Form 941 for 2020: Employer's QUARTERLY Federal Tax Return

Department of the Treasury—Internal Revenue Service

950117

OMB No. 1545-0029

(1100.00	anuary 2020) Departmen	tortic reasony—internarrevent	ic celvice		0.11.2 11.01 10.10 002.0
Empl	oyer identification number (EIN)	560847			this Quarter of 2020
Name	o (not your trade name) DYNASTY FIN	ANCIAL CONSULTING	INC	(Check one.) X 1: Janua	ry, February, March
Trade	e name (If any)				May, June
ITau	a name (ii ariy)				August, September
Addr	ess 2501 WINDY HL RD SE Number Street		ite or room number		er, November, December
					s.gov/Form941 for
	MARIETTA City	GA State	30067-8652 ZIP code		and the latest information.
	Foreign country name	Foreign province/county	Foreign postal code		
Read	the separate instructions before you com	nplete Form 941. Type or print	within the boxes	~'0	
Pari			Within the beace.	+.()	
	Number of employees who received want of the color of the				1
l	ncluding: Mar. 12 (Quarter 1), June 12 (C	quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quart	1	
2 \	Wages, tips, and other compensation			2	10,604.03
3	Federal income tax withheld from wage	es, tips, and other compensa	ntion	3	120.29
4	f no wages, tips, and other compensat	tion are subject to social se Column 1		tax	heck and go to line 6.
5a ·	Taxable social security wages	10,604.03 x		1,314.90	
5b ·	Faxable social security tips		0.124 =		
	• •			.00	
	Taxable Medicare wages & tips	10,604.03 x	0.029 =	307.51	
	Taxable wages & tips subject to Additional Medicare Tax withholding	.00 x	0.009 =	.00	
5e	Add Column 2 from lines 5a, 5b, 5c, an	d 5d		Ea	1,622.41
				5e	1,022.11
5f :	Section 3121(q) Notice and Demand - 1	Tax due on unreported tips (see instructions)	5f	.00
6	Total taxes before adjustments. Add lir	nes 3, 5e, and 5f		6	1,742.70
7	Current quarter's adjustment for fraction	and of conta		7	.00
				7	
8 (Current quarter's adjustment for sick p	oay		8	.00
9 (Current quarter's adjustments for tips	and group-term life insuran	ce	9	.00
10	Total taxes after adjustments. Combine	e lines 6 through 9		10	1,742.70
11 (Qualified small business payroll tax cre	edit for increasing research	activities. Attach Fo	orm 8974 11	.00
12	Total taxes after adjustments and cred	its. Subtract line 11 from line	10	12	1,742.70
	Fotal deposits for this quarter, include overpayments applied from Form 941-X, 9	• • • • • • • • • • • • • • • • • • • •		13	1,742.71
14	Balance due. If line 12 is more than line	13, enter the difference and se	ee instructions	14	
15 (Overpayment. If line 13 is more than line	12, enter the difference	.01	Check one: App	oly to next return. X Send a refund.
	You MUST complete both pages of E	0.44I 010N I4			

Name (not your trade name)	Employer identification number (EIN)						
DYNASTY FINANCIAL CONSULTING INC	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 semiw of Pub. 15.	reekly schedule depositor, see section 11						
16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return for incur a \$100,000 next-day deposit obligation during the current quarte line 12 on this return is \$100,000 or more, you must provide a record depositor, complete the deposit schedule below; if you are a semiweekly Part 3.	or. If line 12 for the prior quarter was less than \$2,500 but of your fedral tax liability. If you are a monthly schedule						
You were a monthly schedule depositor for the entire quarter liability for the quarter, then 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 t Report of Tax Liability for Semiweekly Schedule Depositors, an							
Part 3: Tell us about your business. If a question does NOT apply to you	ur business, leave it blank.						
17 If your business has closed or you stopped paying wages enter the final date you paid wages	Check here, and						
18 If you are a seasonal employer and you don't have to file a return for every qu	arter 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 d for details.	liscuss this return with the IRS? See the instructions						
Yes. Designee's name and phone number							
Select a 5-digit Personal Identification Number (PIN) to use when talkin	g to the IRS.						
□ No.							
Part 5: Sign here. You MUST complete both pages of Form 941 and SIG	N it.						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedular and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on a	all information of which preparer has any knowledge.						
Sign your name here 21.01.24.01.2	Print your name here Heather Healy						
Tidille liefe 77.07.5 leading	Print your title here ADP ATTY-IN-FACT						
Date 04-20-2020	Best daytime phone						
Paid Preparer Use Only	Check if you are self-employed						
Preparer's name	PTIN						
Preparer's signature	Preparer's signature Date						
Firm's name (or yours if self-employed)	EIN						
Address	Phone						
City State	ZIP code						

