950121 941 for 2021: Employer's QUARTERLY Federal Tax Return

	arch 2021) Department of the	Treasury — Internal Revenue Service		OMB No. 1545-0029
Employ	er identification number (EIN) 7 6 -	0 4 9 1 5 4		ort for this Quarter of 2021 ck one.)
Name	(not your trade name) IRMIN CORPO	RATION	🛛 🛛 1:	January, February, March
Trade	name (if any) DBA COPPERFIE	LD GOODYEAR		April, May, June
		U		July, August, September
Addres	Number Street NORT	Suite or room num	nber	October, November, December
	HOUSTON	TX 77095		www.irs.gov/Form941 for tions and the latest information.
	City	State ZIP code	二丨	
	Foreign country name	Foreign province/county Foreign postal code	le l	
Read :	the separate instructions before you co	· · · · · · · · · · · · · · · · · · ·		
Part				
-	Number of employees who received wag including: <i>Mar.12</i> (Quarter1), <i>June12</i> (• • •		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 [☐ 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 · · ·	<u>0 • 00</u> 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, 5	ic, and 5d 5e	8780 •36
5f	Section 3121(q) Notice and Demand — Ta	ax due on unreported tips (see instructions	s) 5f	0.00
6	Total taxes before adjustments. Add lines 3	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	i group-term life insurance	9	0.00
10	Total taxes after adjustments. Combine line	es 6 through 9 · · · · ·	· · · 10	12828 • 74
11a	Qualified small business payroll tax credit t	for increasing research activities. Attach Fo	orm 8974 11a	•
11b	Nonrefundable portion of credit for qualified	ed sick and family leave wages from Work	sheet 1 11b	•
11c	Nonrefundable portion of employee reten	tion credit from Worksheet 1	· · · 11c	

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	not your trade name) IN CORPOR				Employer ident	ification number (EIN)
Part 1		ese questions for this qua	arter.(continued)		, 0 0 13 2	
11d	Total nonrefund	able credits. Add lines 11a, 11b	o, and 11c		· 11d	
12	Total taxes after	adjustments and nonrefunda	ble credits. Subtract line 11d from lir	ne 10 ·	12	12828.74
13a			payment applied from a prior quar ((PR), 944-X, or 944-X (SP) filed in t		t quarter 13a	11468.16
13b	Reserved for fut	ure use			. 13b	• 5
13c	Refundable port	ion of credit for qualified sick	and family leave wages from Work	sheet 1.	. 13c	0.00
13d	Refundable port	ion of employee retention cre	edit from Worksheet 1		· · 13d	0.00
13e	Total deposits a	nd refundable credits. Add lin	es 13a, 13c, and 13d		· · 13e	11468.16
13f	Total advances i	received from filing Form(s) 72	200 for the quarter	·	· 13f	0.00
13g	Total deposits a	nd refundable credits less adv	rances. Subtract line 13f from line 13e	e	13g	11468.16
14	Balance due. If li	ne 12 is more than line 13g, ente	r the difference and see instructions	(6)	. 14	1360.58
15	Overpayment. If	line 13g is more than line 12, ent	er the difference	•	Check one:	Apply to next return. Send a refund.
Part 2	Tell us abo	out your deposit schedule	e and tax liability for this quar	ter.		
If you'	re unsure about w	whether you're a monthly sche	dule depositor or a semiweekly sch	nedule dep	ositor, see sec	tion 11 of Pub. 15.
16 (Check one:	incur a \$100,000 next-day de but line 12 on this return is \$100 schedule depositor, complete the Go to Part 3.	than \$2,500 or line 12 on the return posit obligation during the current 0,000 or more, you must provide a rec ne deposit schedule below; if you're a s	quarter. ord of your emiweekly	If line 12 for the preference for the property of the following for the following fo	rior quarter was less than \$2,500 ity. If you're a monthly itor, attach Schedule B (Form 941).
		You were a monthly sch liability for the quarter, then go	nedule depositor for the entire to Part 3.	quarter.	Enter your tax li	ability for each month and total
		Tax liability: Month 1	4825•68	_		
		Month 2	3768•38	_		
		Month 3	4234•68]		
		Total liability for quarter	12828•74		must equal li	
	Ц	You were a semiweekly Report of Tax Liability for Sem	schedule depositor for any paiweekly Schedule Depositors, and atta	art of thi ach it to Fo	s quarter. Cor rm 941. Go to Pa	nplete Schedule B (Form 941), rt 3.
▶ Y	ou MUST comp	olete all three pages of Fo	rm 941 and SIGN it.			Next=►

