

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: <u>Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4)</u>	1	<u>9</u>
2	Wages, tips, and other compensation	2	<u>74633.47</u>
3	Federal income tax withheld from wages, tips, and other compensation	3	<u>2487.22</u>
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	<u>74633.47</u> x 0.124 =	<u>9254.55</u>
5a	(i) Qualified sick leave wages	<u> </u> x 0.062 =	<u> </u>
5a	(ii) Qualified family leave wages	<u> </u> x 0.062 =	<u> </u>
5b	Taxable social security tips	<u> </u> x 0.124 =	<u> </u>
5c	Taxable Medicare wages & tips	<u>74633.47</u> x 0.029 =	<u>2164.37</u>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<u> </u> x 0.009 =	<u> </u>
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	<u>11418.92</u>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<u> </u>
6	Total taxes before adjustments Add lines 3, 5e, and 5f	6	<u>13906.14</u>
7	Current quarter's adjustment for fractions of cents	7	<u>0.04</u>
8	Current quarter's adjustment for sick pay	8	<u> </u>
9	Current quarter's adjustments for tips and group-term life insurance	9	<u> </u>
10	Total taxes after adjustments Combine lines 6 through 9	10	<u>13906.18</u>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<u> </u>
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	<u> </u>
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	<u> </u>

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

Next →

Name (not your trade name)

Guadalupe Valencia

Employer identification number (EIN)

95-4643295

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

11d	Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d	
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10, ...	12	13906.18
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	13906.18
13b	Deferred amount of social security tax	13b	
13c	Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 ...	13c	
13d	Refundable portion of employee retention credit from Worksheet 1	13d	
13e	Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d	13e	13906.18
13f	Total advances received from filing Form(s) 7200 for the quarter	13f	
13g	Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e	13g	13906.18
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	
15	Overpayment. If line 13g is more than line 12, enter the difference: <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	<input type="text"/>
	Month 2	<input type="text"/>
	Month 3	<input type="text"/>
	Total liability for quarter	<input type="text"/>

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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Guadalupe Valencia

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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, andenter the final date you paid wages ; also attach a statement to your return. See instructions.**18** If you are 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** Deferred amount of the employee share of social security tax included on line 13b **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.

XSign your
name herePrint your
name herePrint your
title here

Date

Best daytime phone

Paid Preparer Use OnlyCheck if you are 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

(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.)

☐ 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	1155.46	17		25	
2	1157.45	10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	987.49
7		15		23	1069.86	31	
8		16	1110.23	24			

Tax liability for Month 1

5480.49

Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	1047.08
4		12		20	960.89	28	
5		13	942.78	21		29	
6	922.87	14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2

3873.62

Month 3

1		9		17		25	
2		10		18	982.35	26	
3		11	1000.52	19		27	
4	845.13	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	771.15
8		16		24	952.92		

Tax liability for Month 3

4552.07

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

13906.18

QUARTER ENDED 12 31 20 DUE 1 01 21 DELINQUENT 2 01 21 20 4

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

74 633 47

D. UNEMPLOYMENT INSURANCE

(Wages up to \$ 7 000)

4.50 %

6 389 96

287 55

E. EMPLOYMENT TRAINING TAX

0.10 %

6 39

F. STATE DISABILITY INSURANCE

(Total Employee wages up to a maximum limit)

1.00 %

74 633 47

746 33

G. CALIFORNIA PIT WITHHELD

496 14

H. SUBTOTAL

1 536 41

I. LESS: PREVIOUS PAYMENTS

1 536 41

J. TOTAL TAXES DUE OR OVERPAID

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 1/22/21

QTR ENDED 12 31 20 DUE 1 01 21 DELINQUENT 2 01 21 20 4

423 6630 2

Guadalupe Valencia
6714 McKinley Ave

Los Angeles CA 90001

12 9 9

VOLUNTARY PLAN DI

No Payroll

675192121	JOSE	L AVILA	
7723 50		7723 50	90 83
934818615	GILBERTO	BARRALES	
7489 26		7489 26	
625141919	MANUEL	CANELA	
1545 00		1545 00	2 72
602129930	FERNANDO	GALLARDO	
5518 31		5518 31	89 76
620098047	BEATRIZ	JIMENEZ	
570 00		570 00	
622530441	LEONARDO	OLVERA	
2320 00		2320 00	
609021879	CAMERINO	SANTIAGO	
8011 25		8011 25	
	33177 32	33177 32	183 31
	74633 47	74633 47	496 14

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

SIGNATURE/TITLE

Owner

DATE

1 22 21

PHONE NO.

323-753-9388

DE 9C

PAGE 2 OF 2

QTR ENDED 12 31 20 DUE 1 01 21 DELINQUENT 2 01 21 20 4

423 6630 2

Guadalupe Valencia
6714 McKinley Ave

Los Angeles CA 90001

12 9 9

VOLUNTARY PLAN DI

No Payroll

629105638	MARIA	SILVA	
1072 32		1072 32	
654906784	PRICILIANO	TALavera	
5817 56		5817 56	8 38
930788522	JAVIER	VALENCIA	
7809 00		7809 00	
623018654	JUAN	C VALENCIA	
9493 75		9493 75	141 93
566496153	MARIA	G VALENCIA	
9480 63		9480 63	129 49
603163725	REYNALDO ROM	YBANEZ	
7782 89		7782 89	33 03

41456 15

41456 15

312 83

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

SIGNATURE/TITLE

DATE

PHONE NO.