Form 944 for 2024: Employer's ANNUAL Federal Tax Return

Department of the Treasury - Internal Revenue Service

OMB No. 1545-2007

Employer identification number (EIN) 8 7 - 3 0 8 3 6 1 8 7 You must file annual Form 944										
Name	Name (not your trade name) Stonemart Corp instead of filing quarterly Forms 941 only if the IRS notified you in									
Trade	name (if any) Stonemart Corp				writin	g. www.irs.gov/Form944 for				
Addre	5634 Rt38	instruc	instructions and the latest information.							
Addie	Number	Inioni	iation.							
	Pennsauken		NJ	08109						
	City		State	ZIP code						
	Foreign country name	Foreign provi	ince/county	Foreign postal code						
Read t	the separate instructions before you com	plete Form 944. Type o	r print within	the boxes.						
Answer these questions for this year. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 1 and 2, unless you have employees who are subject to U.S. income tax withholding.										
1	Wages, tips, and other compensation				1	\$15,900•00				
2	Federal income tax withheld from wag	ges, tips, and other co	mpensation		2	\$1590•00				
3	If no wages, tips, and other compense	ation are subject to so	cial security	or Medicare tax	3	Check and go to line 5.				
4	Taxable social security and Medicare	wages and tips:								
		Column 1		Column 2						
	4a Taxable social security wages*	\$15.900 • 00	× 0.124 = [\$1,971	•60	*Include taxable qualified sick and family leave wages paid in 2023 for leave taken after March				
	4a (i) Qualified sick leave wages*	•	_ × 0.062 = [31, 2021, and before October 1, 2021, on line 4a. Use lines 4a(i)				
	4a (ii) Qualified family leave wages*	•	× 0.062 =		•	and 4a(ii) only for taxable qualified sick and family leave wages paid in 2023 for leave				
	4b Taxable social security tips	•	× 0.124 =		•	taken after March 31, 2020, and before April 1, 2021.				
	4c Taxable Medicare wages & tips	\$15,900.00	× 0.029 =	\$461	1 0					
	4d Taxable wages & tips subject									
	to Additional Medicare Tax withholding	•	× 0.009 =		.					
	4e Total social security and Medicare ta	4e	\$2432•7.							
5	Total taxes before adjustments. Add li	nes 2 and 4e			5	\$4022.07				
6	Current year's adjustments (see instru	•								
7	Total taxes after adjustments. Combin	7	\$4022.07							
8a	Qualified small business payroll tax cre	8a	•							
8b	Nonrefundable portion of credit for question before April 1, 2021		-			•				
8c	Reserved for future use				8c					

You MUST complete all three pages of Form 944 and SIGN it.