Employer identification number (EIN) 76-0491543

Part 3	Tell us abo	out vou	r business. If a	question (does NOT a	apply to	our bus	siness	s, leave i	t blan	k.
17			sed or you stopp					17.0		X . X	. Check here, and
	enter the final da	te you pa	id wages		; also attacl	n a stateme	nt to your	return.	See instru	ctions.	
18	If you're a seas	onal em	ployer and you do	on't have to fi	ile a return fo	or every qu	arter of t	the yea	ar		· Check here.
19	Qualified health	plan exp	enses allocable t	o qualified s	ick leave wa	ges · ·	•	•	٠	19	0.00
20	Qualified health	plan exp	enses allocable	to qualified f	amily leave v	vages .		٠		.20 _	0.00
21	Qualified wages	s for the	employee retenti	on credit .	•		a• 38		•	21 _	0 • 00
22	Qualified health	plan ex	penses allocable	to wages rep	oorted on line	⊋21 · ·			• •	22	0 • 00
23	Credit from For	m 5884-	C, line 11, for this	quarter .						23	0 • 00
24	Reserved for fu	iture use	(24	•
25	Reserved for fu	iture use			• • •					25	•
Part 4	May we s	noak w	ith your third r	arty docia	noo2						
rait	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. Desig	gnee's r	name and phone	e number	DAVID	A. MC	ORE,	CP	Α	╛	2819558600
	Selection No.	ct a 5-digit	personal identifica	tion number ((PIN) to use v	vhen talkin	g to the IR	S.		7	7 0 7 0
Part :	WAR-12	. Vou I	//UST complete	all thron r	nages of Ec	rm 9/1 s	nd SIGI	N it			
Unde	r penalties of perju	ırv. I decla	are that I have exar	nined this retu	ırn, including a	ccompanyi	ng schedu	ules an	d statemer	nts, and which	to the best of my knowledge preparer has any knowledge.
•	Sign	vour							t your ne here	MAM	OUN NEMRI
	name								t your here	VP	
		Date	04/13/2	1				Best	t daytime pl	none	2814637675
Paid	d Preparer U	se On	ly						Check if yo	ou're se	elf-employed
Prepar	er's Name	DAVI	D A. MOO	RE, CPA	A				PTIN		P00300985
- 5	er's signature								Date		04/13/21
	name (or yours employed)	DAVI	ID A. MOO	RE, CPA	A				EIN		760290942
Addre	ss	PO E	3OX 69154	7					Phone		2819558600
City		HOUS	STON			State	TX		ZIP code		77269 -

