

**QUARTERLY CONTRIBUTION  
RETURN AND REPORT OF WAGES**

07/20/21

QUARTER  
ENDED 06 30 21

DUE 07 01 21

DELINQUENT IF  
NOT POSTMARKED  
OR RECEIVED BY 08 02 21

YR QTR  
21 2

COOPER BROTHERS, INC  
6017 SNELL AVE  
#331  
SAN JOSE CA 95132

EMPLOYER ACCOUNT NUMBER  
271 9411 7

**KEEP FOR YOUR RECORDS - DO NOT MAIL!**

REV 07/15/21 OSP

FEIN 20 4305547

A. NO WAGES PAID THIS QUARTER  B. OUT OF BUSINESS/NO EMPLOYEES

ADDITIONAL  
FEINS

B1. OUT OF BUSINESS DATE

C. TOTAL SUBJECT WAGES PAID THIS QUARTER ..... 132026.30

D. UNEMPLOYMENT INSURANCE (UI) (Total Employee Wages up to \$ 7,000

per employee per calendar year)

(D1) UI Rate %

(D2) UI TAXABLE WAGES FOR THE QUARTER

(D3) UI CONTRIBUTIONS

2 . 60

TIMES

3047.99

=

79.25

E. EMPLOYMENT TRAINING TAX (ETT)

(E1) ETT Rate %

0 . 10

TIMES

UI Taxable Wages for the Quarter (D2) .....

(E2) ETT CONTRIBUTIONS

3 . 05

**KEEP FOR YOUR RECORDS - DO NOT MAIL!**

F. STATE DISABILITY INSURANCE (SDI) (Total Employee Wages up to \$ ..... per employee per calendar year)

(F1) SDI Rate %

1 . 20

TIMES

(F2) SDI TAXABLE WAGES FOR THE QUARTER

132026.30

(F3) SDI EMPLOYEE CONTRIBUTIONS WITHHELD

1584.32

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD .....

7440.47

H. SUBTOTAL (Add Items D3, E2, F3, and G) .....

9107.09

I. LESS: CONTRIBUTIONS AND WITHHOLDINGS PAID FOR THE QUARTER .....  
**(DO NOT INCLUDE PENALTY AND INTEREST PAYMENTS)**

9024.79

J. TOTAL TAXES DUE OR OVERPAID (Item H minus Item I) .....

82.30

**KEEP FOR YOUR RECORDS - DO NOT MAIL!**

**COPY - FOR YOUR RECORDS**

**QUARTERLY CONTRIBUTION  
RETURN AND REPORT OF WAGES**

07/20/21

Page number 1 of 2

QUARTER ENDED	06 30 21	DUE	07 01 21	DELINQUENT IF NOT POSTMARKED OR RECEIVED BY	08 02 21	YR	QTR
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EMPLOYER ACCOUNT NUMBER

COOPER BROTHERS, INC  
6017 SNELL AVE  
#331  
SAN JOSE CA 95132

271 9411 7

**KEEP FOR YOUR RECORDS - DO NOT MAIL!**

A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo.	2nd Mo.	3rd Mo.
---------	---------	---------

9	9	9
---	---	---

- B. Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.  
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.) C. NO PAYROLL

D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
622216551	MARIA	G MILLER	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
17280.00	17280.00	1305.20	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
529239166	MITCHEL	R COOPER	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
19200.00	19200.00	1183.68	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
528250306	TROY	D COOPER	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
19200.00	19200.00	2026.68	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
625487415	SHAUN	J SCHOFIELD	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
34909.12	34909.12	1810.68	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
555738607	JOHN	D CHABOYA	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
8691.06	8691.06	269.72	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
553759263	PATRICK	HAGAN	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
10293.38	10293.38	284.43	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
622070049	BRIAN	CAMARENA	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
2907.00	2907.00	3.16	
I. TOTAL SUBJECT WAGES THIS PAGE	J. TOTAL PIT WAGES THIS PAGE	K. TOTAL PIT WITHHELD THIS PAGE	
112480.56	112480.56	6883.55	
L. GRAND TOTAL SUBJECT WAGES	M. GRAND TOTAL PIT WAGES	N. GRAND TOTAL PIT WITHHELD	
132026.30	132026.30	7440.47	

**KEEP FOR YOUR RECORDS - DO NOT MAIL!**

REV 07/15/21 OSP

# QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES

Page number 2 of 2

QUARTER ENDED	DUE	DELINQUENT IF NOT POSTMARKED OR RECEIVED BY	YR	QTR
06 30 21	07 01 21	08 02 21	21	2
			EMPLOYER ACCOUNT NUMBER	
COOPER BROTHERS, INC 6017 SNELL AVE #331 SAN JOSE CA 95132			271 9411 7	

## KEEP FOR YOUR RECORDS - DO NOT MAIL!

A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo.

2nd Mo.

3rd Mo.

