

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

950121
OMB No. 1545-0029

Employer identification number (EIN) **7 6 - 0 4 9 1 5 4 3**

Name (not your trade name) **IRMIN CORPORATION**

Trade name (if any) **DBA COPPERFIELD GOODYEAR**

Address **8303 HIGHWAY 6 NORTH**
Number Street Suite or room number

HOUSTON TX 77095
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: <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	6
2	Wages, tips, and other compensation	2	57388.00
3	Federal income tax withheld from wages, tips, and other compensation	3	4048.20
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	57388.00 x 0.124 =	7116.11
5a	(i) Qualified sick leave wages	0.00 x 0.062 =	0.00
5a	(ii) Qualified family leave wages	0.00 x 0.062 =	0.00
5b	Taxable social security tips	0.00 x 0.124 =	0.00
5c	Taxable Medicare wages & tips	57388.00 x 0.029 =	1664.25
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	0.00 x 0.009 =	0.00

5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	8780.36
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	12828.56
7	Current quarter's adjustment for fractions of cents	7	0.18
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	12828.74
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)

IRMIN CORPORATION

Employer identification number (EIN)

76-0491543

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

11d	Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d	<input type="text" value=""/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10	12	<input type="text" value="12828.74"/>
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="11468.16"/>
13b	Reserved for future use	13b	<input type="text" value=""/>
13c	Refundable portion of credit for qualified sick and family leave wages from Worksheet 1.	13c	<input type="text" value="0.00"/>
13d	Refundable portion of employee retention credit from Worksheet 1.	13d	<input type="text" value="0.00"/>
13e	Total deposits and refundable credits. Add lines 13a, 13c, and 13d	13e	<input type="text" value="11468.16"/>
13f	Total advances received from filing Form(s) 7200 for the quarter	13f	<input type="text" value="0.00"/>
13g	Total deposits and refundable credits less advances. Subtract line 13f from line 13e	13g	<input type="text" value="11468.16"/>
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions.	14	<input type="text" value="1360.58"/>
15	Overpayment. If line 13g is more than line 12, enter the difference <input type="text" value=""/>	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)
IRMIN CORPORATION

Employer identification number (EIN)
76-0491543

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.
- 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 Reserved for future use 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

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 -

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 6 - 0 4 9 1 5 4 3**

Name (not your trade name) **IRMIN CORPORATION**

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Report for this Quarter of 2021
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- ☐ 1: January, February, March
☒ 2: April, May, June
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☐ 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>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	6
2	Wages, tips, and other compensation	2	58871.96
3	Federal income tax withheld from wages, tips, and other compensation	3	4371.65
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*	58871.96	x 0.124 =	7300.12
5a (i) Qualified sick leave wages*	0.00	x 0.062 =	0.00
5a (ii) Qualified family leave wages*	0.00	x 0.062 =	0.00
5b Taxable social security tips	0.00	x 0.124 =	0.00
5c Taxable Medicare wages & tips	58871.96	x 0.029 =	1707.29
5d Taxable wages & tips subject to Additional Medicare Tax withholding	0.00	x 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	9007.41
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	13379.06
7	Current quarter's adjustment for fractions of cents	7	0.29
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	13379.35
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	.

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

Next ➡

Name (not your trade name)

IRMIN CORPORATION

Employer identification number (EIN)

76-0491543

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	
11e	Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters)	11e	
11f	Number of individuals provided COBRA premium assistance		
11g	Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 11e	11g	
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12	13379.35
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	13297.78
13b	Reserved for future use	13b	
13c	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021.	13c	
13d	Refundable portion of employee retention credit	13d	
13e	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021	13e	
13f	Refundable portion of COBRA premium assistance credit (see instructions for applicable quarters)	13f	
13g	Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f	13g	13297.78
13h	Total advances received from filing Form(s) 7200 for the quarter	13h	
13i	Total deposits and refundable credits less advances. Subtract line 13h from line 13g	13i	13297.78
14	Balance due. If line 12 is more than line 13i, enter the difference and see instructions	14	81.57
15	Overpayment. If line 13i is more than line 12, enter the difference		

Check one: ☐ Apply to next return. ☐ 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 5110.67

Month 2 3739.10

Month 3 4529.58

Total liability for quarter 13379.35

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)

IRMIN CORPORATION

Employer identification number (EIN)

76-0491543

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.

X

Sign your name here

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

941 for 2021: Employer's QUARTERLY Federal Tax Return

Department of the Treasury — Internal Revenue Service

951121

OMB No. 1545-0029

Employer Identification number (EIN)	7	6	-	0	4	9	1	5	4	3
Name (not your trade name)	IRMIN CORPORATION									
Trade name (if any)	DBA COPPERFIELD GOODYEAR									
Address	8303 HIGHWAY 6 NORTH									
	Number		Street						Suite or room number	
	HOUSTON				TX		77095			
	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: <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	<div>6</div>
2	Wages, tips, and other compensation	2	<div>63987.28</div>
3	Federal income tax withheld from wages, tips, and other compensation	3	<div>4856.70</div>
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*	<div>63987.28</div>	x 0.124 =	<div>7934.42</div>
5a (i) Qualified sick leave wages*	<div>.</div>	x 0.062 =	<div>0.00</div>
5a (ii) Qualified family leave wages*	<div>.</div>	x 0.062 =	<div>0.00</div>
5b Taxable social security tips	<div>0.00</div>	x 0.124 =	<div>0.00</div>
5c Taxable Medicare wages & tips	<div>63987.28</div>	x 0.029 =	<div>1855.63</div>
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<div>0.00</div>	x 0.009 =	<div>0.00</div>