Form (Rev. Apr	Department of the Treasury — Internal Revenue Service		OMB No. 1545-0029
Emplo	yer identification number (EIN) 20-1660847	Repo (Check	rt for this Quarter of 2020
Name	(not your trade name) DYNASTY FINANCIAL CONSULTING INC		January, February, March
	, , , , , , , , , , , , , , , , , , ,		April, May, June
Trade	name (If any)	3:	July, August, September
Addre		4:	October, November, December
	Number Street Suite or room number		to www.irs.gov/Form941 for tructions and the latest information.
	MARIETTA GA 30067-8652 City State ZIP code		
	Foreign country name Foreign province/county Foreign postal code		
	ne separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter.	·U	
Part 1	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)	. 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	[Check and go to line 6.
	Column 1 Column 2		
5a	Taxable social security wages 795,00 x 0.124 =	8.58	
5a	(i) Qualified sick leave wages	.00	
5a	(ii) Qualified family leave wages x 0.062 =	.00	
5b	Taxable social security tips x 0.124 =	.00	
5c	Taxable Medicare wages & tips 795.00 x 0.029 = 2	3.06	
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

Part 1: Answerthese questions for this quarter. (continued) 11d Total nonrefundable credits. Add lines 11a, 11b, and 11c	Name (not your trade name) DYNASTY FINANCIAL CONSULTING INC	Employer identification number (EIN) 20-1660847
Total nonrefundable credits. Add lines 11a, 11b, and 11c	Part 1: Answerthese questions for this quarter. (continued)	
Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 . 12 . 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 . 121.65 13b Deferred amount of the employer share of social security tax . 13b00 13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 100 13d Refundable portion of employee retention credit from Worksheet 100 13e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d		
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 121.65 13b Deferred amount of the employer share of social security tax 13b	11d Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d
overpayments applied from Form 941-X, 941-X(PR), 944-X, or 944-X(SP) filed in the current quarter 13a	12 Total taxes after adjustments and nonrefundable credits. Subtract line 11	d from line 10 . 12 121.64
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	13b Deferred amount of the employer share of social security tax	13b
Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d	13c Refundable portion of credit for qualified sick and family leave wages from	om Worksheet 1 13c .00
Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d	13d Refundable portion of employee retention credit from Worksheet 1	13d
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 121.65 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 0.01 Check one: Apply to next return. Send a refund. Part 2: Tell us about your deposit schedule and tax liability for this quarter. f 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 fedral 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.	13e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c	, and 13d 13e 121.65
Balance due. If line 12 is more than line 13g, enter the difference and see instructions	13f Total advances received from filing Form(s) 7200 for the quarter	.00
Overpayment. If line 13g is more than line 12, enter the difference .01 Check one: Apply to next return. Send a refund. Part 2: Tell us about your deposit schedule and tax liability for this quarter. f 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 fedral tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly 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.	13g Total deposits, deferrals, and refundable credits less advances. Subtract line 1	13f from line 13e . 13g 121.65
Part 2: Tell us about your deposit schedule and tax liability for this quarter. f 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 fedral tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly 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.	14 Balance due. If line 12 is more than line 13g, enter the difference and see ins	structions 14
f 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 fedral tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly 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.	15 Overpayment. If line 13g is more than line 12, enter the difference	.01 Check one: Apply to next return. X Send a refund.
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 fedral tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3. Total 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.	Part 2: Tell us about your deposit schedule and tax liability for this quart	ter.
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 fedral tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3. Total 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.	f you're unsure about whether you're a monthly schedule depositor or a semiw	reekly schedule depositor, see section 11 of Pub. 15.
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.	and you didn't incur a \$100,000 next-day deposit obligation quarter was less than \$2,500 but line 12 on this return is fedral tax liability. If you're a monthly schedule deposition, attach Schedule B (Form You were a monthly schedule depositor for the entire question.	ation during the current quarter. If line 12 for the prior \$\\$100,000 or more, you must provide a record of your tor, complete the deposit schedule below; if you're a 941). Go to Part 3.
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.	Month 2	
Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.	Total liability for quarter	Total must equal line 12.
	Report of Tax Liability for Semiweekly Schedule Depositors,	and attach it to Form 941. Go to Part 3.