after March 31, 2021, and before October 1, 2021

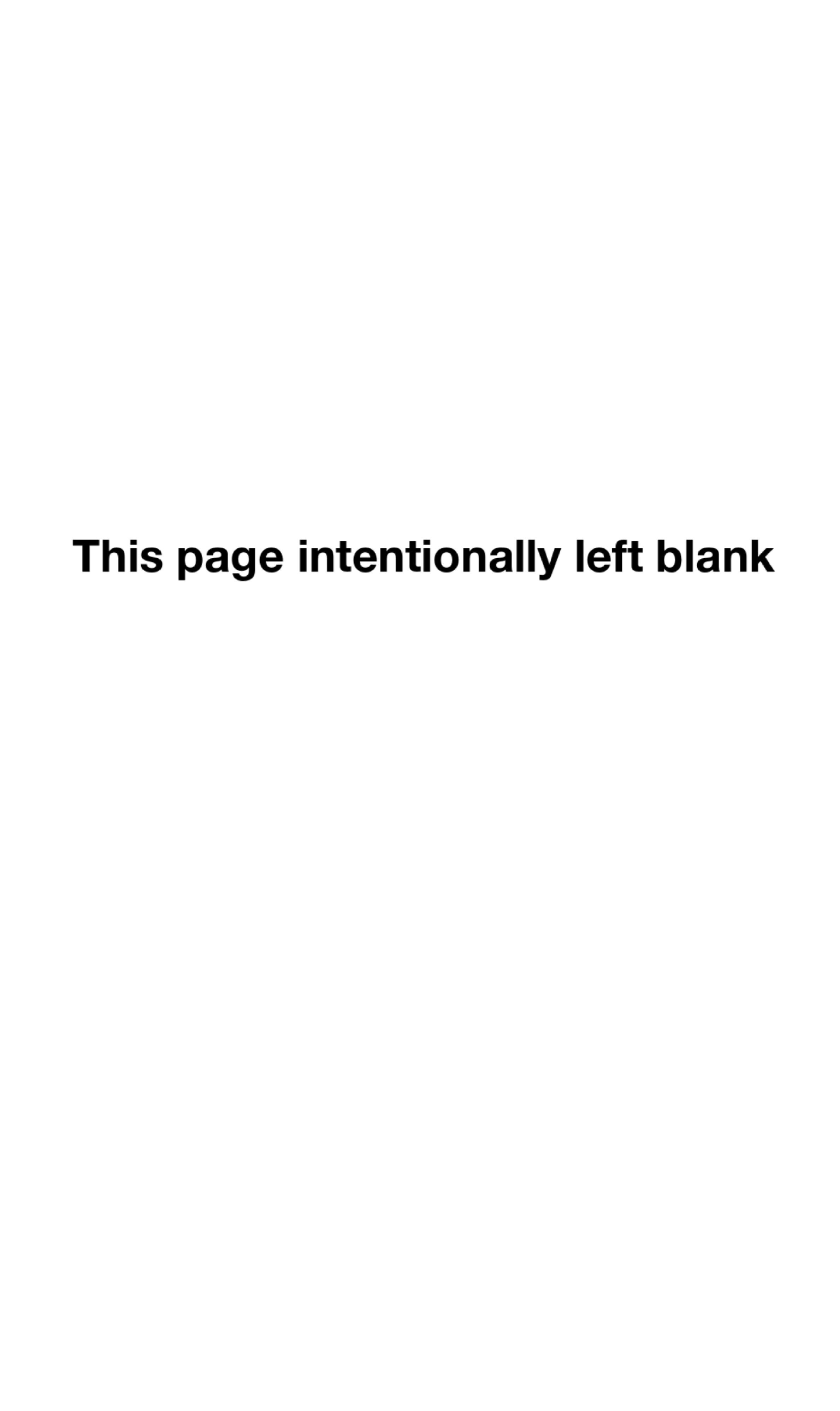
Nonrefundable portion of credit for qualified sick and family leave wages for leave taken

8d

Name (not your trade name)					Employer identification number (EIN)						
Stor	nemart Corp					87 - 30836	518				
Part	1 Answer thes	se questions for this y	/ear. (co	ntinued)							
8e	Reserved for fu	ture use				8e					
8f	Reserved for fu	ture use									
8g	Total nonrefund	dable credits. Add lines	8a, 8b, a	and 8d		8g					
9	Total taxes afte	r adjustments and nor	nrefunda	ble credits. Subtract lin	e 8g from	line 7 9					
10a	•	-	_	rpayment applied from (SP), 941-X	•	-		•			
10b	Reserved for fu	ture use				10b					
10c	Reserved for fu	ture use				10c		•			
10d	•	-		k and family leave wa	_			•			
10e	Reserved for fu	ture use				10e					
10f						_					
101	-	The state of the s		k and family leave water water water water water water water was a second with the second water	-			•			
10g	Reserved for fu	ture use				10g					
10h	Total deposits a	and refundable credits	. Add line	es 10a, 10d, and 10f .		10h		•			
10i	Reserved for fu	ture use				10i		•			
10j	Reserved for fu	ture use				10j		•			
11	Balance due. If	line 9 is more than line '	IOh, ente	r the difference and see	instruction	ns 11		•			
]					
12	Overpayment. If lir	ne 10h is more than line 9, e	enter the di	ifference	•	Check one: App	oly to next retu	m. Send a refund.			
Part	2: Tell us abou	ıt your deposit sched	ule and	tax liability for this ye	ar.						
13	Check one:	Line 9 is less than \$2	500 God	to Part 3							
	Check one: Line 9 is less than \$2,500. Go to Part 3. Line 9 is \$2,500 or more. Enter your tax liability for each month. If you're a semiweekly schedule depositor or you became one because you accumulated \$100,000 or more of liability on any day during a deposit period,										
		-	-	A instead of the boxes			,;	, а асроси роиса,			
		Jan.		Apr.	_	July		Oct.			
	13a	_	13d	_	13g		13j				
		Feb.		May	9 _	Aug.		Nov.			
	13b		13e		13h		13k				
	เงม	Mar.	136	June	1311	Sept.	ISK	Dec.			
		TTICAL:						D 00.			
	13c		13f		13i _		13I	• • • • • • • • • • • • • • • • • • •			
	Total	l liability for year. ∆dd	lines 13a	through 13l. Total mu	st equal li	ne 9. 13m		_			
				•	or oqual II						
	TOU MIOST COM	plete all three pages o	n Form 9	and Sign it.							