951121 941 for 2021: Employer's QUARTERLY Federal Tax Return OMB No. 1545-0029 Report for this Quarter of 2021 5 9 7 3 Employer identification number (EIN) (Check one.) IRMIN CORPORATION 1: January, February, March Name (not your trade name) 2: April, May, June COPPERFIELD GOODYEAR DBA Trade name (if any) 3: July, August, September 8303 HIGHWAY 6 NORTH 4: October, November, December Address Suite or room numbe Number Go to www.irs.gov/Form941 for instructions and the latest information. HOUSTON TX 7095 City ZIP code Foreign province/county Foreign postal code Foreign country name Read the separate instructions before you complete Form 941. Type or print within the boxes. Part 1: Answer these questions for this quarter. Number of employees who received wages, tips, or other compensation for the pay period 6 including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 58871 • 96 2 Wages, tips, and other compensation 4371 - 65 3 Federal income tax withheld from wages, tips, and other compensation Check and go to line 6. If no wages, tips, and other compensation are subject to social security or Medicare tax Column 1 Column 2 *Include taxable qualified sick and 58871.96 x 0.124 =7300 •12 Taxable social security wages*. 5a family leave wages for leave taken after March 31, 2021, on line 5a. Use 0.00 (i) Qualified sick leave wages* . 0.00 x 0.062 =5a lines 5a(i) and 5a(ii) only for wages paid after March 31, 2020, for leave 0.00 0.00 (ii) Qualified family leave wages* x 0.062 =taken before April 1, 2021. 0.00 0.00 x 0.124 =5b Taxable social security tips · 58871. 96 1707 .29 Taxable Medicare wages & tips -5c \times 0.029 = Taxable wages & tips subject to 0.00 0.00 Additional Medicare Tax withholding 9007 -41 5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d 0.00 5f Section 3121(q) Notice and Demand — Tax due on unreported tips (see instructions) . 5f 13379 • 06 6 Total taxes before adjustments. Add lines 3, 5e, and 5f 0.29 Current quarter's adjustment for fractions of cents . 7 0.00 Current quarter's adjustment for sick pay . 8 0.00 Current quarter's adjustments for tips and group-term life insurance 9 13379.35 Total taxes after adjustments. Combine lines 6 through 9 · 10 11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 Nonrefundable portion of credit for qualified sick and family leave wages for leave taken 11b before April 1, 2021 11c Nonrefundable portion of employee retention credit .

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	ot your trade name) N CORPORA	ATTON		· · · · · · · · · · · · · · · · · · ·	1 - •	oloyer iden -0491	tification number (EIN)
Part 1:		se questions for this qua	rter.(continued)		1,.0	<u> </u>	
11d	Nonrefundable p after March 31, 20	ortion of credit for qualified si	ick and family leave	wages for leave	taken	· 11d	•
11e	Nonrefundable p applicable quarte	ortion of COBRA premium as ers)	ssistance credit (se	ee instructions fo	or 	11e	•
11f	Number of individ	duals provided COBRA premi	ium assistance				
11g	Total nonrefunda	ble credits. Add lines 11a, 11b	, 11c, 11d, and 11e			. 11g	•
12	Total taxes after	adjustments and nonrefundal	ble credits. Subtrac	ct line 11g from line	10	12	13379.35
13a		r this quarter, including overp plied from Form 941-X, 941-X				orter 13a	13297.78
13b	Reserved for futu	ire use · · · ·				. 13b	•
13c	Refundable portion before April 1, 20	on of credit for qualified sick a 21	and family leave wa	ages for leave tak · · ·	en 	. 13c	•
13d	Refundable porti	on of employee retention cre	dit			. 13d	•
13e	Refundable porticater March 31, 20	on of credit for qualified sick and the control of	and family leave wa 	ages for leave tak	en	· 13e	•
13f	Refundable portiquarters) .	on of COBRA premium assist	ance credit (see in	structions for ap	plicable · ·	. 13f	•
13g	Total deposits an	d refundable credits. Add lin	es 13a, 13c, 13d, 13	e, and 13f		13g	13297.78
13h	Total advances re	eceived from filing Form(s) 72	00 for the quarter			13h	•
13i	Total deposits an	d refundable credits less adv	ances. Subtract line	e 13h from line 13g		. 13i	13297.78
14	Balance due. If	line 12 is more than line 13i, ente	er the difference and	see instructions	•	. 14	81.57
15	Overpayment. If	line 13i is more than tine 12, ente	er the difference		. Che	eck one:	Apply to next return. Send a refund.
Part 2		out your deposit schedule					
If you'	re unsure about w	hether you're a monthly sche	dule depositor or a	semiweekly sch	edule deposit	or, see se	ction 11 of Pub. 15.
16 (Check one:	incur a \$100,000 next-day de	posit obligation du 0.000 or more, vou n	uring the current on the current of	quarter. If line ord of your fede	e 12 for the eral tax liab	is less than \$2,500, and you didn't prior quarter was less than \$2,500 illity. If you're a monthly sitor, attach Schedule B (Form 941).
	\boxtimes	You were a monthly schliability for the quarter, then go		r for the entire	quarter. Ent	er your tax	liability for each month and total
		Tax liability: Month 1		5110.67			
		Month 2		3739.10			
		Month 3		4529.58			
	<u> </u>	Total liability for quarter		13379.35	Total mus	•	
		You were a semiweekly Report of Tax Liability for Sem	schedule depo iweekly Schedule D	sitor for any pa epositors, and atta	a rt of this q u ch it to Form 94	u arter. Co 41. Go to F	omplete Schedule B (Form 941), eart 3.

