

Q4



2100-64NI

****TAX INFORMATION ENCLOSED**** Q4 2020

1501 2100-64NI 1099

T

**FOOD GRID INC
8950 W OLYMPIC BLVD
STE 511
BEVERLY HILLS CA 90211-3561**



1501-210064NI-001-Q04-2020

COMPLIANCE NOTICE

The IRS requires us to notify our clients that although we are designated as the Reporting Agent on Form 8655 (Reporting Agent Authorization), this does not relieve you from liability if tax payments and / or returns are not remitted by the due date.

The IRS recommends that clients enroll in and use EFTPS to ascertain whether an agent has made all required deposits on time. Most state agencies provide ways for you to verify tax payments as well; contact your state agency for this information.

Please be assured that we will make every effort to remit your tax payments and returns on time. If any issues do arise, we work with you and the agency to resolve the situation.

FOOD GRID INC
8950 W OLYMPIC BLVD
STE 511
BEVERLY HILLS, CA 90211-3561
ATTN: JONATHAN BENABOU

Reconciliation Recap - Fourth Quarter 2020

Total Liability	3,039.81	
Total Deposits	<u>-3,039.81</u>	
Total Variance	0.00	
TOTAL VARIANCE BREAKDOWN:		
Overpayment Carry Over	0.00	Previous Liability Due 0.00
Overpayment Refund	0.00	Liability Carry Over 0.00

Tax	Description	Employer ID	Liability	Deposits	Variance	Type
941 Tax Liability	EE Social Security	81-4718127	930.00	930.00		
941 Tax Liability	ER Social Security	81-4718127	930.00	930.00		
941 Tax Liability	EE Medicare	81-4718127	217.50	217.50		
941 Tax Liability	ER Medicare	81-4718127	217.50	217.50		
941 Tax Liability	EE Fed Income Tax	81-4718127	282.12	282.12		
		TOTAL	2,577.12	2,577.12	0.00	
940 Tax Liability	ER Fed Unemploy	81-4718127				
		TOTAL	0.00	0.00	0.00	
945 Tax Liability	EE Fed Backup	81-4718127				
		TOTAL	0.00	0.00	0.00	
California	EE CA Income Tax	074-6524-8	312.69	312.69		
California	EE CA Disability	074-6524-8	150.00	150.00		
		TOTAL	462.69	462.69	0.00	
California	ER CA Unemploy	074-6524-8				
California	ER CA Emp Train	074-6524-8				
		TOTAL	0.00	0.00	0.00	
Maryland	EE MD Backup	Unknown				

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Reconciliation Recap - Fourth Quarter 2020

Total Liability	3,039.81	
Total Deposits	<u>-3,039.81</u>	
Total Variance	0.00	
TOTAL VARIANCE BREAKDOWN:		
Overpayment Carry Over	0.00	Previous Liability Due 0.00
Overpayment Refund	0.00	Liability Carry Over 0.00

Tax	Description	Employer ID	Liability	Deposits	Variance	Type
Maryland (Cont)						
		TOTAL	0.00	0.00	0.00	
		QUARTER END TOTAL	3,039.81	3,039.81	0.00	

This report and the deposit amount are accurate as of January 01, 2021 . If changes were made after the date listed, the amounts may change.

Reconciliation Transaction Detail

Company Name: FOOD GRID INC

For Quarter Ending: December 31, 2020

Client ID: 2100-64NI

Tax - Description	Quarter End			Year To Date		
	Liability	Reportable Amount	Total Compensation	Liability	Reportable Amount	Total Compensation
941 Tax Liability - EE Social Security	930.00	15,000.00	15,000.00	3,720.00	60,000.00	60,000.00
941 Tax Liability - ER Social Security	930.00	15,000.00	15,000.00	3,720.00	60,000.00	60,000.00
941 Tax Liability - EE Medicare	217.50	15,000.00	15,000.00	870.00	60,000.00	60,000.00
941 Tax Liability - ER Medicare	217.50	15,000.00	15,000.00	870.00	60,000.00	60,000.00
941 Tax Liability - EE Fed Income Tax	282.12	15,000.00	15,000.00	1,128.48	60,000.00	60,000.00
940 Tax Liability - ER Fed Unemploy	0.00	0.00	15,000.00	42.00	7,000.00	60,000.00
945 Tax Liability - EE Fed Backup	0.00	7,398.00	7,398.00	0.00	29,593.98	29,593.98
California - EE CA Income Tax	312.69	15,000.00	15,000.00	1,250.76	60,000.00	60,000.00
California - EE CA Disability	150.00	15,000.00	15,000.00	600.00	60,000.00	60,000.00
California - ER CA Unemploy	0.00	0.00	15,000.00	266.00	7,000.00	60,000.00
California - ER CA Emp Train	0.00	0.00	15,000.00	7.00	7,000.00	60,000.00
Maryland - EE MD Backup	0.00	7,398.00	7,398.00	0.00	29,593.98	29,593.98

Reportable Amount = Compensation subject to taxes, minus excess compensation or the amount over the wage base limits.

