Form 941 for 2024: Employer's QUARTERLY Federal Tax Return
(Rev. March 2024)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN)

6

950124

OMB No. 1545-0029

Report for this Quarter of 2024

(Check one.)

| Name   | (not your trade name) Stonemart C   | orp                          |                                | 1:                | January, February, March                                   |  |  |  |  |  |  |
|--|---|------------------------------|--------------------------------|-------------------|--|--|--|--|--|--|--|
| Trade  | name (if any) Stonemart Corp  | 2:                           | April, May, June               |                   |  |  |  |  |  |  |  |
|  | 5634 Rt38   |                              |                                | 3:                | July, August, September                                    |  |  |  |  |  |  |
| Addre  | Number Street   |                              | Suite or room number           |                   | October, November, December                                |  |  |  |  |  |  |
|  | Pennsauken  | NJ                           | 08109                          |                   | www.irs.gov/Form941 for ctions and the latest information. |  |  |  |  |  |  |
|  | City  | State                        | ZIP code                       |                   |  |  |  |  |  |  |  |
|  |   |                              |                                |                   |  |  |  |  |  |  |  |
|  | Foreign country name  | Foreign province/county      | Foreign postal code            |                   |  |  |  |  |  |  |  |
|  | e separate instructions before you con                                      |                              |                                |                   |  |  |  |  |  |  |  |
| Part 1: Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are |   |                              |                                |                   |  |  |  |  |  |  |  |
|  | subject to U.S. income tax with   | _                            | •                              |                   |  |  |  |  |  |  |  |
|  | Number of employees who received  | • • •                        |                                |                   | 1  |  |  |  |  |  |  |
|  | including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i>                       | (Quarter 2), Sept. 12 (Qua   | arter 3), or <i>Dec. 12</i> (Q | uarter 4) 1       | T 4000   |  |  |  |  |  |  |
| 2  | Wages, tips, and other compensatio  | n                            |                                | 2                 | \$4000,00  |  |  |  |  |  |  |
| 3  | Federal income tax withheld from w  | ages, tips, and other com    | pensation                      | 3                 | \$400.00   |  |  |  |  |  |  |
| 4  | If no wages, tips, and other compen   | sation are subject to soc    | ial security or Medic          | are tax           | Check here and go to line 6.                               |  |  |  |  |  |  |
|  |   | Column 1                     | Co                             | lumn 2            | •  |  |  |  |  |  |  |
| 5a   | Taxable social security wages   | \$4000.00                    | × 0.124 =                      | \$496.00          |  |  |  |  |  |  |  |
| 5b   | Taxable social security tips  | •                            | × 0.124 =                      | •                 |  |  |  |  |  |  |  |
| 5c   | Taxable Medicare wages & tips   | \$4000.00                    | × 0.029 =                      | \$116.00          |  |  |  |  |  |  |  |
| 5d   | Taxable wages & tips subject to   |                              |                                |                   |  |  |  |  |  |  |  |
|  | Additional Medicare Tax withholding   |                              | × 0.009 =                      | -                 |  |  |  |  |  |  |  |
| 5e   | Total social security and Medicare tax                                      | es. Add Column 2 from lines  | 5a, 5b, 5c, and 5d .           | 5е                | \$612.00   |  |  |  |  |  |  |
| 5f   | Section 3121(q) Notice and Demand   | ) <b>5f</b>                  |                                |                   |  |  |  |  |  |  |  |
| 6  | Total taxes before adjustments. Add   | lines 3, 5e, and 5f          |                                | 6                 | \$1012 • 00  |  |  |  |  |  |  |
| 7  | Current quarter's adjustment for fra  | ctions of cents              |                                | 7                 | •  |  |  |  |  |  |  |
| 8  | Current quarter's adjustment for sic  | k pav                        |                                | 8                 |  |  |  |  |  |  |  |
|  | Current quarter's adjustments for tip                                       |                              |                                |                   |  |  |  |  |  |  |  |
|  |   |                              |                                |                   | T1012 00   |  |  |  |  |  |  |
|  | Total taxes after adjustments. Comb   |                              |                                |                   |  |  |  |  |  |  |  |
| 11   | Qualified small business payroll tax cr                                     | edit for increasing researd  | <b>h activities.</b> Attach Fo | rm 8974 <b>11</b> |  |  |  |  |  |  |  |
| 12   | Total taxes after adjustments and no  | onrefundable credits. Sub    | tract line 11 from line        | 10 <b>12</b>      | \$1012,00  |  |  |  |  |  |  |
|  | Total deposits for this quarter, inclu<br>overpayments applied from Form 94 |                              |                                |                   | •  |  |  |  |  |  |  |
| 14   | Balance due. If line 12 is more than lin                                    | e 13, enter the difference a | and see instructions           | 14                | •  |  |  |  |  |  |  |
| 15   | Overpayment. If line 13 is more than line                                   | 12, enter the difference     | •                              | Check one:        | Apply to next return. Send a refund.                       |  |  |  |  |  |  |
|  | MUST complete both pages of Formacy Act and Paperwork Reduction Act         |                              | uctions.                       | Cat. No. 17001Z   | Form <b>941</b> (Rev. 3-2024)                              |  |  |  |  |  |  |

