

Employer identification number (EIN)	95-4643295		
Name (not your trade name)	Guadalupe Valencia		
Trade name (if any)	Valencia's Cutting Service		
Address	6714 McKinley Ave		
Number	Street	Suite or room number	
Los Angeles	CA	90001	
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: <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	11																				
2	Wages, tips, and other compensation	2	64900.95																				
3	Federal income tax withheld from wages, tips, and other compensation	3	2007.27																				
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.																				
<table><thead><tr><th></th><th>Column 1</th><th></th><th>Column 2</th></tr></thead><tbody><tr><td>5a</td><td>Taxable social security wages</td><td>$64900.95 \times 0.124 =$</td><td>8047.72</td></tr><tr><td>5b</td><td>Taxable social security tips</td><td>$\times 0.124 =$</td><td></td></tr><tr><td>5c</td><td>Taxable Medicare wages & tips</td><td>$64900.95 \times 0.029 =$</td><td>1882.13</td></tr><tr><td>5d</td><td>Taxable wages & tips subject to Additional Medicare Tax withholding</td><td>$\times 0.009 =$</td><td></td></tr></tbody></table>					Column 1		Column 2	5a	Taxable social security wages	$64900.95 \times 0.124 =$	8047.72	5b	Taxable social security tips	$\times 0.124 =$		5c	Taxable Medicare wages & tips	$64900.95 \times 0.029 =$	1882.13	5d	Taxable wages & tips subject to Additional Medicare Tax withholding	$\times 0.009 =$	
	Column 1		Column 2																				
5a	Taxable social security wages	$64900.95 \times 0.124 =$	8047.72																				
5b	Taxable social security tips	$\times 0.124 =$																					
5c	Taxable Medicare wages & tips	$64900.95 \times 0.029 =$	1882.13																				
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	$\times 0.009 =$																					
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	9929.85																				
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f																					
6	Total taxes before adjustmentsAdd lines 3, 5e, and 5f	6	11937.12																				
7	Current quarter's adjustment for fractions of cents	7	0.03																				
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 adjustmentsCombine lines 6 through 9	10	11937.15																				
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11																					
12	Total taxes after adjustments and creditsSubtract line 11 from line 10	12	11937.15																				
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13																					
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	11937.15																				
15	Overpayment. If line 13 is more than line 12, enter the difference	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.																					

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

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

Name (not your trade name)

Guadalupe Valencia

Employer identification number (EIN)

95-4643295

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

If you are unsure about whether you are 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 are a monthly schedule depositor, complete the deposit schedule below; if you are 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.

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

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year

☐

Check here.

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

Rosa Segura

909-740-6510

☐

No.

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

92395

Part 5: Sign here. You MUST complete both 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

Print your name here

Guadalupe Valencia

Print your title here

Owner

Date

4/29/20

Best daytime phone

323-753-9388

Paid Preparer Use OnlyCheck if you are self-employed ☐

Preparer's name

Rosa Segura

PTIN

P00245828

Preparer's signature

Date

4/29/20

Firm's name (or yours if self-employed)

Abbie - Accounting Made Simple

EIN

81-0953386

Address

4375 E Lowell St Ste F

Phone

909-740-6510

City

Ontario

State

CA

ZIP code

91761-2227

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)

95-4643295

Name (not your trade name)

Guadalupe Valencia

Calendar year

2020

(Also check quarter)

Report for this Quarter...

(Check one.)