This report and the deposit amount are accurate as of January 01, 2021 . If changes were made after the date listed, the amounts may change.

FOOD GRID INC
 8950 W OLYMPIC BLVD
 STE 511
 BEVERLY HILLS CA 90211-3561
 ATTN: JONATHAN BENABOU

Deposit Recap - Re: Fourth Quarter 2020		
	Count	Amount
Check	0	\$0.00
EFT	6	\$3,081.81
Total	6	\$3,081.81

Tax Code	Description	EIN	Period End	Due	Created	Deposited	Method	Type	Confirmation	Tax	Tax Total
CA	DBL WITHHOLDING	074-6524-8	31-DEC-2020	01-FEB-2021			EFT	Deposit	Scheduled	\$150.00	
Total	CA DBL WITHHOLDING										\$150.00
CA	STATE WITHHOLDING	074-6524-8	31-DEC-2020	01-FEB-2021			EFT	Deposit	Scheduled	\$312.69	
Total	CA STATE WITHHOLDING										\$312.69
FD	FED UNEMPLOYMENT	814718127	31-DEC-2020	01-FEB-2021			EFT	Deposit	Scheduled	\$42.00	
Total	FD FED UNEMPLOYMENT										\$42.00
FD	FEDERAL WITHHOLDING	814718127	31-OCT-2020	16-NOV-2020	13-NOV-2020	16-NOV-2020	EFT	Deposit	228072154069651	\$859.04	
FD	FEDERAL WITHHOLDING	814718127	30-NOV-2020	15-DEC-2020	14-DEC-2020	15-DEC-2020	EFT	Deposit	228075054033483	\$859.04	
FD	FEDERAL WITHHOLDING	814718127	31-DEC-2020	15-JAN-2021			EFT	Deposit	Scheduled	\$859.04	
Total	FD FEDERAL WITHHOLDING										\$2,577.12

Form **941 for 2020: Employer's QUARTERLY Federal Tax Return**

(Rev. July 2020)

Department of the Treasury -- Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)	8	1	-	4	7	1	8	1	2	7
Name (not your trade name)	FOOD GRID INC									
Trade name (if any)										
Address	8950 W OLYMPIC BLVD									
Number	Street			Suite or room number						
BEVERLY HILLS	CA			90211-3561						
City	State			ZIP code						
Foreign country name	Foreign province/county			Foreign postal code						

**Report for this Quarter of 2020
(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: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4)	1	1
2	Wages, tips, and other compensation	2	15,000.00
3	Federal income tax withheld from wages, tips, and other compensation	3	282.12
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	15,000.00	1,860.00
5a	(i) Qualified sick leave wages	.	.
5a	(ii) Qualified family leave wages	.	.
5b	Taxable social security tips	.	.
5c	Taxable Medicare wages & tips	15,000.00	435.00
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.	.
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	2,295.00
5f	Section 3121(q) Notice and Demand —Tax due on unreported tips (see instructions)	5f	.
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	2,577.12
7	Current quarter's adjustment for fractions of cents	7	.
8	Current quarter's adjustment for sick pay	8	.
9	Current quarter's adjustments for tips and group-term life insurance	9	.
10	Total taxes after adjustments. Combine lines 6 through 9	10	2,577.12
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	.
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	.
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	.

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

Next ➡

Name (not your trade name) FOOD GRID INC	Employer identification number (EIN) 81-4718127
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Part 1: Answer the questions for this quarter. (continued)

11d	Total nonrefundable credits. Add lines 11a, 11b, and 11c.	11d	
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10	12	2,577.12
13a	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	13a	2,577.12
13b	Deferred amount of social security tax	13b	.
13c	Refundable portion of credit for qualified sick and family leave wages from Worksheet 1.	13c	.
13d	Refundable portion of employee retention credit from Worksheet 1	13d	.
13e	Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d	13e	2,577.12
13f	Total advances received from filing Form(s) 7200 for the quarter	13f	.
13g	Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e	13g	2,577.12
14	Balance due. If line 12 is more than line 13g, enter the difference and see the instructions	14	.
15	Overpayment. If line 13g is more than line 12, enter the difference		Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're 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're a monthly schedule depositor, complete the deposit schedule below; if you're 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. Go to Part 3.

