

Employer identification number (EIN) 20-1660847		
Name (not your trade name) DYNASTY FINANCIAL CONSULTING INC		
Trade name (if any)		
Address 2501 WINDY HL RD SE STE 230		
Number	Street	Suite or room number
MARIETTA	GA	30067-8652
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: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	1																				
2	Wages, tips, and other compensation	2	10,604.03																				
3	Federal income tax withheld from wages, tips, and other compensation	3	120.29																				
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 border="0"> <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>10,604.03 x 0.124 =</td> <td>1,314.90</td> </tr> <tr> <td>5b</td> <td>Taxable social security tips</td> <td>.00 x 0.124 =</td> <td>.00</td> </tr> <tr> <td>5c</td> <td>Taxable Medicare wages & tips</td> <td>10,604.03 x 0.029 =</td> <td>307.51</td> </tr> <tr> <td>5d</td> <td>Taxable wages & tips subject to Additional Medicare Tax withholding</td> <td>.00 x 0.009 =</td> <td>.00</td> </tr> </tbody> </table>					Column 1		Column 2	5a	Taxable social security wages	10,604.03 x 0.124 =	1,314.90	5b	Taxable social security tips	.00 x 0.124 =	.00	5c	Taxable Medicare wages & tips	10,604.03 x 0.029 =	307.51	5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.00 x 0.009 =	.00
	Column 1		Column 2																				
5a	Taxable social security wages	10,604.03 x 0.124 =	1,314.90																				
5b	Taxable social security tips	.00 x 0.124 =	.00																				
5c	Taxable Medicare wages & tips	10,604.03 x 0.029 =	307.51																				
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.00 x 0.009 =	.00																				
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	1,622.41																				
5f	Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions)	5f	.00																				
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	1,742.70																				
7	Current quarter's adjustment for fractions of cents	7	.00																				
8	Current quarter's adjustment for sick pay	8	.00																				
9	Current quarter's adjustments for tips and group-term life insurance	9	.00																				
10	Total taxes after adjustments. Combine lines 6 through 9	10	1,742.70																				
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	.00																				
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	1,742.70																				
13	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	13	1,742.71																				
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14																					
15	Overpayment. If line 13 is more than line 12, enter the difference	.01	Check one: <input type="checkbox"/> Apply to next return. <input checked="" 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.

Next

Name (not your trade name)

DYNASTY FINANCIAL CONSULTING INC

Employer identification number (EIN)

20-1660847

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

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

- ☐ No.

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

H.A. Healy

Print your name here

Heather Healy

Print your title here

ADP ATTY-IN-FACT

Date

04-20-2020

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

Employer identification number (EIN) **20-1660847**

Name (not your trade name) **DYNASTY FINANCIAL CONSULTING INC**

Trade name (If any) _____

Address **2501 WINDY HL RD SE STE 230**
Number Street Suite or room number

MARIETTA **GA** **30067-8652**
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>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	2
2	Wages, tips, and other compensation	2	795.00
3	Federal income tax withheld from wages, tips, and other compensation	3	.00
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	795.00	x 0.124 =	98.58
5a (i) Qualified sick leave wages	.00	x 0.062 =	.00
5a (ii) Qualified family leave wages	.00	x 0.062 =	.00
5b Taxable social security tips	.00	x 0.124 =	.00
5c Taxable Medicare wages & tips	795.00	x 0.029 =	23.06
5d Taxable wages & tips subject to Additional Medicare Tax withholding	.00	x 0.009 =	.00

5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	121.64
5f	Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions)	5f	.00
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	121.64
7	Current quarter's adjustment for fractions of cents	7	.00
8	Current quarter's adjustment for sick pay	8	.00
9	Current quarter's adjustments for tips and group-term life insurance	9	.00
10	Total taxes after adjustments. Combine lines 6 through 9	10	121.64
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	.00
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	.00
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	.00

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Name (not your trade name)

DYNASTY FINANCIAL CONSULTING INC

Employer identification number (EIN)

20-1660847

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

11d	Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d	<input type="text" value="0.00"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 .	12	<input type="text" value="121.64"/>
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="121.65"/>
13b	Deferred amount of the employer share of social security tax	13b	<input type="text" value="0.00"/>
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, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d	13e	<input type="text" value="121.65"/>
13f	Total advances received from filing Form(s) 7200 for the quarter	13f	<input type="text" value="0.00"/>
13g	Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e .	13g	<input type="text" value="121.65"/>
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	<input type="text"/>
15	Overpayment. If line 13g is more than line 12, enter the difference <input type="text" value="0.01"/> Check one: <input type="checkbox"/> Apply to next return. <input checked="" 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** ▶