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	
17 If your business has closed or you stopped paying wages	
enter the final date you paid wages ; also attach a state	ment to your return. See instructions.
18 If you're a seasonal employer and you don't have to file a return for every of	quarter of the year Check here.
19 Qualified health plan expenses allocable to wages reported on Part 1, line	5a(i) 19
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
Qualified health plan expenses allocable to wages reported on line 21	.00
23 Credit from Form 5884-C, line 11, for this quarter	.00
Qualified wages paid March 13 through March 31, 2020, for the employee recredit (use this line only for the second quarter filing of Form 941)	
Qualified helath plan expenses allocable to wages reported on line 24 (use for the second quarter filing of Form 941)	
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 di	scuss 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	ng to the IRS.
□ No.	
Part 5: Sign here. You MUST complete all three pages of Form 941 and SIG	GN if
Under penalties of perjury, I declare that I have examined this return, including accompanying and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is ba	schedules and statements, and to the best of my knowledge
Sign your Dun 200	Print your name here Heather Healy
name here 21.01.24 cuty	Print your title here ADP ATTY-IN-FACT
07.10.0000	
Date 07-12-2020	Best daytime phone
Paid Preparer Use Only	Check if you're self-employed
Preparer's name	PTIN
Preparer's signature Firm's name (or yours	Date
if self-employed)	EIN
Address	Phone
City State	ZIP code

Form 941 for 2020: Employer's QUARTERLY Federal Tax Return

(Rev. Ju	y 2020) Department of the Treasury — Internal Revenue Service		OMB No. 1545-0029
Emple	oyer identification number (EIN) 20-1660847	Report (Check on	for this Quarter of 2020
Nam	e (not your trade name) DYNASTY FINANCIAL CONSULTING INC		nuary, February, March
		2 : Ap	oril, May, June
Trad	e name (If any)	X 3: Ju	ly, August, September
Addr	ess 2501 WINDY HL RD SE STE 230		ctober, November, December
7100	Number Street Suite or room number		www.irs.gov/Form941 for
	MARIETTA GA 30067-8652	instruc	tions and the latest information.
	City State ZIP code	4	
	Foreign country name Foreign province/county Foreign postal code		
Read t	he separate instructions before you complete Form 941. Type or print within the boxes.	·U	
Part '	Answerthese 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
			1
4	If no wages, tips, and other compensation are subject to social security or Medicare tax		Check and go to line 6.
5a	Column 1 Column 2 Taxable social security wages 10,249.00 x 0.124 = 1,27	70.88	
		.00	
5a 5a	(i) Qualified sick leave wages	.00	
5a 5b	Taxable social security tips	.00	
5c		97.23	
5d	Taxable wages & tips subject to	.00	
	Additional Medicare Tax withholding x 0.009 =		
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		.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