Name (not your trade name	e)			Employer identification	n number (EIN)			
Stonemart	Corp			87 - 3083618	8			
Part 3: Tell us about your business. If any question does NOT apply to your business, leave it blank.								
14 If your busines								
enter the final o	enter the final date you paid wages 12/11//2024; also attach a statement to your return. See instructions.							
15 Qualified health	plan ex	penses allocable to qualified sick leave wages for leave	taken before	April 1, 2021 15	•			
16 Qualified health	plan ex	penses allocable to qualified family leave wages for leave	April 1, 2021 16	•				
17 Reserved for 1	future	use	17					
18 Reserved for 1	future	use	18					
19 Qualified sick	leave	ober 1, 2021 19	•					
20 Qualified heal	th pla	n expenses allocable to qualified sick leave wag	es reporte	d on line 19 20				
		rtain collectively bargained agreements alloc ed on line 19			•			
22 Qualified family	y leave	wages for leave taken after March 31, 2021, and b	efore Octob	per 1, 2021 22	•			
23 Qualified healt	th plar	expenses allocable to qualified family leave wa	ges reporte	d on line 22 23	•			
24 Amounts und	ler cei	tain collectively bargained agreements allocal	ble to qual	ified family				
leave wages r	eporte	ed on line 22		24				
25 Reserved for 1	future	use		25	•			
26 Reserved for 1	future	use		26	•			
Part 4: May we sp	eak v	vith your third-party designee?						
Do you want to allow	an en	ployee, a paid tax preparer, or another person to	discuss this	return with the IRS?	See the instructions for details.			
Yes. Designee	e's nan	ne and phone number						
Select a	Select a 5-digit personal identification number (PIN) to use when talking to the IRS.							
No								
		MUST complete all three pages of Form 944 a						
		clare that I have examined this return, including accomp d complete. Declaration of preparer (other than taxpayer)	is based on a	all information of which p	reparer has any knowledge.			
Sign yo	Sign your			Print your name here Stonen	nart Corp			
name here				Print your title here Admin				
	Date	12/11/2024		Best daytime phone	+1 (215) 808 6555			
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				

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Form 944-V, Payment Voucher

Purpose of Form

Complete Form 944-V if you're making a payment with Form 944. 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 944

To avoid a penalty, make your payment with your 2023 Form 944 **only if** one of the following applies.

- Your net taxes for the year (Form 944, line 9) are less than \$2,500 and you're paying in full with a timely filed return.
- Your net taxes for the year (Form 944, line 9) are \$2,500 or more and you already deposited the taxes you owed for the first, second, and third quarters of 2023; your net taxes for the fourth quarter are less than \$2,500; and you're paying, in full, the tax you owe for the fourth quarter of 2023 with a timely filed return.
- You're a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15, section 8 of Pub. 80, or section 11 of Pub. 179 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, section 8 of Pub. 80, or section 11 of Pub. 179 for deposit instructions. Don't use Form 944-V to make federal tax deposits.



Use Form 944-V when making any payment with Form 944. However, if you pay an amount with Form 944 that should've been deposited, you may be subject to a penalty. See section 11 of

Pub. 15, section 8 of Pub. 80, or section 11 of Pub. 179 for details.

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 944, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 944.

Box 3—Name and address. Enter your name and address as shown on Form 944.

- Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 944," and "2023" on your check or money order. Don't send cash. Don't staple Form 944-V or your payment to Form 944 (or to each other).
- Detach Form 944-V and send it with your payment and Form 944 to the address provided in the Instructions for Form 944.

Note: You must also complete the entity information above Part 1 on Form 944.

Detach Here and Mail With Your Payment and Form 944.

g 944-V			Payment Voucher	OMB No. 1545-2007			
Department of the Treasury Internal Revenue Service		Do	n't	staple this voucher or your payment to Form 944.	2024		
1	Enter your employer identification number (EIN).		2		Dolla	rs	Cents
87–3083618				Enter the amount of your payment.	\$15,	900	00
			Make your check or money order payable to "United States Treasury."	4107	300		
			3	Enter your business name (individual name if sole proprietor).			
				Enter your address. Enter your city, state, and ZIP code; or your city, foreign country name, to	foreign province/cou	nty, and foreign po	ostal code.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. This form is used to determine the amount of the taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner, or provide false or fraudulent information, you may be subject to penalties.

You're not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil

and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 944 will vary depending on individual circumstances. The estimated average time is:

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 944 simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/FormComments. Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Don't send Form 944 to this address. Instead, see Where Should You File? in the Instructions for Form 944.