								951921
	ot your trade name)				1 ' '	identification 91543	number (EIN)	1011111
Part 3	Tell us ab	out your business	. If a question does NOT	apply to your busin	ness, leave	it blank.		
17	If your business	has closed or you sto	opped paying wages				Check h	ere, and
	enter the final date	e you paid wages	; also	attach a statement to y	our return. Se	e instructions	3.	
18a	If you're a seaso	enal employer and you	ı don't have to file a return for	every quarter of the	year · ·		Check h	iere.
18b	lf you're eligible	for the employee rete	ntion credit solely because yo	our business is a reco	very startup l	ousiness	Check h	ere.
19	Qualified health p	ilan expenses allocable	to qualified sick leave wages for	leave taken before Apri	il 1, 2021	19		0.00
20	Qualified health p	lan expenses allocable	to qualified family leave wages fo	or leave taken before Ap	orii 1, 2021	20		0•00
21	Qualified wages	for the employee rete	ention credit · · ·			21		0•00
22	Qualified health	plan expenses for the	employee retention credit			22		0•00
23	Qualified sick lea	ive wages for leave tal	ken after March 31, 2021 ·			23		0 • 00
24	Qualified health	plan expenses allocat	ole to qualified sick leave wag	es reported on line 23	•	24		0•00
25		certain collectively ba orted on line 23 ·	rgained agreements allocable	to qualified sick		25		0.00
26	Qualified family.	eave wages for leave t	taken after March 31, 2021.			26		0.00
27	Qualified health	plan expenses allocal	ble to qualified family leave wa	ages reported on line	26	27		0 • 00
	Amounts under leave wages rep	•	rgained agreements allocable	to qualified family		28		0.00
Part 4	May we si	eak with your thir	d-party designee?					
	Do you want to a for details.	allow an employee, a	paid tax preparer, or another p	person to discuss thi	s return with	the IRS? S	ee the instructio	ns
	Yes. Design	nee's name and ph	one number DAVID A	A. MOORE, C	PA	28	1955860	0
	Select	a 5-digit personal identi	fication number (PIN) to use wh	en talking to the IRS.		7 7	07	ס
	□ _{No.}							
			ete all three pages of For xamined this return, including acc	•		te and to the	best of my kno	wledge
and be	elief, it is true, corre	ct, and complete. Decla	ration of preparer (other than tax	payer) is based on all	information of	which prepa	rer has any kno	wledge.
1	/ Sign v				rint your ame here	AMAN N	EMRI	
X	Sign y name				rint your tle here	PRESIC	ENT	
		Date 07/13	/21		est daytime ph	one 2	8146376	75
Pa	id Preparer I	llse Only			Check if you'	re self-emplo	wed	. 🗵
	•		OORE, CPA		•		300985	
		DAVID A. MC	ONE, CFA		PTIN	-	7/13/21	
	rer's signature				Date			
	name (or yours employed)	DAVID A. MC	ORE, CPA		EIN	760	290942	
Addre	SS	PO BOX 6915	47		Phone	281	9558600	