.00

11c Nonrefundable portion of employee retention credit from Worksheet 1

Name (not your trade name) DYNASTY FINANCIAL CONSULTING INC	Employer identification number (EIN) 20-1660847
Part 1: Answerthese questions for this quarter. (continued)	
7	
11d Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d .0
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from	m line 10 . 12 2,084.4
13a Total deposits for this quarter, including overpayment applied from a prior quoverpayments applied from Form 941-X, 941-X(PR), 944-X, or 944-X(SP) filed in the content of the content	
13b Deferred amount of social security tax	13b .0
13c Refundable portion of credit for qualified sick and family leave wages from W	Vorksheet 1 13c . 0
13d Refundable portion of employee retention credit from Worksheet 1	13d . 0
13e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and	13d 2,084.4
13f Total advances received from filing Form(s) 7200 for the quarter	13f .0
13g Total deposits, deferrals, and refundable credits less advances. Subtract line 13f fro	om line 13e . 13g 2,084.4
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructi	ions 14
15 Overpayment. If line 13g is more than line 12, enter the difference	. 01 Check one: Apply to next return. X Send a refu
Part 2: Tell us about your deposit schedule and tax liability for this quarter.	
f you're unsure about whether you're a monthly schedule depositor or a semiweekly	v schedule depositor, see section 11 of Pub. 15.
Line 12 on this return is less than \$2,500 or line 12 on the rand you didn't incur a \$100,000 next-day deposit obligation quarter was less than \$2,500 but line 12 on this return is \$10 fedral tax liability. If you're a monthly schedule depositor, a semiweekly schedule depositor, attach Schedule B (Form 941). You were a monthly schedule depositor for the entire quarter liability for the quarter, then go to Part 3.	n during the current quarter. If line 12 for the pri 20,000 or more, you must provide a record of yo complete the deposit schedule below; if you're . Go to Part 3.
Tax liability: Month 1 Month 2 Month 3	
Total liability for quarter To	otal must equal line 12.
You were a semiweekly schedule depositor for any part of thi Report of Tax Liability for Semiweekly Schedule Depositors, and a	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 identificationnumber (EIN)
DYNASTY FINANCIAL CONSULTING INC Part 3: Tell us about your business. If a question does NOT apply to your busines	20-1660847
Tell us about your business. If a question does NOT apply to your busines 17 If your business has closed or you stopped paying wages	
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 quarte	er of the year Check here.
19 Qualified health plan expenses allocable to qualified sick leave wages	
20 Qualified health plan expenses allocable to qualified family leave wages	.00
21 Qualified wages for the employee retention credit	21 .00
Qualified health plan expenses allocable to wages reported on line 21	22 .00
23 Credit from Form 5884-C, line 11, for this quarter	.00
24 Deferred amount of the employee share of social security tax included on line 13	3b 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	s 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 t No.	he IRS.
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 schedard belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on	
	rint your ame here Heather Healy
	rint your tle here ADP ATTY-IN-FACT
Date 10-16-2020	est 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	ZIP code

Form 941 for 2020: Employer's QUARTERLY Federal Tax Return

Rev. Jul		ne Treasury — Internal Revenue Service		OMB No. 1545-0029
Emplo	yer identification number (EIN) 20-166084	7	Report	for this Quarter of 2020
Name	(not your trade name) DYNASTY FINA	NCIAL CONSULTING INC		anuary, February, March
-			2: A	pril, May, June
ırade	name (If any)		☐ 3 : J	uly, August, September
Addr		E 230	X 4: C	October, November, December
	Number Street	Suite or room number	Go to w	ww.irs.gov/Form941 for
	MARIETTA	GA 30067-8652	instructi	ons and the latest information.
	City	State ZIP code	4	
	Foreign country name	Foreign province/county Foreign postal code		
Read t	ne separate instructions before you comp	elete Form 941. Type or print within the boxes.	·U	,
Part 1	Answer these questions for this	quarter.		
1	Number of employees who received was	ges, tips, or other compensation for the pay	, ,	
	period including: Sept. 12 (Quarter 3) o	r Dec. 12 (Quarter 4)	1 _	2
2	Wages, tips, and other compensation		2	7,140.00
_	wages, ups, and other compensation			7,110.00
3	Federal income tax withheld from wa	ges, tips, and other compensation	3	289.80
4	If no wages, tips, and other compensati	on are subject to social security or Medicare tax		Check and go to line 6.
		Column 1 Column 2		
5a	Taxable social security wages	7,140,00 x 0.124 = 88	35.36	
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 = 20	07.06	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.00 x 0.009 =	.00	
5e	Total social security and Medicare taxe	s. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	1,092.42
5f	Section 3121(q) Notice and Demand -	Tax due on unreported tips (see instructions)	5f	.00
6	Total taxes before adjustments. Add li	nes 3, 5e, and 5f	6	1,382.22
7	Current quarter's adjustment for frac	tions of cents	. 7	.00
8	Current quarter's adjustment for sick	pay	8	.00
9		and group-term life insurance	_	.00
10				1,382.22
10	i otal taxes after aujustments. Combin	e lines 6 through 9	IU _	1,302.22
11a	Qualified small business payroll tax cre	dit for increasing research activities. Attach Form 8974	11a	.00
11b	Nonrefundable portion of credit for qua	alified sick and family leave wages from Worksheet 1	11b	.00