- B. Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.  
 Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)      C. NO PAYROLL

D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
622906620	DILLON	A FARIS	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
9241.14	9241.14	245.56	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
566871146	JONATHAN	HERRERA	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
10304.60	10304.60	311.36	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
I. TOTAL SUBJECT WAGES THIS PAGE	J. TOTAL PIT WAGES THIS PAGE	K. TOTAL PIT WITHHELD THIS PAGE	
19545.74	19545.74	556.92	
L. GRAND TOTAL SUBJECT WAGES	M. GRAND TOTAL PIT WAGES	N. GRAND TOTAL PIT WITHHELD	

## KEEP FOR YOUR RECORDS - DO NOT MAIL!

REV 07/15/21 OSP

Employer identification number (EIN)	20-4305547		
Name (not your trade name)	COOPER BROTHERS, INC		
Trade name (if any)			
Address	6017 SNELL AVE #331		
Number	Street	Suite or room number	
SAN JOSE		CA	95132
City	State	ZIP code	
Foreign country name	Foreign province/county	Foreign postal code	

**Report for this Quarter of 2021**  
(Check one.)

REV 07/06/21 OSP

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: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) . . . . . | 1               | 9                                                |
| 2  | Wages, tips, and other compensation . . . . .                                                                                                                                 | 2               | 132,026.30                                       |
| 3  | Federal income tax withheld from wages, tips, and other compensation . . . . .                                                                                                | 3               | 15,799.00                                        |
| 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. |
|    | <b>Column 1</b>                                                                                                                                                               | <b>Column 2</b> |                                                  |
| 5a | Taxable social security wages* . . . . .                                                                                                                                      | 132,026.30      | $\times 0.124 =$ 16,371.26                       |
| 5a | (i) Qualified sick leave wages* . . . . .                                                                                                                                     |                 | $\times 0.062 =$ [ ]                             |
| 5a | (ii) Qualified family leave wages* . . . . .                                                                                                                                  |                 | $\times 0.062 =$ [ ]                             |
| 5b | Taxable social security tips . . . . .                                                                                                                                        |                 | $\times 0.124 =$ [ ]                             |
| 5c | Taxable Medicare wages & tips . . . . .                                                                                                                                       | 132,026.30      | $\times 0.029 =$ 3,828.76                        |
| 5d | Taxable wages & tips subject to Additional Medicare Tax withholding                                                                                                           | [ ]             | $\times 0.009 =$ [ ]                             |
| 5e | Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d                                                                           | 5e              | 20,200.02                                        |
| 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               | 35,999.02                                        |
| 7  | Current quarter's adjustment for fractions of cents . . . . .                                                                                                                 | 7               | [ ]                                              |
| 8  | Current quarter's adjustment for sick pay . . . . .                                                                                                                           | 8               | [ ]                                              |
| 9  | Current quarter's adjustments for tips and group-term life insurance . . . . .                                                                                                | 9               | [ ]                                              |
| 0  | Total taxes after adjustments. Combine lines 6 through 9 . . . . .                                                                                                            | 10              | 35,999.02                                        |
| 1a | Qualified small business payroll tax credit for increasing research activities. Attach Form 8974                                                                              | 11a             | [ ]                                              |
| 1b | Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 . . . . .                                                      | 11b             | [ ]                                              |
| 1c | Nonrefundable portion of employee retention credit . . . . .                                                                                                                  | 11c             | [ ]                                              |

**Include taxable qualified sick and family leave wages for leave taken after March 31, 2021, on line 5a. Use lines 5a(i) and 5a(ii) **only** for wages paid after March 31, 2020, for leave taken before April 1, 2021.**

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

Next 

Name (not your trade name) COOPER BROTHERS, INC	Employer identification number (EIN) 20-4305547
----------------------------------------------------	----------------------------------------------------

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

11d Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021 . . . . .	11d
11e Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters) . . . . .	11e
11f Number of individuals provided COBRA premium assistance . . . . .	
11g Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 11e . . . . .	11g
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10 . . . . .	12      35,999.02
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      35,999.02
13b Reserved for future use . . . . .	13b
13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 . . . . .	13c
13d Refundable portion of employee retention credit . . . . .	13d
13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021 . . . . .	13e
13f Refundable portion of COBRA premium assistance credit (see instructions for applicable quarters) . . . . .	13f
13g Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f . . . . .	13g      35,999.02
13h Total advances received from filing Form(s) 7200 for the quarter . . . . .	13h
13i Total deposits and refundable credits less advances. Subtract line 13h from line 13g . . . . .	13i      35,999.02
14 Balance due. If line 12 is more than line 13i, enter the difference and see instructions . . . . .	14
15 Overpayment. If line 13i 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.**

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.

Next ►

Name (not your trade name)

COOPER BROTHERS, INC

Employer identification number (EIN)

20-4305547

**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.
- 18a If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . . .  Check here.
- 18b If you're eligible for the employee retention credit solely because your business is a recovery startup business  Check here.
- 19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19
- 20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20
- 21 Qualified wages for the employee retention credit 21
- 22 Qualified health plan expenses for the employee retention credit 22
- 23 Qualified sick leave wages for leave taken after March 31, 2021 23
- 24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24
- 25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25
- 26 Qualified family leave wages for leave taken after March 31, 2021 26
- 27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27
- 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28

**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.

REV 07/06/21 OSP

**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

07/13/2021

Best daytime phone

(888) 927-7478

**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

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number  
(EIN)

20-4305547

Name (not your trade name)

COOPER BROTHERS, INC

Calendar year

2021

(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 \$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	12	20	28
5	13	21	29
6	14	22	30
7	15	23	31
8	16	24	

## Tax liability for Month 1

12,145.72

## Month 2

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

## Tax liability for Month 2

12,066.34

## Month 3

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

## Tax liability for Month 3

11,786.96

REV 07/06/21 OSP

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

35,999.02

For Paperwork Reduction Act Notice, see separate instructions.

