

941 for 2020: Employer's QUARTERLY Federal Tax Return

Department of the Treasury — Internal Revenue Service

950120

OMB No. 1545-0029

Employer identification number (EIN)	46-2198379		
Name (not your trade name)	Alyria Health Care, LLC		
Trade name (if any)	Alyria Health Care		
Address	1316 MARKET ST STE C		
	Number	Street	Suite or room number
	POCOMOKE CITY		MD
	City	State	ZIP code
			21851-1742
	Foreign country name		Foreign postal code
	Foreign province/county		

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.

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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	78
2	Wages, tips, and other compensation	2	297,950.09
3	Federal income tax withheld from wages, tips, and other compensation	3	12,557.60
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	297,950.09 × 0.124 =	36,945.81
5a (i)	Qualified sick leave wages	× 0.062 =	
5a (ii)	Qualified family leave wages	× 0.062 =	
5b	Taxable social security tips	× 0.124 =	
5c	Taxable Medicare wages & tips	297,950.09 × 0.029 =	8,640.55
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =	
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	45,586.36
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	58,143.96
7	Current quarter's adjustment for fractions of cents	7	0.15
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	58,144.11
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 ▶

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

Form **941** (Rev. 7-2020)

950220

Name (not your trade name)

Alyria Health Care, LLC

Employer identification number (EIN)

46-2198379

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

11d	Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d	<input type="text"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10	12	<input type="text" value="58,144.11"/>
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="58,144.11"/>
13b	Deferred amount of social security tax	13b	<input type="text"/>
13c	Refundable portion of credit for qualified sick and family leave wages from Worksheet 1	13c	<input type="text"/>
13d	Refundable portion of employee retention credit from Worksheet 1	13d	<input type="text"/>
13e	Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d	13e	<input type="text" value="58,144.11"/>
13f	Total advances received from filing Form(s) 7200 for the quarter	13f	<input type="text"/>
13g	Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e	13g	<input type="text" value="58,144.11"/>
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"/>	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.**

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Name (not your trade name)

Alyria Health Care, LLC

Employer identification number (EIN)

46-2198379

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 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.

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Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here

Jason Shipp

Print your name here

Jason Shipp

Print your title here

Agent in Fact

Date 10/21/2020

Best daytime phone (888) 927-7478

Paid Preparer Use OnlyCheck 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

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number
(EIN)

46-2198379

Name (not your trade name)

Alyria Health Care, LLC

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 adjustments 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 became 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		17		25	
2		10		18		26	
3		11		19		27	4,681.06
4		12		20	4,649.12	28	
5		13	4,102.52	21		29	
6	4,611.69	14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 1

18,044.39

Month 2

1		9		17	4,678.93	25	
2		10	4,329.62	18		26	
3	4,468.20	11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	4,469.46
8		16		24	4,403.72		

Tax liability for Month 2

22,349.93

Month 3

1		9		17		25	
2		10		18		26	
3		11		19		27	
4	4,315.78	12		20		28	4,495.06
5		13		21	4,308.88	29	93.17
6		14	4,536.90	22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3

17,749.79

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

58,144.11

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For Paperwork Reduction Act Notice, see separate instructions. BAA

Schedule B (Form 941) (Rev. 1-2017)

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