



Square Payroll is a registered IRS Reporting Agent. We prepare Form 941 on your behalf based on the information you provide and submit it to the IRS electronically, through the Modernized e-File (MeF) program (unless otherwise noted under Tax Forms > Status).

The following PDF was not submitted to the IRS in this format, but is a representation of the information (e.g., wage and tax amounts) that was provided in the electronic submission. It is for your reference only.

The following PDF may not reflect the IRS' most recent format for Form 941. This version is up to date as of March 2021.

Employer identification number (EIN) **20-3718469**

Name (not your trade name) **Nhuoanh Ho**

Trade name (if any) **Ilash Studio**

Address **10 41st Ave**
Number Street Suite or room number

San Mateo **CA** **94403**
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.

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	2
2	Wages, tips, and other compensation	2	1924569
3	Federal income tax withheld from wages, tips, and other compensation	3	120200
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*	19245.69	$\times 0.124 =$	2386.47
5a (i) Qualified sick leave wages*	0.00	$\times 0.062 =$	0.00
5a (ii) Qualified family leave wages*	0.00	$\times 0.062 =$	0.00
5b Taxable social security tips	0.00	$\times 0.124 =$	0.00
5c Taxable Medicare wages & tips	19245.69	$\times 0.029 =$	558.13
5d Taxable wages & tips subject to Additional Medicare Tax withholding	0.00	$\times 0.009 =$	0.00

*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.

5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	2944.60
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	0.00
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	4146.60
7	Current quarter's adjustment for fractions of cents	7	0.00
8	Current quarter's adjustment for sick pay	8	0.00
9	Current quarter's adjustments for tips and group-term life insurance	9	0.00
10	Total taxes after adjustments. Combine lines 6 through 9	10	4146.60
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	0.00
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	0.00
11c	Nonrefundable portion of employee retention credit	11c	0.00

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

Next ►

Name (not your trade name)

Nhuanh Ho

Employer identification number (EIN)

20-3718469

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" value="0.00"/>
11e	Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters)	11e	<input type="text" value="."/>
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" value="0.00"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12	<input type="text" value="4146.60"/>
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="4146.60"/>
13b	Reserved for future use	13b	<input type="text" value="."/>
13c	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	13c	<input type="text" value="0.00"/>
13d	Refundable portion of employee retention credit	13d	<input type="text" value="0.00"/>
13e	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021	13e	<input type="text" value="0.00"/>
13f	Refundable portion of COBRA premium assistance credit (see instructions for applicable quarters)	13f	<input type="text" value="."/>
13g	Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f	13g	<input type="text" value="4146.60"/>
13h	Total advances received from filing Form(s) 7200 for the quarter	13h	<input type="text" value="0.00"/>
13i	Total deposits and refundable credits less advances. Subtract line 13h from line 13g	13i	<input type="text" value="4146.60"/>
14	Balance due. If line 12 is more than line 13i, enter the difference and see instructions	14	<input type="text" value="0.00"/>
15	Overpayment. If line 13i is more than line 12, enter the difference <input type="text" value="0.00"/> 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 ▶

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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	<input type="text" value="0.00"/>
20	Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021	20	<input type="text" value="0.00"/>
21	Qualified wages for the employee retention credit	21	<input type="text" value="0.00"/>
22	Qualified health plan expenses for the employee retention credit	22	<input type="text" value="0.00"/>
23	Qualified sick leave wages for leave taken after March 31, 2021	23	<input type="text" value="0.00"/>
24	Qualified health plan expenses allocable to qualified sick leave wages reported on line 23	24	<input type="text" value="0.00"/>
25	Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23	25	<input type="text" value="0.00"/>
26	Qualified family leave wages for leave taken after March 31, 2021	26	<input type="text" value="0.00"/>
27	Qualified health plan expenses allocable to qualified family leave wages reported on line 26	27	<input type="text" value="0.00"/>
28	Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26	28	<input type="text" value="0.00"/>

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



Square

Filed by Square electronically

Print your
name here

Print your
title here

Date / /

Best daytime phone

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