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

Next ➞

Name (not your trade name)

FOOD GRID INC

Employer identification number (EIN)

81-4718127

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 ; also attach a statement of your return. See Instructions.
- 18** If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . ☐ Check here.
- 19** Qualified health plan expenses allocable to qualified sick leave wages **19** .
- 20** Qualified health plan expenses allocable to qualified family leave wages **20** .
- 21** Qualified wages for the employee retention credit **21** .
- 22** Qualified health plan expenses allocable to wages reported on line 21 **22** .
- 23** Credit from Form 5884-C, line 11, for this quarter **23** .
- 24** Deferred amount of the employee share of social security tax included on line 13b . . . **24** .
- 25** Reserved for future use **25**

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 all three 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.

X**Sign your name here**REFERENCE COPY PREPARED BY PAYCHEX
DO NOT FILE

Print your name here

Print your title here

Date

Best daytime phone

Paid Preparer Use OnlyCheck if you're 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

Worksheet 1. Credit for Qualified Sick and Family Leave Wages and the Employee Retention Credit
Keep for Your Records
Determine how you will complete this worksheet

If you paid both qualified sick and family leave wages and qualified wages for purposes of the employee retention credit this quarter, complete Step 1, Step 2, and Step 3. If you paid qualified sick and family leave wages this quarter but you didn't pay any qualified wages for purposes of the employee retention credit this quarter, complete Step 1 and Step 2. If you paid qualified wages for purposes of the employee retention credit this quarter but you didn't pay any qualified sick and family leave wages this quarter, complete Step 1 and Step 3.

Step 1. Determine the employer share of social security tax this quarter after it is reduced by any credit claimed on Form 8974 and any credit to be claimed on Form 5884-C			
1a	Enter the amount of social security tax from Form 941, Part 1, line 5a, column 2	1a	1,860.00
1b	Enter the amount of social security tax from Form 941, Part 1, line 5b, column 2	1b	
1c	Add lines 1a and 1b	1c	1,860.00
1d	Multiply line 1c by 50% (0.50)	1d	930.00
1e	If you're a third-party payer of sick pay that isn't an agent and you're claiming credits for amounts paid to your employees, enter the employer share of social security tax included on Form 941, Part 1, line 8 (enter as a positive number)	1e	
1f	Subtract line 1e from line 1d	1f	930.00
1g	If you received a Section 3121(q) Notice and Demand during the quarter, enter the amount of the employer share of social security tax from the notice	1g	
1h	Employer share of social security tax. Add lines 1f and 1g	1h	930.00
1i	Enter the amount from Form 941, Part 1, line 11a (credit from Form 8974)	1i	
1j	Enter the amount to be claimed on Form 5884-C, line 11, for this quarter	1j	
1k	Total nonrefundable credits already used against the employer share of social security tax. Add lines 1i and 1j	1k	
1l	Employer share of social security tax remaining. Subtract line 1k from line 1h	1l	930.00
Step 2. Figure the sick and family leave credit			
2a	Qualified sick leave wages reported on Form 941, Part 1, line 5a(i), column 1	2a	
2a(i)	Qualified sick leave wages included on Form 941, Part 1, line 5c, but not included on Form 941, Part 1, line 5a(i), column 1, because the wages reported on that line were limited by the social security wage base	2a(i)	
2a(ii)	Total qualified sick leave wages. Add lines 2a and 2a(i)	2a(ii)	
2b	Qualified health plan expenses allocable to qualified sick leave wages (Form 941, Part 3, line 19)	2b	
2c	Employer share of Medicare tax on qualified sick leave wages. Multiply line 2a(ii) by 1.45% (0.0145)	2c	
2d	Credit for qualified sick leave wages. Add lines 2a(ii), 2b, and 2c	2d	
2e	Qualified family leave wages reported on Form 941, Part 1, line 5a(ii), column 1	2e	
2e(i)	Qualified family leave wages included on Form 941, Part 1, line 5c, but not included on Form 941, Part 1, line 5a(ii), column 1, because the wages reported on that line were limited by the social security wage base	2e(i)	
2e(ii)	Total qualified family leave wages. Add lines 2e and 2e(i)	2e(ii)	
2f	Qualified health plan expenses allocable to qualified family leave wages (Form 941, Part 3, line 20)	2f	
2g	Employer share of Medicare tax on qualified family leave wages. Multiply line 2e(ii) by 1.45% (0.0145)	2g	
2h	Credit for qualified family leave wages. Add lines 2e(ii), 2f, and 2g	2h	
2i	Credit for qualified sick and family leave wages. Add lines 2d and 2h	2i	
2j	Nonrefundable portion of credit for qualified sick and family leave wages. Enter the smaller of line 1l or line 2i. Enter this amount on Form 941, Part 1, line 11b	2j	
2k	Refundable portion of credit for qualified sick and family leave wages. Subtract line 2j from line 2i and enter this amount on Form 941, Part 1, line 13c	2k	
Step 3. Figure the employee retention credit			
3a	Qualified wages (excluding qualified health plan expenses) for the employee retention credit (Form 941, Part 3, line 21)	3a	
3b	Qualified health plan expenses allocable to qualified wages for the employee retention credit (Form 941, Part 3, line 22)	3b	
3c	Qualified wages (excluding qualified health plan expenses) paid March 13, 2020, through March 31, 2020, for the employee retention credit (Form 941, Part 3, line 24). Enter an amount here only for the second quarter Form 941	3c	
3d	Qualified health plan expenses allocable to qualified wages paid March 13, 2020, through March 31, 2020, for the employee retention credit (Form 941, Part 3, line 25). Enter an amount here only for the second quarter Form 941	3d	
3e	Add lines 3a, 3b, 3c, and 3d	3e	
3f	Retention credit. Multiply line 3e by 50% (0.50)	3f	
3g	Enter the amount of the employer share of social security tax from Step 1, line 1l	3g	930.00
3h	Enter the amount of the nonrefundable portion of the credit for qualified sick and family leave wages from Step 2, line 2j	3h	
3i	Subtract line 3h from line 3g	3i	930.00
3j	Nonrefundable portion of employee retention credit. Enter the smaller of line 3f or line 3i. Enter this amount on Form 941, Part 1, line 11c	3j	
3k	Refundable portion of employee retention credit. Subtract line 3j from line 3f and enter this amount on Form 941, Part 1, line 13d	3k	

