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EDD 12356



00090111

QUARTER ENDED 06/30/21

DUE 07/01/21

DELINQUENT IF  
NOT POSTMARKED  
OR RECEIVED BY

07/31/21

21 2

ORIGINAL FILED ELECTRONICALLY

022 0327 1

FRANK A ROMAN  
1600 SACRAMENTO INN WAY  
SACRAMENTO CA 95815

77 0175473

A. NO WAGES

B. OUT OF BUSINESS

B1

C. TOTAL SUBJECT WAGES PAID THIS QUARTER 27 954 00

D. UNEMPLOYMENT INSURANCE

6.20% 7 990 50 495 41

E. EMPLOYMENT TRAINING TAX (ETT)

0.00% 0 00

F. STATE DISABILITY INSURANCE (SDI)

1.20% 27 954 00 335 44

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD 550 75

H. SUBTOTAL (Add Items D3, E2, F3, and G) 1 381 60

I. LESS: 1 381 60

J. TOTAL TAXES DUE OR OVERPAID (Item H minus Item I) 0 00

K. I declare that the above, to the best of my knowledge and belief, is true and correct, if a refund was claimed, a reasonable effort was made to refund any erroneous deductions to the affected employee(s).

Signature W. Gunn Title ADP ATTY-IN-FACT Phone 877-706-0510 Date 07/28/21

Form **941 for 2021: Employer's QUARTERLY Federal Tax Return**  
(Rev. June 2021) Department of the Treasury — Internal Revenue Service

951121

OMB No. 1545-0029

Employer identification number (EIN) **7 7 - 0 1 7 5 4 7 3**

Name (not your trade name) **FRANK A ROMAN**

Trade name (if any)

Address **1600 SACRAMENTO INN WAY**  
Number Street Suite or room number

**SACRAMENTO** **CA** **95815**  
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](http://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: *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4) . . . . . **1** **6**

**2** Wages, tips, and other compensation . . . . . **2** **25564.89**

**3** Federal income tax withheld from wages, tips, and other compensation . . . . . **3** **1491.93**

**4** If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

	Column 1		Column 2
<b>5a</b> Taxable social security wages* . . . . .	<b>25564.89</b>	$\times 0.124 =$	<b>3170.06</b>
<b>5a (i)</b> Qualified sick leave wages* . . . . .	<b>.</b>	$\times 0.062 =$	<b>.</b>
<b>5a (ii)</b> Qualified family leave wages* . . . . .	<b>.</b>	$\times 0.062 =$	<b>.</b>
<b>5b</b> Taxable social security tips . . . . .	<b>.</b>	$\times 0.124 =$	<b>.</b>
<b>5c</b> Taxable Medicare wages & tips . . . . .	<b>25564.89</b>	$\times 0.029 =$	<b>741.38</b>
<b>5d</b> Taxable wages & tips subject to Additional Medicare Tax withholding <b>.</b>	<b>.</b>	$\times 0.009 =$	<b>.</b>

**5e** Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d **5e** **3911.44**

**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** **5403.37**

**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** **5403.37**

**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 ►

Name (not your trade name)

FRANK A ROMAN

Employer identification number (EIN)

77-0175473

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

<b>11d</b>	<b>Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021</b>	<b>11d</b>	<input type="text"/>
<b>11e</b>	<b>Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters)</b>	<b>11e</b>	<input type="text"/>
<b>11f</b>	<b>Number of individuals provided COBRA premium assistance</b>		<input type="text"/>
<b>11g</b>	<b>Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 11e</b>	<b>11g</b>	<input type="text"/>
<b>12</b>	<b>Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10</b>	<b>12</b>	<input type="text" value="5403.37"/>
<b>13a</b>	<b>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</b>	<b>13a</b>	<input type="text" value="5403.37"/>
<b>13b</b>	<b>Reserved for future use</b>	<b>13b</b>	<input type="text"/>
<b>13c</b>	<b>Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021</b>	<b>13c</b>	<input type="text"/>
<b>13d</b>	<b>Refundable portion of employee retention credit</b>	<b>13d</b>	<input type="text"/>
<b>13e</b>	<b>Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021</b>	<b>13e</b>	<input type="text"/>
<b>13f</b>	<b>Refundable portion of COBRA premium assistance credit (see instructions for applicable quarters)</b>	<b>13f</b>	<input type="text"/>
<b>13g</b>	<b>Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f</b>	<b>13g</b>	<input type="text" value="5403.37"/>
<b>13h</b>	<b>Total advances received from filing Form(s) 7200 for the quarter</b>	<b>13h</b>	<input type="text"/>
<b>13i</b>	<b>Total deposits and refundable credits less advances. Subtract line 13h from line 13g</b>	<b>13i</b>	<input type="text" value="5403.37"/>
<b>14</b>	<b>Balance due. If line 12 is more than line 13i, enter the difference and see instructions</b>	<b>14</b>	<input type="text"/>
<b>15</b>	<b>Overpayment. If line 13i is more than line 12, enter the difference</b>		<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)

FRANK A ROMAN

Employer identification number (EIN)

77-0175473

**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.

**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

*W. Corwin*

Print your name here

W CORWIN

Print your title here

ADP ATTY-IN-FACT

Date  10/31/21

Best daytime phone  877-706-0510

**Paid Preparer Use Only**

Check 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**

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) **7 7 - 0 1 7 5 4 7 3**Name (not your trade name) **FRANK A ROMAN**

Calendar year

**2 0 2 1**

(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 Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$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	715.15	17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	171.51
7		15		23	605.94	31	
8		16	529.64	24			

**Tax liability for Month 1**

2022.24

**Month 2**

1		9		17	174.83	25	
2		10		18		26	
3		11		19		27	197.04
4		12		20	855.34	28	
5		13		21		29	
6	731.30	14		22		30	
7		15		23		31	
8		16		24			

**Tax liability for Month 2**

1958.51

**Month 3**

1		9		17	609.58	25	
2		10	167.15	18		26	
3	429.90	11		19		27	
4		12		20	66.94	28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24	149.05		

**Tax liability for Month 3**

1422.62

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.****Total liability for the quarter**

5403.37