BAA

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

**COPY - FOR YOUR RECORDS**

88007720211945604942 Tue Jul 13 17:15:02 PDT 2021

The number of documents requested was 20.

#### Document Summary

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California UI Quarterly Tax Return for Q3 2022 -- Intuit Reference Id: 81751620  
California WH Quarterly Tax Return for Q3 2022 -- Intuit Reference Id: 81764367  
Federal 941 Quarterly Tax Return for Q3 2022 -- Intuit Reference Id: 81679412  
California UI Quarterly Tax Return for Q2 2022 -- Intuit Reference Id: 81456771  
California WH Quarterly Tax Return for Q2 2022 -- Intuit Reference Id: 81454643  
Federal 941 Quarterly Tax Return for Q2 2022 -- Intuit Reference Id: 80526048  
California UI Quarterly Tax Return for Q1 2022 -- Intuit Reference Id: 80187190  
California WH Quarterly Tax Return for Q1 2022 -- Intuit Reference Id: 80201295  
Federal 941 Quarterly Tax Return for Q1 2022 -- Intuit Reference Id: 79514423  
Federal Employer Copy Of W-2 for Q1 2022 -- Intuit Reference Id: 84089524  
Federal Employer Copy Of W-3 for Q1 2022 -- Intuit Reference Id: 84089513  
California UI Quarterly Tax Return for Q4 2021 -- Intuit Reference Id: 75488675  
California WH Quarterly Tax Return for Q4 2021 -- Intuit Reference Id: 75492630  
Federal 941 Quarterly Tax Return for Q4 2021 -- Intuit Reference Id: 76027039  
California UI Quarterly Tax Return for Q3 2021 -- Intuit Reference Id: 69250373  
California WH Quarterly Tax Return for Q3 2021 -- Intuit Reference Id: 69260467  
Federal 941 Quarterly Tax Return for Q3 2021 -- Intuit Reference Id: 69230433  
California UI Quarterly Tax Return for Q2 2021 -- Intuit Reference Id: 68344083  
California WH Quarterly Tax Return for Q2 2021 -- Intuit Reference Id: 68334146  
Federal 941 Quarterly Tax Return for Q2 2021 -- Intuit Reference Id: 67849668

#### Important Tax Information

=====

Please be aware that you are responsible for the timely filing of employment tax returns and the timely payment of employment taxes for your employees, even if you have authorized a third party to file the returns and make the payments. Therefore, the Internal Revenue Service recommends that you enroll in the U.S. Treasury Department's Electronic Federal Tax Payment System (EFTPS) to monitor your account and ensure that timely tax payments are being made for you. You may enroll in the EFTPS online at [www.eftps.gov](http://www.eftps.gov), or call (800) 555- 4477 for an enrollment form.

State tax authorities generally offer similar means to verify tax payments. Contact the appropriate state offices directly for details.

**EMPLOYER COPY DO NOT FILE**

<b>33333</b>	a Control number 606082351			For Official Use Only ▷ OMB No. 1545-0008						
b Kind of Payer (Check one)	941 <input checked="" type="checkbox"/>	Military <input type="checkbox"/>	943 <input type="checkbox"/>	944 <input type="checkbox"/>	Kind of Employer (Check one)	None apply <input checked="" type="checkbox"/>	501c non-govt. <input type="checkbox"/>	Third-party sick pay (Check if applicable) <input type="checkbox"/>		
CT-1 <input type="checkbox"/>	Hshld. emp. <input type="checkbox"/>	Medicare govt. emp. <input type="checkbox"/>	State/local non-501c <input type="checkbox"/>	State/local 501c <input type="checkbox"/>	Federal govt. <input type="checkbox"/>					
c Total number of Forms W-2 9	d Establishment number			1 Wages, tips, other compensation 512115.19	2 Federal income tax withheld 63892.00					
e Employer identification number 20-4305547				3 Social security wages 508017.65	4 Social security tax withheld 31497.09					
f Employer's name COOPER BROTHERS, INC				5 Medicare wages and tips 512115.19	6 Medicare tax withheld 7425.67					
6017 SNELL AVE #331 SAN JOSE CA 95132				7 Social security tips	8 Allocated tips					
				9	10 Dependent care benefits					
g Employer's address and ZIP code				11 Nonqualified plans	12a Deferred compensation					
h Other EIN used this year				13 For Third-party sick pay use only	12b					
15 State CA	Employer's state I.D. number 271-9411-7			14 Income tax withheld by payer of third-party sick pay						
16 State wages, tips, etc. 512115.19	17 State income tax 30399.68			18 Local wages, tips, etc.	19 Local income tax					
Contact Person Jason Shipp				Telephone number ( 888 ) 927-7478	For Official Use Only					
Fax number ( 775 ) 562-2657				E-mail address tax_eservice@intuit.com						

Form **W-3 Transmittal of Wage and Tax Statements**

2020

Department of the Treasury  
Internal Revenue Service

REV 12/29/20 OSP

**Duplicate copy for your records only!**

Thank you for allowing us to continue to process your payroll and handle your payroll tax needs. We are committed to keeping you in compliance and up to date at all times with current forms and regulations. It's just one of the benefits of processing your payroll with us. Providing excellent service and your satisfaction remains our highest priority.