☒ X

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 adjustment 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 become 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		17	973.60	25	
2		10	774.29	18		26	
3	923.28	11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	745.78
8		16		24	955.75		

Tax liability for Month 1

4372.70

Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	792.64
5		13		21	1064.49	29	
6		14	1018.68	22		30	
7	910.44	15		23		31	
8		16		24			

Tax liability for Month 2

3786.25

Month 3

1		9		17		25	
2		10		18		26	
3		11		19		27	526.60
4		12		20	1089.00	28	
5		13	1138.45	21		29	
6	1024.15	14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3

3778.20

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

11937.15

Form 941-V,
Payment Voucher

▼ Detach Here and Mail With Your Payment and Form 941. ▼

Form 941-V Department of the Treasury Internal Revenue Service		Payment Voucher		OMB No. 1545-0029
		▶ Don't staple this voucher or your payment to Form 941.		2020
1 Enter your employer identification number (EIN). 95-4643295		2 Enter the amount of your payment. ▶ Make your check or money order payable to "United States Treasury"		Dollars Cents 11,937.15
3 Tax Period		4 Enter your business name (individual name if sole proprietor). Guadalupe Valencia		
<input checked="" type="checkbox"/> 1st Quarter	<input type="checkbox"/> 3rd Quarter	Enter your address. 6714 McKinley Ave		
<input type="checkbox"/> 2nd Quarter	<input type="checkbox"/> 4th Quarter	Enter your city, state, and ZIP code; or your city, foreign country name, foreign province/county, and foreign postal code. Los Angeles CA 90001		

QUARTER ENDED 3 31 20 DUE 4 01 20 DELINQUENT 4 30 20 20 1

423 6630 2

Guadalupe Valencia
6714 McKinley Ave

Los Angeles CA 90001

95 4643295

A. NO WAGES

B. OUT OF BUSINESS

B1.

C. TOTAL SUBJECT WAGES PAID THIS QUARTER

64 900 95

D. UNEMPLOYMENT INSURANCE

(Wages up to \$ 7 000)

4.50 %

64 507 82

2 902 85

E. EMPLOYMENT TRAINING TAX

0.10 %

64 51

F. STATE DISABILITY INSURANCE

(Total Employee wages up to a maximum limit)

1.00 %

64 900 95

649 01

G. CALIFORNIA PIT WITHHELD

354 06

H. SUBTOTAL

3 970 43

I. LESS: PREVIOUS PAYMENTS

J. TOTAL TAXES DUE OR OVERPAID

3 970 43

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 _____ Title Owner Phone 323-753-9388 Date 4/29/20

QTR ENDED 3 31 20 DUE 4 01 20 DELINQUENT 4 30 20 20 1

423 6630 2

Guadalupe Valencia
6714 McKinley Ave

Los Angeles CA 90001

12 12 11

VOLUNTARY PLAN DI

No Payroll

675192121	JOSE	L AVILA	
5790 29		5790 29	57 51
602129930	FERNANDO	GALLARDO	
5515 32		5515 32	74 32
620098047	BEATRIZ	JIMENEZ	
3584 14		3584 14	21 93
614865088	JUAN	M OROZCO	
5484 40		5484 40	
601234357	MANUEL	ORTEGA	
3125 26		3125 26	
623409230	JORGE	ROMERO IBANEZ	
5693 64		5693 64	20 14
609021879	CAMERINO	SANTIAGO	
6122 26		6122 26	
35315 31		35315 31	173 90
64900 95		64900 95	354 06

I declare that the information herein is true and correct to the best of my knowledge and belief.

SIGNATURE/TITLE

Owner

DATE 4 29 20

PHONE NO. 323-753-9388

DE 9C

PAGE 2 OF 2

QTR ENDED 3 31 20 DUE 4 01 20 DELINQUENT 4 30 20 20 1

423 6630 2

Guadalupe Valencia
6714 McKinley Ave

Los Angeles CA 90001

12 12 11

VOLUNTARY PLAN DI

No Payroll

629105638	MARIA	SILVA	
4349 35		4349 35	29 62
654906784	PRICILIANO	TALavera	
4995 26		4995 26	6 60
930788522	JAVIER	VALENCIA	
6399 76		6399 76	
623018654	JUAN	C VALENCIA	
7393 13		7393 13	71 35
566496153	MARIA	G VALENCIA	
6448 14		6448 14	72 59

29585 64

29585 64

180 16

I declare that the information herein is true and correct to the best of my knowledge and belief.

SIGNATURE/TITLE _____

DATE _____

PHONE NO. _____