Caution:
Only complete lines 3c and 3d for your second quarter 2020 Form 941.

Form **940 for 2020: Employer's Annual Federal Unemployment (FUTA) Tax Return**
 Department of the Treasury - Internal Revenue Service

850113

OMB No. 1545-0028

Employer identification number (EIN)	8 1 - 4 7 1 8 1 2 7							
Name (not your trade name)	FOOD GRID INC							
Trade name (if any)								
Address	8950 W OLYMPIC BLVD							
	Number	Street	Suite or room number					
	BEVERLY HILLS		CA		90211			
	City	State	ZIP code					
	Foreign country name	Foreign province/county	Foreign postal code					

Type of Return
(Check all that apply.)

- ☐ a. Amended
- ☐ b. Successor employer
- ☐ c. No payments to employees in 2020
- ☐ d. Final: Business closed or stopped paying wages

Go to www.irs.gov/form940 for instructions and the latest information.

Read the separate instructions before you complete this form. Please type or print within the boxes.

Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.

- 1a If you had to pay state unemployment tax in one state only, enter the state abbreviation 1a ☐ C ☐ A
- 1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer 1b ☐ Complete Schedule A (Form 940).
- 2 If you paid wages in a state that is subject to CREDIT REDUCTION 2 ☐ Check here. Complete Schedule A (Form 940).

Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.

- 3 Total payments to all employees 3 60000.00
- 4 Payments exempt from FUTA tax 4 ☐
- Check all that apply 4a ☐ Fringe benefits 4c ☐ Retirement/Pension 4e ☐ Other
- 4b ☐ Group-term life insurance 4d ☐ Dependent care
- 5 Total of payments made to each employee in excess of \$7,000 5 53000.00
- 6 Subtotal (line 4 + line 5 = line 6) 6 53000.00
- 7 Total taxable FUTA wages (line 3 - line 6 = line 7). See instructions 7 7000.00
- 8 FUTA tax before adjustments (line 7 x 0.006 = line 8) 8 42.00

Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

- 9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12 9 ☐
- 10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet 10 ☐
- 11 If credit reduction applies, enter the total from Schedule A (Form 940) 11 ☐

Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.