**COPY - FOR YOUR RECORDS**

The number of documents requested was 1.

Document Summary

=====

Federal Employer Copy Of W-3 for Q1 2020 -- Intuit Reference Id: 63369715

Important Tax Information

=====

Please be aware that you are responsible for the timely filing of employment tax returns and the timely payment of employment taxes for your employees, even if you have authorized a third party to file the returns and make the payments. Therefore, the Internal Revenue Service recommends that you enroll in the U.S. Treasury Department's Electronic Federal Tax Payment System (EFTPS) to monitor your account and ensure that timely tax payments are being made for you. You may enroll in the EFTPS online at [www.eftps.gov](http://www.eftps.gov), or call (800) 555- 4477 for an enrollment form.

State tax authorities generally offer similar means to verify tax payments. Contact the appropriate state offices directly for details.

**QUARTERLY CONTRIBUTION  
RETURN AND REPORT OF WAGES**

04/26/21

QUARTER  
ENDED 03 31 21

DUE 04 01 21

DELINQUENT IF  
NOT POSTMARKED  
OR RECEIVED BY 04 30 21

YR QTR  
21 1

COOPER BROTHERS, INC  
6017 SNELL AVE  
#331  
SAN JOSE CA 95132

EMPLOYER ACCOUNT NUMBER

271 9411 7

**KEEP FOR YOUR RECORDS - DO NOT MAIL!**

REV 04/23/21 OSP

FEIN 20 4305547

A. NO WAGES PAID THIS QUARTER  B. OUT OF BUSINESS/NO EMPLOYEES

ADDITIONAL  
FEINS

B1. OUT OF BUSINESS DATE

C. TOTAL SUBJECT WAGES PAID THIS QUARTER .....

145855.26

D. UNEMPLOYMENT INSURANCE (UI) (Total Employee Wages up to \$ 7,000

per employee per calendar year)

(D1) UI Rate %

3 .60

TIMES

(D2) UI TAXABLE WAGES FOR THE QUARTER

59497.01

=

(D3) UI CONTRIBUTIONS

2141.89

E. EMPLOYMENT TRAINING TAX (ETT)

(E1) ETT Rate %

0 .10

TIMES

UI Taxable Wages for the Quarter (D2) .....

=

(E2) ETT CONTRIBUTIONS

59.50

**KEEP FOR YOUR RECORDS - DO NOT MAIL!**

F. STATE DISABILITY INSURANCE (SDI) (Total Employee Wages up to \$

per employee per calendar year)

(F1) SDI Rate %

1 .20

TIMES

(F2) SDI TAXABLE WAGES FOR THE QUARTER

145855.26

=

(F3) SDI EMPLOYEE CONTRIBUTIONS WITHHELD

1750.26

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD .....

8473.41

H. SUBTOTAL (Add Items D3, E2, F3, and G) .....

12425.06

I. LESS: CONTRIBUTIONS AND WITHHOLDINGS PAID FOR THE QUARTER .....

(DO NOT INCLUDE PENALTY AND INTEREST PAYMENTS)

10223.67

J. TOTAL TAXES DUE OR OVERPAID (Item H minus Item I) .....

2201.39

**KEEP FOR YOUR RECORDS - DO NOT MAIL!**

**COPY - FOR YOUR RECORDS**

**QUARTERLY CONTRIBUTION  
RETURN AND REPORT OF WAGES**

04/26/21

Page number 1 of 2

QUARTER ENDED	03 31 21	DUE	04 01 21	DELINQUENT IF NOT POSTMARKED OR RECEIVED BY	04 30 21	YR	QTR
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EMPLOYER ACCOUNT NUMBER

COOPER BROTHERS, INC  
6017 SNELL AVE  
#331  
SAN JOSE CA 95132

271 9411 7

**KEEP FOR YOUR RECORDS - DO NOT MAIL!**

A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo.	2nd Mo.	3rd Mo.
9	9	9

- B. Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.  
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for item B.) C. NO PAYROLL

D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
622216551	MARIA	G MILLER	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
20060.00	20060.00	1565.06	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
529239166	MITCHEL	R COOPER	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
22400.00	22400.00	1380.96	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
528250306	TROY	D COOPER	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
22400.00	22400.00	2364.46	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
625487415	SHAUN	J SCHOFIELD	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
40771.57	40771.57	2173.11	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
555738607	JOHN	D CHABOYA	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
8311.37	8311.37	183.67	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
553759263	PATRICK	HAGAN	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
14111.67	14111.67	535.30	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
622070049	BRIAN	CAMARENA	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
3638.00	3638.00	0.55	
I. TOTAL SUBJECT WAGES THIS PAGE	J. TOTAL PIT WAGES THIS PAGE	K. TOTAL PIT WITHHELD THIS PAGE	
131692.61	131692.61	8203.11	
L. GRAND TOTAL SUBJECT WAGES	M. GRAND TOTAL PIT WAGES	N. GRAND TOTAL PIT WITHHELD	
145855.26	145855.26	8473.41	

