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

Department of the Treasury - Internal Revenue Service

OMB No. 1545-2007

Employ	yer identification number (EIN)	_ 3 0 8	3	6 1 8		Who Must File Form 944				
Name ((not your trade name) Stonemart Corp	ead of filing quarterly Forms 941								
T	name (if any) Stonemart Corp				writ	y if the IRS notified you in ting.				
Trade name (if any) Stonemart Corp Go to www.irs.gov/F										
Addres	SS Number		rmation.							
	Pennsauken	Suite or room number 08109								
	City	ZIP code								
	Foreign country name	Foreign provin	nce/county	Foreign postal code						
Read th	ne separate instructions before you compl	ete Form 944. Type or	print withi	n the boxes.						
Answer these questions for this year. Employers in American Samoa, Guam, the Commonwealth of the Northern Part 1: 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	\$25,350•00				
•					<u>,</u> [\$2535•00				
	Federal income tax withheld from wage		-		2 [
_	If no wages, tips, and other compensat	-	ciai securi	ly or ivieurcare tax	3 _	Check and go to line 5.				
4	Taxable social security and Medicare v	<u> </u>								
	4a Taxable social security wages*	\$25.350•00	_ × 0.124 =	\$3,143	- 40	*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	\$25,350,00	× 0.029 =	\$735	1 5					
	4d Taxable wages & tips subject		_							
	to Additional Medicare Tax withholding	•	× 0.009 =	=						
	4e Total social security and Medicare tax	es. Add Column 2 from I	ines 4a, 4a(), 4a(ii), 4b, 4c, and 4d	4e	\$3878•55				
5	Total taxes before adjustments. Add lin	es 2 and 4e			5	\$6413.55				
6	Current year's adjustments (see instruct	tions)			6					
7	Total taxes after adjustments. Combine	lines 5 and 6			7 _	\$6413.55				
8a	Qualified small business payroll tax cred	8a	•							
8b	Nonrefundable portion of credit for quable before April 1, 2021	-		_						
8c	Reserved for future use				8c					
8d	Nonrefundable portion of credit for qua	alified sick and family	/ leave wa	ges for leave taken	Г					

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

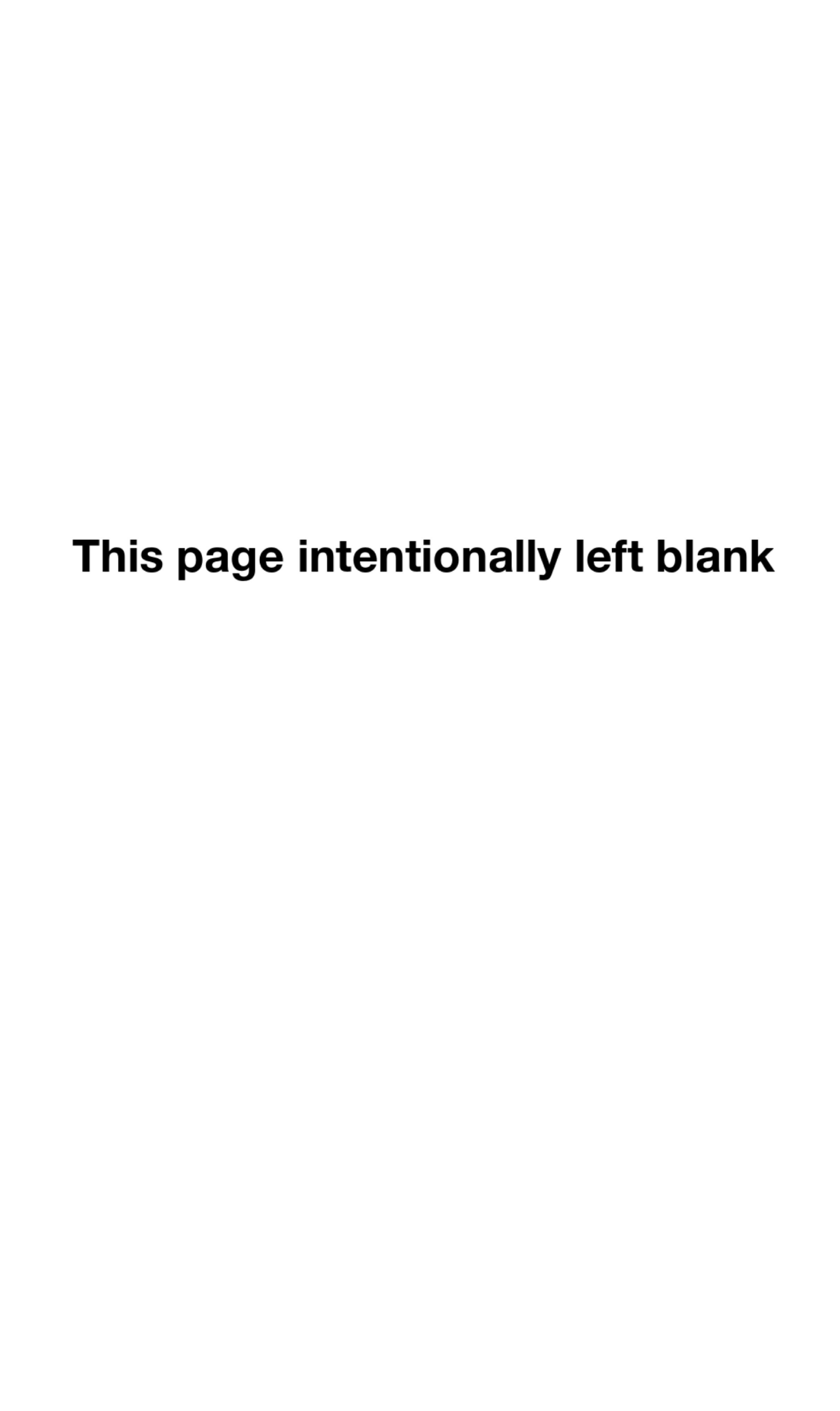
after March 31, 2021, and before October 1, 2021