- 12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) 12 42.00
- 13 FUTA tax deposited for the year, including any overpayment applied from a prior year 13 42.00
- 14 Balance due If line 12 is more than line 13, enter the excess on line 14.
☐ If line 14 is more than \$500, you must deposit your tax.
☐ If line 14 is \$500 or less, you may pay with this return. See instructions 14 ☐
- 15 Overpayment If line 13 is more than line 12, enter the excess on line 15 and check a box below 15 ☐

► You **MUST** complete both pages of this form and **SIGN** it.

Check one: ☐ Apply to next return. ☐ Send a refund.

Next ➔

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

Cat. No. 112340

Form **940** (2020)

Name (not your trade name)

FOOD GRID INC

Employer identification number (EIN)

81-4718127

Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.

16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.

16a 1st quarter (January 1 - March 31) **16a**

16b 2nd quarter (April 1 - June 30) **16b**

16c 3rd quarter (July 1 - September 30) **16c**

16d 4th quarter (October 1 - December 31) **16d**

17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) **17** Total must equal line 12.

Part 6: 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 IRS

☐ **No.**

Part 7: Sign here. You MUST complete both pages of this form 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, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X Sign your name here

Date

Print your name here

REFERENCE COPY PREPARED

Print your title here

BY PAYCHEX. DO NOT FILE

Best daytime phone

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

OUTSTANDING TAX LIABILITIES

PAYCHEX WILL MAKE THESE TAX DEPOSITS ON YOUR BEHALF - This information serves as a record of payment.

<u>DUE DATE</u>	<u>DESCRIPTION</u>	
02/01/21	FUTA	42.00
02/01/21	CA STATE WITHHOLDING	312.69
02/01/21	CA DBL	150.00

DE 9

QUARTER
ENDED 12 31 20 DUE 01 01 21 DELINQUENT 02 01 21 20 4

1501-210064NI TAXPAY[®] 21001 074 6524 8

FOOD GRID INC
8950 W OLYMPIC BLVD
STE 511
BEVERLY HILLS CA 90211-3561

81 4718127

C. TOTAL SUBJECT WAGES PAID THIS QUARTER	15 000 00
D. UNEMPLOYMENT INSURANCE (Wages up to \$ <u>7,000</u>)	
3.80 % X 0 00	0 00
E. EMPLOYMENT TRAINING TAX	
0.10 % X	0 00
F. STATE DISABILITY INSURANCE (Wages to \$ 122,909)	
1.00 % X 15 000 00	150 00
G. CALIFORNIA PIT WITHHELD	312 69
H. SUBTOTAL	462 69
I. LESS: PREVIOUS PAYMENTS	0 00
J. TOTAL TAXES DUE OR OVERPAID	462 69

QUARTERLY CONTRIBUTION
RETURN AND REPORT OF WAGES
(CONTINUATION)

REMINDER: File your DE 9 and DE 9C together.
You must FILE this report even if you had no payroll. If you had no payroll,
complete items C and O.

Page Number 1 of 1

QUARTER ENDED 12 31 20

DUE 01 01 21

DELINQUENT IF
NOT POSTMARKED 02 01 21
OR RECEIVED BY

YR	QTR
20	4

EMPLOYER ACCOUNT NO.

074 6524 8

1501 210064NI

CA TAXPAY®

21001

FOOD GRID INC
8950 W OLYMPIC BLVD
STE 511
BEVERLY HILLS CA 90211-3561

A. EMPLOYEES full-time who worked during or received pay
subject to UI for the payroll period which includes the
12th of the month.

1st Mo.

1

2nd Mo.

1

3rd Mo.

1

D. SOCIAL SECURITY NUMBER 620 20 4829	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) JONATHAN BENABOU	
F. TOTAL SUBJECT WAGES 15 000 00	G. PIT WAGES 15 000 00	H. PIT WITHHELD 312 69
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD
I. TOTAL SUBJECT WAGES THIS PAGE 15 000 00	J. TOTAL PIT WAGES THIS PAGE 15 000 00	K. TOTAL PIT WITHHELD THIS PAGE 312 69
L. GRAND TOTAL SUBJECT WAGES 15 000 00	M. GRAND TOTAL PIT WAGES 15 000 00	N. GRAND TOTAL PIT WITHHELD 312 69

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