ΤX

State

City

HOUSTON

77269

ZIP code

951121 941 for 2021: Employer's QUARTERLY Federal Tax Recurn OMB No. 1545-0029 Department of the Treasury Report for this Quarter of 2021 3 7 Employer identification number (EIN) (Check one.) IRMIN CORPORATION 1: January, February, March Name (not your trade name) 2: April, May, June DBA COPPERFIELD GOODYEAR Trade name (if any) 3: July, August, September 8303 HIGHWAY 6 NORTH 4: October, November, December Address Suite or room numbe Go to www.irs.gov/Form941 for instructions and the latest information. ΤX 7095 HOUSTON ZIP code City Foreign province/county Foreign postal code Foreign country name Read the separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter. 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) 63987 - 28 2 Wages, tips, and other compensation 4856.70 3 Federal income tax withheld from wages, tips, and other compensation · Check and go to line 6. If no wages, tips, and other compensation are subject to social security or Medicare tax Column 1 Column 2 *Include taxable qualified sick and 63987.28 x 0.124 =7934 - 42 Taxable social security wages*. family leave wages for leave taken after March 31, 2021, on line 5a. Use 0.00 (i) Qualified sick leave wages*. x 0.062 =5a lines 5a(i) and 5a(ii) only for wages paid after March 31, 2020, for leave 0.00 (ii) Qualified family leave wages* x 0.062 =taken before April 1, 2021. 0.00 0.00 x 0.124 =Taxable social security tips . 63987.28 1855.63 Taxable Medicare wages & tips . x 0.029 =5c Taxable wages & tips subject to 0.00 0.00 x 0.009 =**Additional Medicare Tax withholding** 9790 - 05 Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d 5e 0.00 Section 3121(q) Notice and Demand — Tax due on unreported tips (see instructions) . 5f 14646.75 Total taxes before adjustments. Add lines 3, 5e, and 5f 0.29 7 Current quarter's adjustment for fractions of cents . 0.00 Current quarter's adjustment for sick pay . 0.00 Current quarter's adjustments for tips and group-term life insurance 14647 • 04 Total taxes after adjustments. Combine lines 6 through 9 · Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11b Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 11c Nonrefundable portion of employee retention credit .

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

Next

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	ot your trade name) IN CORPORA'	TION				oyer ident · 0 4 9 1 !	ification number (EIN) 5 4 3
Part 1		e questions for this qua	rter.(continued)				
11d	Nonrefundable po after March 31, 202	rtion of credit for qualified si 21	ck and family leave	wages for leave	taken 	· 11d	•
11e	Nonrefundable po applicable quarter	rtion of COBRA premium as s)	sistance credit (se	e instructions fo	or 	11e	
11f	Number of individ	uals provided COBRA premi	um assistance			_	
11g	Total nonrefundat	ele credits. Add lines 11a, 11b,	11c, 11d, and 11e			11g	•
12	Total taxes after a	djustments and nonrefundat	ole credits. Subtrac	t line 11g from line	10	12	14647.04
13a		this quarter, including overp iled from Form 941-X, 941-X				ter 13a	14572.48
13b	Reserved for futur	e use • • • •				13b	1412-1-1-1-1
13c	Refundable portion before April 1, 202	n of credit for qualified sick a 1	ınd family leave wa 	ges for leave tak	en 	. 13c	•
13d	Refundable portio	n of employee retention cre	dit			13d	•
13e	Refundable portion after March 31, 202	n of credit for qualified sick a	and family leave wa	iges for leave tak 	en 	· 13e	•
13f	Refundable portion quarters) .	n of COBRA premium assist	ance credit (see in 	structions for ap	plicable 	. 13f	•
13g	Total deposits and	refundable credits. Add lin	es 13a, 13c, 13d, 13d	e, and 13f		13g	14572.48
13h	Total advances red	ceived from filing Form(s) 72	00 for the quarter			13h	•
13i	Total deposits and	refundable credits less advi	ances. Subtract line	13h from line 13g		. 13i	14572.48
14	Balance due. If li	ne 12 is more than line 13i, ente	r the difference and	see instructions		14	74.56
15	Overpayment. If li	ne 13i is more than line 12, ente	r the difference		• Chec	k one:	Apply to next return. Send a refund.
Part 2		ut your deposit schedule					
If you'	re unsure about wh	ether you're a monthly sche	dule depositor or a	semiweekly sch	edule deposito	r, see sec	ction 11 of Pub. 15.
16 (Sheck one.	incur a \$100,000 next-day de	posit obligation du).000 or more, vou n	ring the current of t	quarter. If line ord of vour feder	12 for the al tax liab	s less than \$2,500, and you didn't prior quarter was less than \$2,500 ility. If you're a monthly sitor, attach Schedule B (Form 941).
		You were a monthly sch liability for the quarter, then go	•	for the entire	quarter. Ente	r your tax	liability for each month and total
		Tax liability: Month 1		5810.89			
		Month 2		4230.12			
		Month 3		4606.03			
		otal liability for quarter		4647.04	Total must	_	
		You were a semiweekly Report of Tax Liability for Sem	schedule depo: weekly Schedule D	sitor for any pa epositors, and atta	ort of this qua chit to Form 94°	a rter. Co I. Go to Pa	mplete Schedule B (Form 941), art 3.

