

Employer identification number (EIN) **20-4305547**

Name (not your trade name) **COOPER BROTHERS, INC**

Trade name (if any)

Address **6017 SNELL AVE #331**
Number Street Suite or room number

SAN JOSE **CA** **95132**
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2021
(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.

REV 01/21/22 OSP

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: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	10
2	Wages, tips, and other compensation	2	149,532.93
3	Federal income tax withheld from wages, tips, and other compensation	3	18,749.00
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*	135,532.43	$\times 0.124 =$	16,806.02
5a (i) Qualified sick leave wages*		$\times 0.062 =$	
5a (ii) Qualified family leave wages*		$\times 0.062 =$	
5b Taxable social security tips		$\times 0.124 =$	
5c Taxable Medicare wages & tips	149,532.93	$\times 0.029 =$	4,336.46
5d Taxable wages & tips subject to Additional Medicare Tax withholding		$\times 0.009 =$	
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d		5e	21,142.48
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	39,891.48
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	39,891.48
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 for leave taken before April 1, 2021		11b	
11c Nonrefundable portion of employee retention credit		11c	

*Include taxable qualified sick and family leave wages for leave taken after March 31, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for wages paid after March 31, 2020, for leave taken before April 1, 2021.

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

Next ►

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

Form **941** (Rev. 6-2021)

88007720220247193601 Mon Jan 24 21:39:44 PST 2022

Name (not your trade name)

COOPER BROTHERS, INC

Employer identification number (EIN)

20-4305547

Part 1: Answer these questions for this quarter. (continued)

11d	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021	11d	<input type="text"/>
11e	Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters)	11e	<input type="text"/>
11f	Number of individuals provided COBRA premium assistance <input type="text"/>		
11g	Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 11e	11g	<input type="text"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12	<input type="text" value="39,891.48"/>
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	<input type="text" value="39,891.48"/>
13b	Reserved for future use	13b	<input type="text"/>
13c	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	13c	<input type="text"/>
13d	Refundable portion of employee retention credit	13d	<input type="text"/>
13e	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021	13e	<input type="text"/>
13f	Refundable portion of COBRA premium assistance credit (see instructions for applicable quarters)	13f	<input type="text"/>
13g	Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f	13g	<input type="text" value="39,891.48"/>
13h	Total advances received from filing Form(s) 7200 for the quarter	13h	<input type="text"/>
13i	Total deposits and refundable credits less advances. Subtract line 13h from line 13g	13i	<input type="text" value="39,891.48"/>
14	Balance due. If line 12 is more than line 13i, enter the difference and see instructions	14	<input type="text"/>
15	Overpayment. If line 13i 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.

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)

COOPER BROTHERS, INC

Employer identification number (EIN)

20-4305547

951921

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 to your return. See instructions.
- 18a If you're a seasonal employer and you don't have to file a return for every quarter of the year ☐ Check here.
- 18b If you're eligible for the employee retention credit solely because your business is a recovery startup business ☐ Check here.
- 19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19
- 20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20
- 21 Qualified wages for the employee retention credit 21
- 22 Qualified health plan expenses for the employee retention credit 22
- 23 Qualified sick leave wages for leave taken after March 31, 2021 23
- 24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24
- 25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25
- 26 Qualified family leave wages for leave taken after March 31, 2021 26
- 27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27
- 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28

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.

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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.

Sign your name here

Jason Shipp

Print your name here

Jason Shipp

Print your title here

Agent in Fact

Date 01/24/2022

Best daytime phone (888) 927-7478

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

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

960311

OMB No. 1545-0029

Employer identification number
(EIN)

20-4305547

Name (not your trade name)

COOPER BROTHERS, INC

Calendar year

2021

(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 \$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	5,705.64
3		11		19		27	
4		12		20		28	
5		13	6,360.18	21		29	
6		14	39.02	22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 1

12,104.84

Month 2

1		9	6,636.04	17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23	7,301.70	31	
8		16		24			

Tax liability for Month 2

13,937.74

Month 3

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21	7,008.80	29	
6		14		22		30	
7	6,840.10	15		23		31	
8		16		24			

Tax liability for Month 3

13,848.90

Total liability for the quarter

39,891.48

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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.