**KEEP FOR YOUR RECORDS - DO NOT MAIL!**

REV 04/23/21 OSP

# QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES

Page number 2 of 2

QUARTER ENDED	03 31 21	DUE	04 01 21	YR	QTR
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DELINQUENT IF  
NOT POSTMARKED  
OR RECEIVED BY  
04 30 21

21      1

EMPLOYER ACCOUNT NUMBER

271 9411 7

COOPER BROTHERS, INC  
6017 SNELL AVE  
#331  
SAN JOSE CA 95132

## KEEP FOR YOUR RECORDS - DO NOT MAIL!

A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo.

2nd Mo.

3rd Mo.

B. Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.  
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)      C. NO PAYROLL

D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
622906620	DILLON	A FARIS	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
7303.64	7303.64	148.30	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
566871146	JONATHAN	HERRERA	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
6859.01	6859.01	122.00	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
I. TOTAL SUBJECT WAGES THIS PAGE	J. TOTAL PIT WAGES THIS PAGE	K. TOTAL PIT WITHHELD THIS PAGE	
14162.65	14162.65	270.30	
L. GRAND TOTAL SUBJECT WAGES	M. GRAND TOTAL PIT WAGES	N. GRAND TOTAL PIT WITHHELD	

## KEEP FOR YOUR RECORDS - DO NOT MAIL!

REV 04/23/21 OSP

# Form 940 for 2021: Employer's Annual Federal Unemployment (FUTA) Tax Return

Department of the Treasury — Internal Revenue Service

850113

OMB No. 1545-0028

Employer identification number  
(EIN)

20-4305547

Name (not your trade name)

COOPER BROTHERS, INC

Trade name (if any)

Address 6017 SNELL AVE #331

Number

Street

Suite or room number

SAN JOSE

CA

95132

City

State

ZIP code

Foreign country name

Foreign province/county

Foreign postal code

Type of Return  
(Check all that apply.)

- a. Amended
- b. Successor employer
- c. No payments to employees in 2021
- d. Final: Business closed or stopped paying wages

Go to [www.irs.gov/Form940](http://www.irs.gov/Form940) for instructions and the latest information.

REV 01/21/22 OSP

Read the separate instructions before you complete this form. Please type or print within the boxes.

**Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.**

- 1a If you had to pay state unemployment tax in one state only, enter the state abbreviation . . . . .
- 1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer . . . . .
- 2 If you paid wages in a state that is subject to CREDIT REDUCTION . . . . .

1a  CA

1b  Check here.  
Complete Schedule A (Form 940).

2  Check here.  
Complete Schedule A (Form 940).

**Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.**

3 Total payments to all employees . . . . .	3 <input type="checkbox"/> 598,866.07
4 Payments exempt from FUTA tax . . . . .	4 <input type="checkbox"/>
Check all that apply:	
4a <input type="checkbox"/> Fringe benefits	4c <input type="checkbox"/> Retirement/Pension
4b <input type="checkbox"/> Group-term life insurance	4d <input type="checkbox"/> Dependent care
5 Total of payments made to each employee in excess of \$7,000 . . . . .	5 <input type="checkbox"/> 528,866.07
6 Subtotal (line 4 + line 5 = line 6) . . . . .	6 <input type="checkbox"/> 528,866.07
7 Total taxable FUTA wages (line 3 – line 6 = line 7). See instructions . . . . .	7 <input type="checkbox"/> 70,000.00
8 FUTA tax before adjustments (line 7 x 0.006 = line 8) . . . . .	8 <input type="checkbox"/> 420.00

**Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.**

- 9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12
- 10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet . . . . .

9

10

- 11 If credit reduction applies, enter the total from Schedule A (Form 940) . . . . .

11

**Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.**

- 12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) . . . . .
- 13 FUTA tax deposited for the year, including any overpayment applied from a prior year . . . . .
- 14 Balance due. If line 12 is more than line 13, enter the excess on line 14.
  - If line 14 is more than \$500, you must deposit your tax.
  - If line 14 is \$500 or less, you may pay with this return. See instructions . . . . .
- 15 Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box below

12  420.00

13  420.00

14

15

► You MUST complete both pages of this form and SIGN it.

Check one:  Apply to next return.  Send a refund.

Next ►

Form 940 (2021)

88007720220247190961 Mon Jan 24 21:33:00 PST 2022

Name (not your trade name)  
COOPER BROTHERS, INC

Employer identification number (EIN)  
20-4305547

**Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.**

16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.