-	not your trade name	′	•	fication number (EIN)
1RM Part	IN CORPOR	RATION // 6- pout your business. If a question does NOT apply to your business, lea	0491	
17		s has closed or you stopped paying wages · · · · · · · · · · · · ·		· Check here, and
••	•	te you paid wages ; also attach a statement to your return	. See inst	ructions.
18a		onal employer and you don't have to file a return for every quarter of the year		· Check here.
18b		o for the employee retention credit solely because your business is a recovery star	tup busir	
19	Qualified health (plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021	19[•
20	Qualified health p	plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021	20	•
21	Qualified wages	s for the employee retention credit	21	0.00
22	Qualified health	plan expenses for the employee retention credit	22	0.00
23	Qualified sick le	ave 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		certain collectively bargained agreements allocable to qualified sick corted 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		certain collectively bargained agreements allocable to qualified family ported on line 26	28	0.00
D			201	
Part		peak with your third-party designee? allow an employee, a paid tax preparer, or another person to discuss this return	with the	RS? See the instructions
	for details.	<u> </u>	\neg	2819558600
	⊠ Yes. Desig	nee's name and phone number DAVID A. MOORE, CPA		2819558600
	Selec	t a 5-digit personal identification number (PIN) to use when talking to the IRS.	7	7070
	∐No.			
Part		 You MUST complete all three pages of Form 941 and SIGN it. ry, I declare that I have examined this return, including accompanying schedules and state 	ments, ar	nd to the best of my knowledge
and b	pelief, it is true, com	ect, and complete. Declaration of preparer (other than taxpayer) is based on all information	n of whic	h preparer has any knowledge.
1	Sign y	Print your name here	AM.	AN NEMRI
	name		PR	ESIDENT
		Date 10/22/21 Best daytim	e phone	2814637675
Pa	aid Preparer	Use Only Check if	you're se	If-employed
Prep	parer's Name	DAVID A. MOORE, CPA	. [P00300985
Prep	parer's signature	Date	. [10/22/21
	's name (or yours lf-employed)	DAVID A. MOORE, CPA EIN	[760290942
Addr	ress	PO BOX 691547 Phot	ne [2819558600
City		HOUSTON State TX ZIP	code	77269 -
Page 3				Form 941 (Rev. 6-2021)