For Paperwork Reduction Act Notice, see separate instructions. BAA

Schedule B (Form 941) (Rev. 1-2017)

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88007720220247193601 Mon Jan 24 21:39:44 PST 2022

**QUARTERLY CONTRIBUTION
RETURN AND REPORT OF WAGES**

10/21/21

QUARTER
ENDED 09 30 21

DUE 10 01 21

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY 11 01 21

YR QTR

21 3

COOPER BROTHERS, INC
6017 SNELL AVE
#331
SAN JOSE CA 95132

EMPLOYER ACCOUNT NUMBER

271 9411 7

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FEIN 20 4305547

A. NO WAGES PAID THIS QUARTER ☐ B. OUT OF BUSINESS/NO EMPLOYEES ☐

ADDITIONAL
FEINS

B1. OUT OF BUSINESS DATE

C. TOTAL SUBJECT WAGES PAID THIS QUARTER 171451.58

D. UNEMPLOYMENT INSURANCE (UI) (Total Employee Wages up to \$ 7,000

per employee per calendar year)

(D1) UI Rate %

2.60

TIMES

(D2) UI TAXABLE WAGES FOR THE QUARTER

973.50

=

(D3) UI CONTRIBUTIONS

25.31

E. EMPLOYMENT TRAINING TAX (ETT)

(E1) ETT Rate %

0.10

TIMES

UI Taxable Wages for the Quarter (D2) =

(E2) ETT CONTRIBUTIONS

0.97

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F. STATE DISABILITY INSURANCE (SDI) (Total Employee Wages up to \$

per employee per calendar year)

(F1) SDI Rate %

1.20

TIMES

(F2) SDI TAXABLE WAGES FOR THE QUARTER

171451.58

=

(F3) SDI EMPLOYEE CONTRIBUTIONS WITHHELD

2057.42

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD 10289.39

H. SUBTOTAL (Add Items D3, E2, F3, and G) 12373.09

I. LESS: CONTRIBUTIONS AND WITHHOLDINGS PAID FOR THE QUARTER 12346.81
(DO NOT INCLUDE PENALTY AND INTEREST PAYMENTS)

J. TOTAL TAXES DUE OR OVERPAID (Item H minus Item I) 26.28

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QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES

10/21/21

Page number 1 of 2

QUARTER
ENDED 09 30 21

DUE 10 01 21

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY 11 01 21

YR QTR
21 3

EMPLOYER ACCOUNT NUMBER

271 9411 7

COOPER BROTHERS, INC
6017 SNELL AVE
#331
SAN JOSE CA 95132

KEEP FOR YOUR RECORDS - DO NOT MAIL!

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

1st Mo.	2nd Mo.	3rd Mo.
9	9	9

B. Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. NO PAYROLL

D. SOCIAL SECURITY NUMBER 622216551	E. EMPLOYEE NAME (FIRST NAME) MARIA	(M.I.) (LAST NAME) G MILLER	F. TOTAL SUBJECT WAGES 20160.00	G. PIT WAGES 20160.00	H. PIT WITHHELD 1575.28	
D. SOCIAL SECURITY NUMBER 529239166	E. EMPLOYEE NAME (FIRST NAME) MITCHEL	(M.I.) (LAST NAME) R COOPER	F. TOTAL SUBJECT WAGES 22400.00	G. PIT WAGES 22400.00	H. PIT WITHHELD 1380.96	
D. SOCIAL SECURITY NUMBER 528250306	E. EMPLOYEE NAME (FIRST NAME) TROY	(M.I.) (LAST NAME) D COOPER	F. TOTAL SUBJECT WAGES 22400.00	G. PIT WAGES 22400.00	H. PIT WITHHELD 2364.46	
D. SOCIAL SECURITY NUMBER 625487415	E. EMPLOYEE NAME (FIRST NAME) SHAUN	(M.I.) (LAST NAME) J SCHOFIELD	F. TOTAL SUBJECT WAGES 44289.76	G. PIT WAGES 44289.76	H. PIT WITHHELD 2468.87	
D. SOCIAL SECURITY NUMBER 555738607	E. EMPLOYEE NAME (FIRST NAME) JOHN	(M.I.) (LAST NAME) D CHABOYA	F. TOTAL SUBJECT WAGES 8392.72	G. PIT WAGES 8392.72	H. PIT WITHHELD 138.75	
D. SOCIAL SECURITY NUMBER 553759263	E. EMPLOYEE NAME (FIRST NAME) PATRICK	(M.I.) (LAST NAME) HAGAN	F. TOTAL SUBJECT WAGES 25149.39	G. PIT WAGES 25149.39	H. PIT WITHHELD 1572.86	
D. SOCIAL SECURITY NUMBER 622070049	E. EMPLOYEE NAME (FIRST NAME) BRIAN	(M.I.) (LAST NAME) CAMARENA	F. TOTAL SUBJECT WAGES 3400.00	G. PIT WAGES 3400.00	H. PIT WITHHELD 2.42	
I. TOTAL SUBJECT WAGES THIS PAGE 146191.87	J. TOTAL PIT WAGES THIS PAGE 146191.87	K. TOTAL PIT WITHHELD THIS PAGE 9503.60				
L. GRAND TOTAL SUBJECT WAGES 171451.58	M. GRAND TOTAL PIT WAGES 171451.58	N. GRAND TOTAL PIT WITHHELD 10289.39				

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