8d

	(not your trade name)					Employer identifica	tion 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	lable credits. Add lines	8a, 8b, a	and 8d		8g					
9	Total taxes afte	r adjustments and nor	nrefundal	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				k and family leave wa		_					
	-	-		21	-			•			
10g	Reserved for fu	ture use				10g					
10h	Total deposits a	and refundable credits	. Add line	s 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 1	10h, ente	r the difference and see	instruction	ns 11		•			
10	O	aa dOb ia maara than lina O	untau tha di	efforman and a		Chack and .					
12		ne 10h is more than line 9, e			•	Cneck one: App	bly to next retu	ım. Send a refund.			
Part	1 ell us abou	it your deposit sched	ule and	tax liability for this ye	ar.						
13	Check one:	Line 9 is less than \$2,	500. Go t	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, you must complete Form 945-A instead of the boxes below.										
		Jan.		Apr.	, 2010111	July		Oct.			
					, [[
	13a	Feb.	13d	Max	13g _	Δ11α	13j	Nov.			
		reb.		May	Г	Aug.		INOV.			
	13b		13e		13h	•	13k	•			
		Mar.		June	Г	Sept.		Dec.			
	13c		13f		13i		131				
	Total	l liability for year Add	linge 12a	through 13l. Total mu	st eanal li	ne 9. 13m					
					ot equal II	110 J. 13111 [
	You MUST com	plete all three pages o	τ Form 9	44 and SIGN it.							

Name (not your trade name)					Employer identif	Employer identification number (EIN)				
Stonemart Corp					87 - 308	87 - 3083618				
Part 3: Tell us about your business. If any question does NOT apply to your business, leave it blank.										
		s closed or you stopped p								
enter the fin	al date y	ou paid wages 12//11/	/2024 ; al	so attach a statem	ent to your retum	See instructions.				
15 Qualified hea	lth plan e	xpenses allocable to qualified s	sick leave wages	for leave taken befo	re April 1, 2021 1	5				
16 Qualified heal	lth plan e	xpenses allocable to qualified fa	6							
17 Reserved for	or future	e use		1	7					
18 Reserved for	or future	e use	8							
19 Qualified si	ck leave	k leave wages for leave taken after March 31, 2021, and before October 1, 2021 19								
20 Qualified he	Qualified health plan expenses allocable to qualified sick leave wages reported on line 19 20									
	1 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 19									
22 Qualified far	2 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 22									
23 Qualified he	ealth pla	n expenses allocable to qu	alified family l	eave wages repor	ted on line 22 2	3				
24 Amounts u	ınder ce	ertain collectively bargaine	ed agreement	s allocable to qu	alified family					
leave wage	s report	ted on line 22			2	4				
25 Reserved for	or future	e use			2	5				
26 Reserved for	or future	e use			2	6				
Part 4: May we	speak v	with your third-party desi	ignee?							
Do you want to all	ow an er	mployee, a paid tax prepare	r, or another p	erson to discuss th	is return with the	IRS? See the instructions for details.				
Yes. Design	nee's nai	me and phone number								
Select	a 5-digi	t personal identification num	nber (PIN) to us	se when talking to t	he IRS.					
Part 5: Sign here. You MUST complete all three pages of Form 944 and SIGN it.										
•						nts, and to the best of my knowledge hich preparer has any knowledge.				
Sign			`	. , ,		onemart Corp				
name here				Print your	lmin					
					title here	3111111				
	Date	12/11/2024			Best daytime p	hone +1 (215) 808 6555				
Paid Preparer Use Only Check if you're self-employed										
Preparer's name					PTIN					
Preparer's signatur	re				Date					
Firm's name (or yours if self-employed)					EIN					
Address					Phone					
City				State	ZIP code					

Page **3**



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.

E 944-V Department of the Treasury		Do	n't	Payment Voucher staple this voucher or your payment to Form 944.	OMB No. 1545-2007 2024		
Int	Internal Revenue Service		o				Cents
	Enter your employer identification number (EIN).		_	Enter the amount of your payment.	Dolla \$25,		00
87–3083618		3	Make your check or money order payable to "United States Treasury." 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.