951921

OMP No. 1545-002

	ine 2021)	Department of the	Treasury - Internal Revenue S	ervice	- I UX			OMB No. 1545-0029
	er identification num	nber (EIN) 7 6 -	0 4 9 1	5 4	3			t for this Quarter of 2021 one.)
Name	(not your trade nam	ne) IRMIN CORPO	RATION			1=		nuary, February, March
Trade	name (if any)	DBA COPPERFIE	LD GOODYEAR			l		oril, May, June
A.4.	8303	HIGHWAY 6 NORT	 'H					ly, August, September stober, November, December
Addres	Number	Street		Suite or room r	umber	Go to	ww	w.irs.gov/Form941 for
	HOUST	ON	TX State	77095		instruc	ction	ns and the latest information.
	City		7	7				
	Foreign countr	y name	Foreign province/county	Foreign postal o	xode			
Read		nstructions before you c		pe or print wit	hin the b	oxes.		
Part		nese questions for this		-				
		oloyees who received wag e 12 (Quarter 2), Sept. 12			пе рау р	eriod 1	ı	6
2	Wages, tips, an	d other compensation				2	2	69120•16
3	Federal income	e tax withheld from wages,	tips, and other compensa	ation · ·		. 3	3	5198•46
4	If no wages, tip	s, and other compensation	are subject to social sec	urity or Medica	re tax			Check and go to line 6.
		1	Column 1	ı		mn 2	7 6	
5a	Taxable social	security wages*	69120.16	i –	8	570 •90	╣	*Include taxable qualified sick and family leave wages for leave taken after March 31, 2021, on line 5a. Use
5a	••	k leave wages*.	•	x 0.062 =		0.00	$\exists 1$	lines 5a(i) and 5a(ii) only for wages paid after March 31, 2020, for leave
5a	(ii) Qualified far	mily leave wages* · ·	•	x 0.062 =		0.00	╡┖	taken before April 1, 2021.
5b	Taxable social			x 0.124 =		0.00	╡	
5c		are wages & tips · · · · · · · · · · · · · · · · · · ·	69120.16]x 0.029 = <u> </u>		004 •48	_	
5d	•	a ups subject to licare Tax withholding	0.00	x 0.009 =		0.00	_ _	
5e	Total social sec	curity and Medicare taxes.	Add Column 2 from lines 5a	a, 5a(i), 5a(ii), 5b	, 5c, and 5	5d 5 €	e L	10575 •38
5f	Section 3121(q) Notice and Demand — T	ax due on unreported tip	s (see instructio	ns) .	5	f L	0.00
6	Total taxes bef	ore adjustments. Add lines	3, 5e, and 5f · · ·			6	;	15773 • 84
7	Current quarte	r's adjustment for fraction	s of cents · · ·		•	7	, [_	0 • 28
8	Current quarte	r's adjustment for sick pay	• • • • •			8		0.00
9	Current quarte	r's adjustments for tips an	d group-term life insuran	сө	•	9	· [0.00
10	Total taxes after	er adjustments. Combine lin	ies 6 through 9 · ·			· 10	٦	15774 • 12
11a	Qualified small	business payroll tax credit	for increasing research a	ctivities. Attach	ı Form 897	74 11	a	•
11b	Nonrefundable before April 1,	portion of credit for qualifi 2021	ed sick and family leave w	vages for leave	taken	. 111	ь[•
11c	Nonrefundable	portion of employee reter	ntion credit · · ·			. 11	c[•
▶ v	ou MUST compl	ete all three pages of Form	941 and SIGN it.					Next -