16a 1st quarter (January 1 – March 31) . . . . . 16a [Redacted]

16b 2nd quarter (April 1 – June 30) . . . . . 16b [Redacted]

16c 3rd quarter (July 1 – September 30) . . . . . 16c [Redacted]

16d 4th quarter (October 1 – December 31) . . . . . 16d [Redacted]

17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) 17 [Redacted] **Total must equal line 12.**

**Part 6: 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 [Redacted] [Redacted]

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [Redacted]

No.

**Part 7: Sign here. You MUST complete both pages of this form 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, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. 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

01/24/2022

Best daytime phone

(888) 927-7478

**Paid Preparer Use Only**

Check if you are self-employed

Preparer's name

[Redacted]

PTIN

[Redacted]

Preparer's signature

[Redacted]

Date

[Redacted]

Firm's name (or yours if self-employed)

[Redacted]

EIN

[Redacted]

Address

[Redacted]

Phone

[Redacted]

City

[Redacted]

State

ZIP code

Form **941** for **2021**: Employer's QUARTERLY Federal Tax Return  
 (Rev. March 2021)

Department of the Treasury — Internal Revenue Service

**950121**

OMB No. 1545-0029

Employer identification number (EIN)	20-4305547		
Name (not your trade name)	COOPER BROTHERS, INC		
Trade name (if any)			
Address	6017 SNELL AVE #331	Number	Street
			Suite or room number
	SAN JOSE	CA	95132
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](http://www.irs.gov/Form941) for instructions and the latest information.

REV 04/13/21 OSP

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	9
2	Wages, tips, and other compensation	2	145,855.26
3	Federal income tax withheld from wages, tips, and other compensation	3	17,719.00
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.
	<b>Column 1</b>	<b>Column 2</b>	
5a	Taxable social security wages . . .	145,855.26	× 0.124 = 18,086.05
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 . . .	145,855.26	× 0.029 = 4,229.80
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	22,315.85
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	40,034.85
7	Current quarter's adjustment for fractions of cents	7	0.01
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	40,034.86
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.

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

Next ►

Form **941** (Rev. 3-2021)

Name (not your trade name) COOPER BROTHERS, INC	Employer identification number (EIN) 20-4305547
----------------------------------------------------	----------------------------------------------------

**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 [ ] 40,034.86
- 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 [ ] 40,034.86
- 13b Reserved for future use . . . . . 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 and refundable credits. Add lines 13a, 13c, and 13d . . . . . 13e [ ] 40,034.86
- 13f Total advances received from filing Form(s) 7200 for the quarter . . . . . 13f [ ]
- 13g Total deposits and refundable credits less advances. Subtract line 13f from line 13e . . . . . 13g [ ] 40,034.86
- 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 [ ] Check one:  Apply to next return.  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.

REV 04/13/21 OSP

Next ➔

Page 2

Form 941 (Rev. 3-2021)

Name (not your trade name)

COOPER BROTHERS, INC

950921

Employer identification number (EIN)

20-4305547

**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 Reserved for future use . . . . . 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.

REV 04/13/21 OSP

**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

Best daytime phone

**Paid Preparer Use Only**Preparer's name Check if you're self-employed PTIN Preparer's signature Date Firm's name (or yours if self-employed) EIN Address Phone City ZIP code

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number  
(EIN)

20-4305547

Name (not your trade name)

COOPER BROTHERS, INC

Calendar year

2021

(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 \$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	Tax liability for Month 1
2	10	18	26	11,569.04
3	11	19	27	
4	12	20	28	
5	13	21	29	
6	5,421.38	14	22	
7	15	23	30	
8	16	24	31	

#### Month 2

1	9	17	25	Tax liability for Month 2
2	10	18	26	12,124.56
3	5,542.32	11	19	
4	12	20	28	
5	13	21	29	
6	14	22	30	
7	15	23	31	
8	16	24		

#### Month 3

1	9	17	25	Tax liability for Month 3
2	10	18	26	16,341.26
3	6,021.54	11	19	
4	12	20	28	
5	13	21	29	
6	14	22	30	4,006.14
7	15	23	31	
8	16	24		

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

40,034.86

b Employer's identification number	20-4305547		
c Employer's name, address, and ZIP code	COOPER BROTHERS, INC 6017 SNELL AVE #331 SAN JOSE CA 95132		
e Employee's first name and initial	Last name	606082351	
f Employee's address and ZIP code	TROY D COOPER 5733 HILLBRIGHT CIRCLE SAN JOSE CA 95123		
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax
CA	271-9411-7	83200.00	8782.28
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008			

12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
\$	83200.00	12012.00	
12b	3 Social security wages	4 Social security tax withheld	
\$	83200.00	5158.40	
12c	5 Medicare wages and tips	6 Medicare tax withheld	
\$	83200.00	1206.40	
12d	7 Social security tips	8 Allocated tips	
\$			
9		10 Dependent care benefits	
11 Nonqualified plans	13 Statutory employee	Retirement plan	
	<input type="checkbox"/>	<input type="checkbox"/>	Third-party sick pay
14 Other	CA SDI		
			998.40
a Employee's soc. sec. no	528-25-0306		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

b Employer's identification number	20-4305547		
c Employer's name, address, and ZIP code	COOPER BROTHERS, INC 6017 SNELL AVE #331 SAN JOSE CA 95132		
e Employee's first name and initial	Last name	606082351	
f Employee's address and ZIP code	MITCHEL R COOPER 308 BODEGA WAY SAN JOSE CA 95119		
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax
CA	271-9411-7	83200.00	5129.28
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008			