Name (not your trade name)

Employer identification number (EIN)

DYNASTY FINANCIAL CONSULTING INC

20-1660847

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 wages reported on Part 1, line 5a(i) 19 .00
- 20 Qualified health plan expenses allocable to wages reported on Part 1, line 5a(ii) 20 .00
- 21 Qualified wages for the employee retention credit 21 .00
- 22 Qualified health plan expenses allocable to wages reported on line 21 22 .00
- 23 Credit from Form 5884-C, line 11, for this quarter 23 .00
- 24 Qualified wages paid March 13 through March 31, 2020, for the employee retention credit (use this line only for the second quarter filing of Form 941) 24 .00
- 25 Qualified health plan expenses allocable to wages reported on line 24 (use this line only for the second quarter filing of Form 941) 25 .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.

X

Sign your name here

H.A. Healy

Print your name here

Heather Healy

Print your title here

ADP ATTY-IN-FACT

Date 07-12-2020

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

Employer identification number (EIN) **20-1660847**

Name (not your trade name) **DYNASTY FINANCIAL CONSULTING INC**

Trade name (if any)

Address **2501 WINDY HL RD SE STE 230**
Number Street Suite or room number

MARIETTA **GA** **30067-8652**
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: Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	2
2	Wages, tips, and other compensation	2	10,249.00
3	Federal income tax withheld from wages, tips, and other compensation	3	516.29
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	10,249.00	x 0.124 =	1,270.88
5a (i) Qualified sick leave wages	.00	x 0.062 =	.00
5a (ii) Qualified family leave wages	.00	x 0.062 =	.00
5b Taxable social security tips	.00	x 0.124 =	.00
5c Taxable Medicare wages & tips	10,249.00	x 0.029 =	297.23
5d Taxable wages & tips subject to Additional Medicare Tax withholding	.00	x 0.009 =	.00
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e 1,568.11		
5f Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions)	5f .00		
6 Total taxes before adjustments. Add lines 3, 5e, and 5f	6 2,084.40		
7 Current quarter's adjustment for fractions of cents	7 .00		
8 Current quarter's adjustment for sick pay	8 .00		
9 Current quarter's adjustments for tips and group-term life insurance	9 .00		
10 Total taxes after adjustments. Combine lines 6 through 9	10 2,084.40		
11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a .00		
11b Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b .00		
11c Nonrefundable portion of employee retention credit from Worksheet 1	11c .00		

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

Next

Name (not your trade name)

DYNASTY FINANCIAL CONSULTING INC

Employer identification number (EIN)

20-1660847

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

11d	Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d	<input type="text" value="0.00"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 .	12	<input type="text" value="2,084.40"/>
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="2,084.41"/>
13b	Deferred amount of social security tax	13b	<input type="text" value="0.00"/>
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, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d	13e	<input type="text" value="2,084.41"/>
13f	Total advances received from filing Form(s) 7200 for the quarter	13f	<input type="text" value="0.00"/>
13g	Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e .	13g	<input type="text" value="2,084.41"/>
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	<input type="text"/>
15	Overpayment. If line 13g is more than line 12, enter the difference <input type="text" value="0.01"/> Check one: <input type="checkbox"/> Apply to next return. <input checked="" 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.

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Name (not your trade name)

DYNASTY FINANCIAL CONSULTING INC

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- 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 .00
- 20 Qualified health plan expenses allocable to qualified family leave wages 20 .00
- 21 Qualified wages for the employee retention credit 21 .00
- 22 Qualified health plan expenses allocable to wages reported on line 21 22 .00
- 23 Credit from Form 5884-C, line 11, for this quarter 23 .00
- 24 Deferred amount of the employee share of social security tax included on line 13b 24 .00
- 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

H.A. Healy

Print your name here

Heather Healy

Print your title here

ADP ATTY-IN-FACT

Date 10-16-2020

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

Employer identification number (EIN) **20-1660847**

Name (not your trade name) **DYNASTY FINANCIAL CONSULTING INC**

Trade name (if any)