.00

11c Nonrefundable portion of employee retention credit from Worksheet 1

	Employer identification number (EIN) 20-1660847	
Part 1: Answer these questions for this quarter. (continued)	20 1000017	
Answer these questions for this quarter. (commucu)		
11d Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d	.00
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10	0 . 12 1	,382.22
13a Total deposits for this quarter, including overpayment applied from a prior quarter overpayments applied from Form 941-X, 941-X(PR), 944-X, or 944-X(SP) filed in the current quarter	and 13a 1	,382.22
13b Deferred amount of social security tax	13b	.00
13c Refundable portion of credit for qualified sick and family leave wages from Workshee	eet 1 13c	.00
13d Refundable portion of employee retention credit from Worksheet 1	13d	.00
13e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d	13e 1	,382.22
13f Total advances received from filing Form(s) 7200 for the quarter	13f	.00
13g Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13	13e . 13g 1	,382.22
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	.00
15 Overpayment. If line 13g 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.		
f you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule 16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return for and you didn't incur a \$100,000 next-day deposit obligation during quarter was less than \$2,500 but line 12 on this return is \$100,000 or federal tax liability. If you're a monthly schedule depositor, complete semiweekly schedule depositor, attach Schedule B (Form 941). Go to	for the prior quarter was less the game the current quarter. If line 12 for more, you must provide a record to the deposit schedule below;	nan \$2,500, for the prior ord of your
You were a monthly schedule depositor for the entire quarter. Enter liability for the quarter, then go to Part 3.	r your tax liability for each month a	nd total
Tax liability: Month 1 Month 2		
Month 3 Total liability for quarter Total mus	ıst equal line 12.	
You were a semiweekly schedule depositor for any part of this quarter Report of Tax Liability for Semiweekly Schedule Depositors, and attach it You MUST complete all three pages of Form 941 and SIGN it.	ter. Complete Schedule B (Form	941), 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 staten	ment to your return. See instructions.
18 If you're a seasonal employer and you don't have to file a return for every q	uarter of the year Check here.
19 Qualified health plan expenses allocable to qualified sick leave wages	
20 Qualified health plan expenses allocable to qualified family leave wages	20
21 Qualified wages for the employee retention credit	21 .00
Qualified health plan expenses allocable to wages reported on line 21	22
23 Credit from Form 5884-C, line 11, for this quarter	.00
24 Deferred amount of the employee share of social security tax included on li	ine 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 dis	Abia watuwa with the IDC2 Coa the instructions
for details.	scuss this return with the IRS? See the instructions
Yes. Designee's name and phone number	
Select a 5-digit personal identification number (PIN) to use when talking	g to the IRS.
□ No.	
Part 5: Sign here. You MUST complete all three pages of Form 941 and SIG	SN it.
Under penalties of perjury, I declare that I have examined this return, including accompanying	
and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is bas	
Sign your Out of	Print your name here Heather Healy
Sign your name here 21.0.24 cuty	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
Page 3	Form 941 (Rev. 7-202)