12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
\$	83200.00	8138.00	
12b	3 Social security wages	4 Social security tax withheld	
\$	83200.00	5158.40	
12c	5 Medicare wages and tips	6 Medicare tax withheld	
\$	83200.00	1206.40	
12d	7 Social security tips	8 Allocated tips	
\$			
9		10 Dependent care benefits	
11 Nonqualified plans	13 Statutory employee	Retirement plan	
	<input type="checkbox"/>	<input type="checkbox"/>	Third-party sick pay
14 Other	CA SDI		
			998.40
a Employee's soc. sec. no	529-23-9166		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

REV 12/20/21 OSP			
b Employer's identification number	20-4305547		
c Employer's name, address, and ZIP code	COOPER BROTHERS, INC 6017 SNELL AVE #331 SAN JOSE CA 95132		
e Employee's first name and initial	Last name	606082351	
f Employee's address and ZIP code	PATRICK HAGAN 896 FRANQUETTE AVENUE SAN JOSE CA 95125		
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax
CA	271-9411-7	67441.70	3394.20
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008			

12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
\$	67441.70	9231.00	
12b	3 Social security wages	4 Social security tax withheld	
\$	67441.70	4181.39	
12c	5 Medicare wages and tips	6 Medicare tax withheld	
\$	67441.70	977.90	
12d	7 Social security tips	8 Allocated tips	
\$			
9		10 Dependent care benefits	
11 Nonqualified plans	13 Statutory employee	Retirement plan	
	<input type="checkbox"/>	<input type="checkbox"/>	Third-party sick pay
14 Other	CA SDI		
			809.30
a Employee's soc. sec. no	553-75-9263		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

b Employer's identification number	20-4305547		
c Employer's name, address, and ZIP code	COOPER BROTHERS, INC 6017 SNELL AVE #331 SAN JOSE CA 95132		
e Employee's first name and initial	Last name	606082351	
f Employee's address and ZIP code	JOHN D CHABOYA 25 MONROE STREET SANTA CLARA CA 95050		
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax
CA	271-9411-7	32064.95	684.75
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008			

12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
\$	32064.95	1664.00	
12b	3 Social security wages	4 Social security tax withheld	
\$	32064.95	1988.03	
12c	5 Medicare wages and tips	6 Medicare tax withheld	
\$	32064.95	464.94	
12d	7 Social security tips	8 Allocated tips	
\$			
9		10 Dependent care benefits	
11 Nonqualified plans	13 Statutory employee	Retirement plan	
	<input type="checkbox"/>	<input type="checkbox"/>	Third-party sick pay
14 Other	CA SDI		
			384.78
a Employee's soc. sec. no	555-73-8607		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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b Employer's Identification number c Employer's name, address, and ZIP code	20-4305547		
COOPER BROTHERS, INC 6017 SNELL AVE #331 SAN JOSE CA 95132			
e Employee's first name and initial f Employee's address and ZIP code	Last name		
JONATHAN HERRERA 6342 SPONSON COURT  SAN JOSE CA 95123			
15 State Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	
CA 271-9411-7	39969.15	1213.91	
12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
\$	39969.15	4453.00	
12b	3 Social security wages	4 Social security tax withheld	
\$	39969.15	2478.09	
12c	5 Medicare wages and tips	6 Medicare tax withheld	
\$	39969.15	579.55	
12d	7 Social security tips	8 Allocated tips	
\$			
9		10 Dependent care benefits	
11 Nonqualified plans			
		13 Statutory employee      Retirement plan      Third-party sick pay	
14 Other			
CA SDI		479.63	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
566-87-1146			
1213.91			
Form W-2 Wage and Tax Statement	2021	Department of the Treasury-Internal Revenue Service	OMB # 1545-0008

b Employer's Identification number c Employer's name, address, and ZIP code	20-4305547		
COOPER BROTHERS, INC 6017 SNELL AVE #331 SAN JOSE CA 95132			
e Employee's first name and initial f Employee's address and ZIP code	Last name		
WILLIAM MEZA 8281 SPRINGDALE COURT  GILROY CA 95020			
15 State Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	
CA 271-9411-7	7528.88	135.10	
12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
\$	7528.88	723.00	
12b	3 Social security wages	4 Social security tax withheld	
\$	7528.88	466.79	
12c	5 Medicare wages and tips	6 Medicare tax withheld	
\$	7528.88	109.17	
12d	7 Social security tips	8 Allocated tips	
\$			
9		10 Dependent care benefits	
11 Nonqualified plans			
		13 Statutory employee      Retirement plan      Third-party sick pay	
14 Other			
CA SDI		90.35	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
621-21-2789			
135.10			
Form W-2 Wage and Tax Statement	2021	Department of the Treasury-Internal Revenue Service	OMB # 1545-0008