Address **2501 WINDY HL RD SE STE 230**
Number Street Suite or room number

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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: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4)	1	2
2	Wages, tips, and other compensation	2	7,140.00
3	Federal income tax withheld from wages, tips, and other compensation	3	289.80
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	7,140.00	x 0.124 =	885.36
5a (i) Qualified sick leave wages	.00	x 0.062 =	.00
5a (ii) Qualified family leave wages	.00	x 0.062 =	.00
5b Taxable social security tips	.00	x 0.124 =	.00
5c Taxable Medicare wages & tips	7,140.00	x 0.029 =	207.06
5d Taxable wages & tips subject to Additional Medicare Tax withholding	.00	x 0.009 =	.00
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d			1,092.42
5f Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions)			.00
6 Total taxes before adjustments. Add lines 3, 5e, and 5f			1,382.22
7 Current quarter's adjustment for fractions of cents			.00
8 Current quarter's adjustment for sick pay			.00
9 Current quarter's adjustments for tips and group-term life insurance			.00
10 Total taxes after adjustments. Combine lines 6 through 9			1,382.22
11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974			.00
11b Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1			.00
11c Nonrefundable portion of employee retention credit from Worksheet 1			.00

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

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Next

Name (not your trade name)

DYNASTY FINANCIAL CONSULTING INC

Employer identification number (EIN)

20-1660847

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

11d	Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d	<input type="text" value="0.00"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 .	12	<input type="text" value="1,382.22"/>
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="1,382.22"/>
13b	Deferred amount of social security tax	13b	<input type="text" value="0.00"/>
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, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d	13e	<input type="text" value="1,382.22"/>
13f	Total advances received from filing Form(s) 7200 for the quarter	13f	<input type="text" value="0.00"/>
13g	Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e .	13g	<input type="text" value="1,382.22"/>
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	<input type="text" value="0.00"/>
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** ▶

Name (not your trade name)

Employer identification number (EIN)

DYNASTY FINANCIAL CONSULTING INC

20-1660847

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 .00
- 20 Qualified health plan expenses allocable to qualified family leave wages 20 .00
- 21 Qualified wages for the employee retention credit 21 .00
- 22 Qualified health plan expenses allocable to wages reported on line 21 22 .00
- 23 Credit from Form 5884-C, line 11, for this quarter 23 .00
- 24 Deferred amount of the employee share of social security tax included on line 13b 24 .00
- 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

H.A. Healy

Print your name here

Heather Healy

Print your title here

ADP ATTY-IN-FACT

Date 01-19-2021

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

Employer identification number (EIN)	20-1660847		
Name (not your trade name)	DYNASTY FINANCIAL CONSULTING INC		
Trade name (if any)			
Address	5686 FULTON INDUSTRIAL BLVD 44601		
	Number	Street	Suite or room number
	ATLANTA	GA	30336-8652
	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	4
2	Wages, tips, and other compensation	2	11,152.50
3	Federal income tax withheld from wages, tips, and other compensation	3	646.85
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	11,152.50	x 0.124 =	1,382.92
5a (i) Qualified sick leave wages	.00	x 0.062 =	.00
5a (ii) Qualified family leave wages	.00	x 0.062 =	.00
5b Taxable social security tips	.00	x 0.124 =	.00
5c Taxable Medicare wages & tips	11,152.50	x 0.029 =	323.42
5d Taxable wages & tips subject to Additional Medicare Tax withholding	.00	x 0.009 =	.00
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d		5e	1,706.34
5f Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions)		5f	.00
6 Total taxes before adjustments. Add lines 3, 5e, and 5f		6	2,353.19
7 Current quarter's adjustment for fractions of cents		7	.00
8 Current quarter's adjustment for sick pay		8	.00
9 Current quarter's adjustments for tips and group-term life insurance		9	.00
10 Total taxes after adjustments. Combine lines 6 through 9		10	2,353.19
11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974		11a	.00
11b Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1		11b	.00
11c Nonrefundable portion of employee retention credit from Worksheet 1		11c	.00

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

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

Next

Name (not your trade name)

DYNASTY FINANCIAL CONSULTING INC

Employer identification number (EIN)

20-1660847

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

11d	Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d	<input type="text" value="0.00"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10	12	<input type="text" value="2,353.19"/>
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="2,353.19"/>
13b	Reserved for future use	13b	<input type="text" value="0.00"/>
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="2,353.19"/>
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="2,353.19"/>
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	<input type="text" value="0.00"/>
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** ▶

Name (not your trade name)

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DYNASTY FINANCIAL CONSULTING INC

20-1660847

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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

H.A. Healy

Print your name here

Heather Healy

Print your title here

ADP ATTY-IN-FACT

Date 04-18-2021

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