 15.				
16 Check one:	for the prior quarter was less than \$2,500, ng the current quarter. If line 12 for the prior or more, you must provide a record of your lete the deposit schedule below; if you're a Part 3.							
	You were a monthly sol liability for the quarter, the		entire quarter. E	nter your tax liability for each month and total				
	Tax liability: Month 1							
	Month 2		•					
	Month 3							
	Total liability for quarter		■ Total r	nust equal line 12.				
You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.								
Part 3: Tell us a	bout your business. If a qu	uestion does NOT appl	y to your busines	ss, leave it blank.				
17 If your busine	17 If your business has closed or you stopped paying wages							
enter the final	date you paid wages	/ / ; also att	ach a statement to	your return. See instructions.				
18 If you're a se								
	speak with your third-part			Line American Income Constitution of the Const				
for details.	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								
Sele	Select a 5-digit personal identification number (PIN) to use when talking to the IRS.							
☐ No.								
	e. You MUST complete bo furv. I declare that I have examin			and statements, and to the best of my knowledge				
				nformation of which preparer has any knowledge.				
Sign your			Print your name here	Lancaster Stones LLC				
name here			Print your title here	Admin				
Date	06/06/2024		Best daytime	ohone 717-442-8383				
Paid Preparer	Use Only		C	Check if you're self-employed				
Preparer's name				PTIN				
Preparer's signature				Date / /				
Firm's name (or your if self-employed)	5			EIN				
Address				Phone				
City		s	tate	ZIP code				

Page 2 Form 941 (Rev. 3-2024)

Form 941-V, Payment Voucher

Purpose of Form

Complete Form 941-V if you're making a payment with Form 941. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 941

To avoid a penalty, make your payment with Form 941 only if:

- Your total taxes after adjustments and nonrefundable credits (Form 941, line 12) for either the current quarter or the preceding quarter are less than \$2,500, you didn't incur a \$100,000 next-day deposit obligation during the current quarter, and you're paying in full with a timely filed return; or
- You're a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 for details. In this case, the amount of your payment may be \$2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 for deposit instructions. Don't use Form 941-V to make federal tax deposits.

Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should've been deposited, you

may be subject to a penalty. See Deposit Penalties in section 11 of Pub. 15.

Specific Instructions

Box 1—Employer identification number (EIN). If you don't have an EIN, you may apply for one online by going to www.irs.gov/EIN. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 941.

Box 3—Tax period. Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

Box 4—Name and address. Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period ("1st Quarter 2024," "2nd Quarter 2024," "3rd Quarter 2024," or "4th Quarter 2024") on your check or money order. Don't send cash. Don't staple Form 941-V or your payment to Form 941 (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

Note: You must also complete the entity information above Part 1 on Form 941.

Detach Here and Mail With Your Payment and Form 941.

E 941-V Department of the Treasury Internal Revenue Service			on't	Payment Voucher t staple this voucher or your payment to Form 941.	OMB No. 1545-0029 20 24		
	Inter your employer identification 2			Dollar			Cents
number (EIN).			L	Enter the amount of your payment. Make your check or money order payable to "United States Treasury."	\$379		5
3 Tax Period			4	Enter your business name (individual name if sole proprietor).			
O 1st Quarter		3rd Quarter		Enter your address.			
② 2nd Quarter		4th Quarter		Enter your city, state, and ZIP code; or your city, foreign country name	, foreign province/coun	ty, and foreign pos	ital code.