*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	<div>9790.05</div>
5f	Section 3121(q) Notice and Demand — Tax due on unreported tips (see instructions)	5f	<div>0.00</div>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<div>14646.75</div>
7	Current quarter's adjustment for fractions of cents	7	<div>0.29</div>
8	Current quarter's adjustment for sick pay	8	<div>0.00</div>
9	Current quarter's adjustments for tips and group-term life insurance	9	<div>0.00</div>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<div>14647.04</div>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<div>.</div>
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	<div>.</div>
11c	Nonrefundable portion of employee retention credit	11c	<div>.</div>

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

Next ▶

Name (not your trade name) IRMIN CORPORATION	Employer identification number (EIN) 76-0491543
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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	.
11e Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters)	11e	.
11f Number of individuals provided COBRA premium assistance		
11g Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 11e	11g	.
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12	14647.04
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	14572.48
13b Reserved for future use	13b	.
13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021.	13c	.
13d Refundable portion of employee retention credit	13d	.
13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021	13e	.
13f Refundable portion of COBRA premium assistance credit (see instructions for applicable quarters)	13f	.
13g Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f	13g	14572.48
13h Total advances received from filing Form(s) 7200 for the quarter	13h	.
13i Total deposits and refundable credits less advances. Subtract line 13h from line 13g	13i	14572.48
14 Balance due. If line 12 is more than line 13i, enter the difference and see instructions	14	74.56
15 Overpayment. If line 13i is more than line 12, enter the difference		.

Check one: ☐ Apply to next return. ☐ 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 5810.89Month 2 4230.12Month 3 4606.03Total liability for quarter 14647.04 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.

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IRMIN CORPORATION

Employer identification number (EIN)

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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**

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** 0.00

22 Qualified health plan expenses for the employee retention credit **22** 0.00

23 Qualified sick leave wages for leave taken after March 31, 2021 **23** 0.00

24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 **24** 0.00

25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 **25** 0.00

26 Qualified family leave wages for leave taken after March 31, 2021 **26** 0.00

27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 **27** 0.00

28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 **28** 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 DAVID A. MOORE, CPA 2819558600

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

7 7 0 7 0

☐ 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

Print your name here

AMAN NEMRI

Print your title here

PRESIDENT

Date 10/22/21

Best daytime phone 2814637675

Paid Preparer Use Only

Check if you're self-employed ☒

Preparer's Name DAVID A. MOORE, CPA

PTIN P00300985

Preparer's signature

Date 10/22/21

Firm's name (or yours if self-employed) DAVID A. MOORE, CPA

EIN 760290942

Address PO BOX 691547

Phone 2819558600

City HOUSTON State TX

ZIP code 77269 -

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

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2	Wages, tips, and other compensation	2	69120.16
3	Federal income tax withheld from wages, tips, and other compensation	3	5198.46
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*	69120.16	x 0.124 =	8570.90
5a (i) Qualified sick leave wages*	.	x 0.062 =	0.00
5a (ii) Qualified family leave wages*	.	x 0.062 =	0.00
5b Taxable social security tips	0.00	x 0.124 =	0.00
5c Taxable Medicare wages & tips	69120.16	x 0.029 =	2004.48
5d Taxable wages & tips subject to Additional Medicare Tax withholding	0.00	x 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	10575.38
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	15773.84
7	Current quarter's adjustment for fractions of cents	7	0.28
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	15774.12
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 for leave taken before April 1, 2021	11b	.
11c	Nonrefundable portion of employee retention credit	11c	.

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

Next ▶

Name (not your trade name)

IRMIN CORPORATION

Employer identification number (EIN)

76-0491543

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="15774.12"/>
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	<input type="text" value="15915.75"/>
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="15915.75"/>
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="15915.75"/>
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" value="141.63"/> Check one: <input checked="" 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	<input type="text" value="5914.92"/>
Month 2	<input type="text" value="4183.97"/>
Month 3	<input type="text" value="5675.23"/>

Total liability for quarter	<input type="text" value="15774.12"/>	Total must equal line 12.
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- ☐ 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)

IRMIN CORPORATION

Employer identification number (EIN)

76-0491543

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** 0.00

22 Qualified health plan expenses for the employee retention credit **22** 0.00

23 Qualified sick leave wages for leave taken after March 31, 2021 **23** 0.00

24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 **24** 0.00

25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 **25** 0.00

26 Qualified family leave wages for leave taken after March 31, 2021 **26** 0.00

27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 **27** 0.00

28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 **28** 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 DAVID A. MOORE, CPA 2819558600

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

7 7 0 7 0

☐ 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

Print your name here

AYMAN NEMRI

Print your title here

PRESIDENT

Date 01/11/22

Best daytime phone 2814637675

Paid Preparer Use Only

Check if you're self-employed ☒

Preparer's Name DAVID A. MOORE, CPA

PTIN P00300985

Preparer's signature

Date 01/11/22

Firm's name (or yours if self-employed) DAVID A. MOORE, CPA

EIN 760290942

Address PO BOX 691547

Phone 2819558600

City HOUSTON State TX

ZIP code 77269 -