| Name (not your trade name) Stonemart Corp   |   | Employer identification number (EIN)<br>87=3083618 |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|
| Part 2: Tell us about your deposit schedule and t   | ax liability for this quarter.  |  |  |  |  |  |  |  |  |  |  |
| If you're unsure about whether you're a monthly sched   |   | edule depositor, see section 11 of Pub. 15.        |  |  |  |  |  |  |  |  |  |
| 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 you federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're 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 m   | ust 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 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 pay   | ing wages   | Check here and                                     |  |  |  |  |  |  |  |  |  |
| enter the final date you paid wages / /   | ; also attach a statement to y  | our return. See instructions.                      |  |  |  |  |  |  |  |  |  |
| 18 If you're a seasonal employer and you don't have   | e to file a return for every quarter o  | of the year  |  |  |  |  |  |  |  |  |  |
| Part 4: May we speak with your third-party design   |   |  |  |  |  |  |  |  |  |  |  |
| Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.   |   |  |  |  |  |  |  |  |  |  |  |
| Yes. Designee's name and phone number   |   |  |  |  |  |  |  |  |  |  |  |
| Select a 5-digit personal identification number (PIN) to use when talking to the IRS.   |   |  |  |  |  |  |  |  |  |  |  |
| No.   |   |  |  |  |  |  |  |  |  |  |  |
| Part 5: Sign here. You MUST complete both page  |   |  |  |  |  |  |  |  |  |  |  |
| Under penalties of perjury, I declare that I have examined this re<br>and belief, it is true, correct, and complete. Declaration of prepa   | arer (other than taxpayer) is based on all info   |  |  |  |  |  |  |  |  |  |  |
| Sign your   | Print your<br>name here   | Stonemart Corp                                     |  |  |  |  |  |  |  |  |  |
| name here   | Print your<br>title here  | Admin  |  |  |  |  |  |  |  |  |  |
| Date 12/11/2024   | Best daytime ph   | none +1 (215) 808 6555                             |  |  |  |  |  |  |  |  |  |
| Paid Preparer Use Only  | Ch  | neck 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   |  |  |  |  |  |  |  |  |  |

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# Form 941-V, Payment Voucher

### Purpose of Form

Complete Form 941-V if you're making a payment with Form 941. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

### Making Payments With Form 941

To avoid a penalty, make your payment with Form 941 only if:

- Your total taxes after adjustments and nonrefundable credits (Form 941, line 12) for either the current quarter or the preceding quarter are less than \$2,500, you didn't incur a \$100,000 next-day deposit obligation during the current quarter, and you're paying in full with a timely filed return; or
- You're a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 for details. In this case, the amount of your payment may be \$2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 for deposit instructions. Don't use Form 941-V to make federal tax deposits.

CAUTION

Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should've been deposited, you

may be subject to a penalty. See Deposit Penalties in section 11 of Pub. 15.

### **Specific Instructions**

Box 1—Employer identification number (EIN). If you don't have an EIN, you may apply for one online by going to www.irs.gov/EIN. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

**Box 2—Amount paid.** Enter the amount paid with Form 941.

**Box 3—Tax period.** Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

Box 4—Name and address. Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period ("1st Quarter 2024," "2nd Quarter 2024," "3rd Quarter 2024," or "4th Quarter 2024") on your check or money order. Don't send cash. Don't staple Form 941-V or your payment to Form 941 (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

**Note:** You must also complete the entity information above Part 1 on Form 941.

## Detach Here and Mail With Your Payment and Form 941.

| E 941-V  Department of the Treasury Internal Revenue Service |  |                | on't | Payment Voucher t staple this voucher or your payment to Form 941.                                     | OMB No. 1545-0029       |                 |              |  |  |
|--|--|----------------|------|--|-------------------------|-----------------|--------------|--|--|
| 1 Enter your employer identification                         |  |                | 2    |  | Dollars                 |                 | Cents        |  |  |
| number (EIN).<br>87 _ 3083618                                |  |                |      | Enter the amount of your payment.  Make your check or money order payable to "United States Treasury." | \$1012                  | <u>-</u>        | 00           |  |  |
| 3 Tax Period   |  |                | 4    | 4 Enter your business name (individual name if sole proprietor).                                       |                         |                 |              |  |  |
| O 1st<br>Quarter   |  | 3rd<br>Quarter |      | Enter your address.  |                         |                 |              |  |  |
| 2nd<br>Quarter   |  | 4th<br>Quarter |      | Enter your city, state, and ZIP code; or your city, foreign country name                               | , foreign province/coun | ty, and foreign | postal code. |  |  |