REV 12/20/21 OSP

b Employer's Identification number c Employer's name, address, and ZIP code	20-4305547		
COOPER BROTHERS, INC 6017 SNELL AVE #331 SAN JOSE CA 95132			
e Employee's first name and initial f Employee's address and ZIP code	Last name		
BRIAN CAMARENA 308 BODEGA WAY  SAN JOSE CA 95119			
15 State Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	
CA 271-9411-7	14178.00	20.83	
12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
\$	14178.00	59.00	
12b	3 Social security wages	4 Social security tax withheld	
\$	14178.00	879.04	
12c	5 Medicare wages and tips	6 Medicare tax withheld	
\$	14178.00	205.58	
12d	7 Social security tips	8 Allocated tips	
\$			
9		10 Dependent care benefits	
11 Nonqualified plans			
		13 Statutory employee      Retirement plan      Third-party sick pay	
14 Other			
CA SDI		170.14	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
622-07-0049			
20.83			
Form W-2 Wage and Tax Statement	2021	Department of the Treasury-Internal Revenue Service	OMB # 1545-0008

b Employer's Identification number c Employer's name, address, and ZIP code	20-4305547		
COOPER BROTHERS, INC 6017 SNELL AVE #331 SAN JOSE CA 95132			
e Employee's first name and initial f Employee's address and ZIP code	Last name		
MARIA G MILLER 127 HERLONG AVENUE  SAN JOSE CA 95123			
15 State Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	
CA 271-9411-7	76220.00	5888.05	
12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
\$	76220.00	13393.00	
12b	3 Social security wages	4 Social security tax withheld	
\$	76220.00	4725.64	
12c	5 Medicare wages and tips	6 Medicare tax withheld	
\$	76220.00	1105.19	
12d	7 Social security tips	8 Allocated tips	
\$			
9		10 Dependent care benefits	
11 Nonqualified plans			
		13 Statutory employee      Retirement plan      Third-party sick pay	
14 Other			
CA SDI		914.64	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
622-21-6551			
5888.05			
Form W-2 Wage and Tax Statement	2021	Department of the Treasury-Internal Revenue Service	OMB # 1545-0008

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Form W-2 Wage and Tax Statement 2021

Department of the Treasury-Internal Revenue Service

b Employer's identification number c Employer's name, address, and ZIP code	20-4305547		
COOPER BROTHERS, INC			
6017 SNELL AVE #331 SAN JOSE CA 95132			
e Employee's first name and initial Last name	DILLON A FARIS 606082351		
f Employee's address and ZIP code			
15 State Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	
CA 271-9411-7	38262.89	1042.57	
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008			

12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
\$	38262.89	4066.00
12b	3 Social security wages	4 Social security tax withheld
\$	38262.89	2372.30
12c	5 Medicare wages and tips	6 Medicare tax withheld
\$	38262.89	554.81
12d	7 Social security tips	8 Allocated tips
\$		
9		10 Dependent care benefits
11 Nonqualified plans		
a Employee's soc. sec. no		
622-90-6620		
18 Local wages, tips, etc.		
19 Local income tax		
20 Locality name		
CA SDI		459.15

b Employer's identification number c Employer's name, address, and ZIP code	20-4305547		
COOPER BROTHERS, INC			
6017 SNELL AVE #331 SAN JOSE CA 95132			
e Employee's first name and initial Last name	SHAUN J SCHOFIELD 606082351		
f Employee's address and ZIP code			
15 State Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	
CA 271-9411-7	156800.50	8468.77	
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008			

12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
\$	156800.50	20711.00
12b	3 Social security wages	4 Social security tax withheld
\$	142800.00	8853.60
12c	5 Medicare wages and tips	6 Medicare tax withheld
\$	156800.50	2273.61
12d	7 Social security tips	8 Allocated tips
\$		
9		10 Dependent care benefits
11 Nonqualified plans		
a Employee's soc. sec. no		
625-48-7415		
18 Local wages, tips, etc.		
19 Local income tax		
20 Locality name		
CA SDI		1539.58

b Employer's identification number c Employer's name, address, and ZIP code			
e Employee's first name and initial Last name			
f Employee's address and ZIP code			
15 State Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	
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Form W-2 Wage and Tax Statement Department of the Treasury-Internal Revenue Service OMB # 1545-0008			

12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
\$		
12b	3 Social security wages	4 Social security tax withheld
\$		
12c	5 Medicare wages and tips	6 Medicare tax withheld
\$		
12d	7 Social security tips	8 Allocated tips
\$		
9		10 Dependent care benefits
11 Nonqualified plans		
a Employee's soc. sec. no		
14 Other		

b Employer's identification number c Employer's name, address, and ZIP code			
e Employee's first name and initial Last name			
f Employee's address and ZIP code			
15 State Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	
-----	-----	-----	
Form W-2 Wage and Tax Statement Department of the Treasury-Internal Revenue Service OMB # 1545-0008			

12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
\$		
12b	3 Social security wages	4 Social security tax withheld
\$		
12c	5 Medicare wages and tips	6 Medicare tax withheld
\$		
12d	7 Social security tips	8 Allocated tips
\$		
9		10 Dependent care benefits
11 Nonqualified plans		
a Employee's soc. sec. no		
14 Other		

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Department of the Treasury-Internal Revenue Service

OMB # 1545-0008