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•	oot your trade name) [N CORPORA	TΤΟΝ			76-04		43			
Part 1		se questions for this qua	rter.(continued)							
11d							•			
11e	Nonrefundable po applicable quarte	ortion of COBRA premium as	sistance credit (see i 	nstructions for		11e	•			
11f	Number of individ	luals provided COBRA premi	um assistance			_				
11g	Total nonrefunda	ble credits. Add lines 11a, 11b,	11c, 11d, and 11e			11g	•			
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10						15774.12			
13a		this quarter, including overp plied from Form 941-X, 941-X				13a	15915.75			
13b	Reserved for futu	re use · · · ·				13b				
13c	Refundable portion before April 1, 202	on of credit for qualified sick a	nnd family leave wage 	s for leave take · · ·	n 	13c				
13d	Refundable portic	on of employee retention cre	dit			13d	•			
13e	Refundable portionafter March 31, 20	on of credit for qualified sick a	and family leave wage	s for leave take	n 	13e	•			
13f	Refundable portion quarters) .	on of COBRA premium assist	ance credit (see instr 	uctions for app	licable	13f				
13g	Total deposits an	d refundable credits. Add lin	es 13a, 13c, 13d, 13e, a	nd 13f .		13g	15915.75			
13h	Total advances re	ceived from filing Form(s) 72	00 for the quarter			13h	•			
13i	Total deposits an	d refundable credits less adv	ances. Subtract line 13	h from line 13g		13i	15915.75			
14	4 Balance due. If line 12 is more than line 13i, enter the difference and see instructions 14									
15	Overpayment. If	ine 13i is more than line 12, ente	er the difference	141	. 63 Check o	ne: 🛭	Apply to next return. Send a refund.			
Part 2	2: Tell us abo	ut your deposit schedule	and tax liability f	or this quarte	r					
If you	're unsure about w	hether you're a monthly sche	dule depositor or a se	miweekly sched	dule depositor, s	ee secl	tion 11 of Pub. 15.			
16	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.									
	\boxtimes	You were a monthly sch liability for the quarter, then go	-	or the entire q	uarter. Enter yo	our tax li	ability for each month and total			
		Tax liability: Month 1	5	914.92						
		Month 2	4	183.97						
		Month 3	5	675.23						
	1	Total liability for quarter	15	774.12	Total must ed	ıual liı	ne 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.										

	ot your trade name)	I = 2	Employer identification number (EiN)						
	IN CORPOR		76-0491543						
Part		out your business. If a question does NOT apply to your business, le		· Check here, and					
17	•	has closed or you stopped paying wages · · · · · · · · · · · · · · · · · · ·	Can inst						
	enter the final date you paid wages; also attach a statement to your return. See instructions.								
18a	-	onal employer and you don't have to file a return for every quarter of the year	•	· · LCheck here.					
18b	If you're eligible	for the employee retention credit solely because your business is a recovery star	tup busiı T	ness Check here.					
19	Qualified health p	olan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021	19 L	•					
20	Qualified health p	lan expenses allocable to qualified family leave wages for leave taken before April 1, 2021	20 L						
21	Qualified wages	for the employee retention credit · · · · · · · · · · · · · ·	21 L	0.00					
22	Qualified health	plan expenses for the employee retention credit	22 L	0.00					
23	Qualified sick lea	ave wages for leave taken after March 31, 2021 · · · · · · · · ·	. 23 <u>[</u> ⊺	0.00					
24		plan expenses allocable to qualified sick leave wages reported on line 23	24	0 • 00					
25		certain collectively bargained agreements allocable to qualified sick orted on line 23	25	0.00					
26	Qualified family	leave wages for leave taken after March 31, 2021 .	. 26	0.00					
27	•	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		0.00					
	leave wages rep	orted on line 26	28	0.00					
Part	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. Desig	nee's name and phone number DAVID A. MOORE, CPA	CPA 2819558600						
	Select	a 5-digit personal identification number (PIN) to use when talking to the IRS.	7	7070					
□ _{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.									
		Print your name here	AY	MAN NEMRI					
•	Sign y name	our		ESIDENT					
		title here	ER	ESIDENI					
		Date 01/11/22 Best daytin	ne phone	2814637675					
Paid Preparer Use Only Check if you're self-employed									
Prep	arer's Name	DAVID A. MOORE, CPA	N	P00300985					
-	parer's signature	Date	e	01/11/22					
Firm	's name (or yours if-employed)	DAVID A. MOORE, CPA		760290942					
Addı		PO BOX 691547 Pho	ne	2819558600					
City		HOUSTON State TX ZIP	code	77269 -					