941 for 2021: Employer's QUARTERLY Federal Tax Return

	rch 2021) Department of the Treasury — Internal Revenue Service		OMB No. 1545-0029
Emplo	byer identification number (EIN) 20-1660847		r this Quarter of 2021
		(Check one.)	ary, February, March
Name	e (not your trade name) DYNASTY FINANCIAL CONSULTING INC		, May, June
Trade	e name (If any)		August, September
Addr	ess 5686 FULTON INDUSTRIAL BLVD 44601	_ '	ber, November, December
	Number Street Suite or room number	Go to www.	.irs.gov/Form941 for
	ATLANTA GA 30336-8652	instructions	and the latest information.
	City State ZIP code	1	4
	Foreign country name Foreign province/county Foreign postal code		
Read t	he separate instructions before you complete Form 941. Type or print within the boxes.		
Part '			
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	4
2	Wages, tips, and other compensation	. 2	11,152.50
_	Federal income tax withheld from wages, tips, and other compensation	2	C4.C 0.F
3	rederal 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		Check and go to line 6.
_	Column 1 Column 2		
5а		82.92	
5a	(i) Qualified sick leave wages	.00	
5a	(ii) Qualified family leave wages00 x 0.062 =	.00	
5b	Taxable social security tips x 0.124 =	.00	
5c		23.42	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.00	
E0	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	1,706.34
5e	Total social security and medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	1,700.34
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
-			0.0
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

		Employer identifica 20–166084	ition number (EIN) 1.7
Part '			• ,
	Thomas allow questions for time quarters (community)		
11d	Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d	.00
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 1	0 . 12	2,353.19
13a	Total deposits for this quarter, including overpayment applied from a prior quarter overpayments applied from Form 941-X, 941-X(PR), 944-X, or 944-X(SP) filed in the current quarter	and 13a	2,353.19
13b	Reserved for future use	13b	.00
13c	c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1		.00
13d	Refundable portion of employee retention credit from Worksheet 1	13d	.00
13e	Total deposits and refundable credits. Add lines 13a,13c, and 13d	13e	2,353.19
13f	Total advances received from filing Form(s) 7200 for the quarter	13f	.00
13g	Total deposits and refundable credits less advances. Subtract line 13f from line 13e	13g	2,353.19
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	.00
15	Overpayment. If line 13g is more than line 12, enter the difference	heck one: A	oply to next return. Send a refund.
Part 2	Tell us about your deposit schedule and tax liability for this quarter.		
_	Check one: \(\subseteq \) Line 12 on this return is less than \$2,500 or line 12 on the return for and you didn't incur a \$100,000 next-day deposit obligation during quarter was less than \$2,500 but line 12 on this return is \$100,000 or federal tax liability. If you're a monthly schedule depositor, complet semiweekly schedule depositor, attach Schedule B (Form 941). Go to	or the prior qua the current qua or more, you mu e the deposit s	arter was less than \$2,500, uarter. If line 12 for the prior ust provide a record of your
	You were a monthly schedule depositor for the entire quarter. Enter liability for the quarter, then go to Part 3.	your tax liability	for each month and total
	Tax liability: Month 1 Month 2		
	Month 3	-t 40	
.	You were a semiweekly schedule depositor for any part of this quart Report of Tax Liability for Semiweekly Schedule Depositors, and attach it		chedule B (Form 941), to to Part 3.
<u>- Y</u>	ou 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.				
Ten us about your business. If a question does not apply to your business.	ness, 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 quarte	er of the year Check here.			
19 Qualified health plan expenses allocable to qualified sick leave wages	.00			
20 Qualified health plan expenses allocable to qualified family leave wages	20 .00			
21 Qualified wages for the employee retention credit	.00			
Qualified health plan expenses allocable to wages reported on line 21	.00			
23 Credit from Form 5884-C, line 11, for this quarter	.00			
24 Reserved for future use	24			
25 Reserved for future use25				
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				
Coloct o 5 digit personal identification number (DINV to use when talking to the IDC				
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 schedulers	dules 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 or				
P	rint your			
	ame here Heather Healy			
	rint your			
ti	ADP ATTY-IN-FACT			
Date 04-18-2021	est 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			