941 for 2020: Employer's QUARTERLY Federal Tax Return

| Page | P

nev. Jai	idary 2020) Department of	ine rreactify internal rioverial					
Emplo	ver identification number (EIN) $\boxed{8}$ $\boxed{2}$ $-$	3 6 8 0	1 1	114111	Repor	rt for this Quarter of 2020 one.)	
Name	(not your trade name) Fig Tree Ps	sychotherapy Co	enter		1: January, February, March		
] 2: A	pril, May, June	
Trade	name (if any)				 3: J	uly, August, September	
Addre		Suite 704	0.11		 4: C	October, November, December	
	Number Street		Suite or room			ww.irs.gov/Form941 for ions and the latest information.	
	Los Angeles	CA State	90015 ZIP cod	de		La participa se de carrollo de la composição de la compos	
	Foreign country name	Foreign province/county	Foreign pos	tal code			
	ne separate instructions before you com Answer these questions for this	· · · · · · · · · · · · · · · · · · ·	rint within th	e boxes.			
Part 1	Number of employees who received		pensation for	or the pay period			
	including: Mar. 12 (Quarter 1), June 12	•	•		1 _	4.6	
2	Wages, tips, and other compensation	1			2	264540.31	
3	Federal income tax withheld from wa	ages tins and other com	nensation		3	21712.97	
					г.		
4	If no wages, tips, and other compens	sation are subject to soc Column 1	ial security o	or Medicare tax Column 2	L,	☐ Check and go to line 6.	
5a	Taxable social security wages	267646.33	× 0.124 =	33188	. 14		
5b	Taxable social security tips		× 0.124 =				
5c	Taxable Medicare wages & tips	267646.33	× 0.029 =	7761.	.74		
5d	Taxable wages & tips subject to		× 0.009 =				
	Additional Medicare Tax withholding		× 0.000 = [10010	
5e	Add Column 2 from lines 5a, 5b, 5c,	and 5d			5e	40949.88	
5f	Section 3121(q) Notice and Demand	-Tax due on unreported	tips (see ins	structions)	5f		
6	Total taxes before adjustments. Add	lines 3, 5e, and 5f			6	62662.85	
7	Current quarter's adjustment for fra-	ctions of cents			7	-0.08	
					٠ ـ	0	
8	Current quarter's adjustment for sic	крау			8 [
9	Current quarter's adjustments for tip	s and group-term life insu	urance .		9	0	
10	Total taxes after adjustments. Comb	ine lines 6 through 9 .			10	62662.77	
11	Qualified small business payroll tax cr	edit for increasing researd	h activities.	Attach Form 8974	11	0	
12	Total taxes after adjustments and cr	edits. Subtract line 11 from	m line 10 .		12	62662.77	
13	Total deposits for this quarter, incloverpayments applied from Form 941-X,			•	13	62662.77	
14				-	14		
14	Balance due. If line 12 is more than line Overpayment. If line 13 is more than line		anu see mst				
15				Check	one: [Apply to next return. Send a refund. Next ■	
→ Y	ou MUST complete both pages of Fo	m 941 and SIGN It.				INEXT =	

_{Name (not your trade name)} Fig Tree Psychotherapy Cente	er	82-3680114
Part 2: Tell us about your deposit schedule a		
If you are unsure about whether you are a mont of Pub. 15.	•	
16 Check one: Line 12 on this return is less incur a \$100,000 next-day de line 12 on this return is \$100	eposit obligation during the current of 000 or more, you must provide a reco	n for the prior quarter was less than \$2,500, and you didn't parter. If line 12 for the prior quarter was less than \$2,500 but ord of your federal tax liability. If you are a monthly schedule eakly schedule depositor, attach Schedule B (Form 941). Go to
You were a monthly sch- liability for the quarter, the		uarter. Enter your tax liability for each month and total
Tax liability: Month 1		
Month 2		
Month 3]
Total liability for quarter		Total must equal line 12.
	schedule depositor for any part Semiweekly Schedule Depositors,	of this quarter. Complete Schedule B (Form 941), and attach it to Form 941.
Part 3: Tell us about your business. If a ques	stion does NOT apply to your b	usiness, leave it blank.
17 If your business has closed or you stopped	I paying wages	
enter the final date you paid wages /	/	
18 If you are a seasonal employer and you do	n't have to file a return for every	quarter of the year
Part 4: May we speak with your third-party of	designee?	
Do you want to allow an employee, a paid tax for details.	preparer, or another person to dis	scuss this return with the IRS? See the instructions
Yes. Designee's name and phone number	Tomer London	(415) 935-0230
Select a 5-digit Personal Identificati	on Number (PIN) to use when talki	ng to the IRS. 0 9 7 7 0
☐ No.		
Part 5: Sign here. You MUST complete both	pages of Form 941 and SIGN i	t.
Under penalties of perjury, I declare that I have examined and belief, it is true, correct, and complete. Declaration of	this return, including accompanying sc preparer (other than taxpayer) is based	hedules and statements, and to the best of my knowledge d on all information of which preparer has any knowledge.
Sign your	1	Print your name here Tomer London
name here		Print your title here Reporting Agent
Date 04/13/2020		Best daytime phone (415) 935-0230
Paid Preparer Use Only		Check if you are 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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2cueanie R (i	roi	m 941 <i>)</i> :						
Report of Tax Liab	ility	for Semiweekly	S	chedule Deposite	ors	i		OMB No. 1545-0029
(Rev. January 2017)		Department of the	Trea	sury – Internal Revenue Se	rvice)	Repo	rt for this Quarter
Employer identification numb (EIN)	er	8 2 - 3	6	8 0 1	1	4	(Check	one.)
Name (not your trade name)	Fiç	Tree Psycho	th	erapy Center	-			January, February, March April, May, June
Calendar year		2 0 2 0		(Also c	heck	quarter)		July, August, September October, November, December
Form 941-SS, don't change Form 941-SS	ge yo Sify	ur tax liability by adjus ou're a semiweekly scl	tme 1edi	nts reported on any Fo lle depositor or becam	rms ie o	941-X or 944 ne because y	-X. You mu our accum	you file this form with Form 941 or ist fill out this form and attach it to ulated tax liability on any day was ges were paid. See Section 11 in
Month 1	7	•						
1	9		17		25			Tax liability for Month 1
2	10	7366.77	18		26			19231.40
3] 11		19		27			
4] 12		20		28			
5] 13		21		29			
6	14		22		30			
7			23		31			
8 96.27			24	11768.36		<u> </u>		
Month 2	, _	<u></u>			ı			
1	9		17		25	13	32.94	Tax liability for Month 2
2] 10		18		26			19878.74
3	11		19		27			19070.74
4	12		20	127.08	28	12	7.60	
5	13		21	10934.24	1			
6	14		22		30			
7 8556.88	=		23		31			
8	16		24]			
Month 3	。		<i>-</i> -		J			
1	9		17		25			Tax liability for Month 3
2	10	274.88	18		26			22552 (2
3	11		19		27			23552.63
4	12	273.94	ì	13192.64	í			
5	13		21		29			
6 9811.17	=		22		30			
7	15		23		ĺ			
	7		İ		31			
8	16		24					

Total must equal line 12 on Form 941 or Form 941-SS.

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

62662.77

Total liability for the quarter

Form **941 for 2020:** Employer's QUARTERLY Federal Tax Return Department of the Treasury — Internal Revenue Service

950120

Employ	ver identification number (EIN) $\boxed{8}$ $\boxed{2}$ $ $	3 6 8 0		1 4		ort for this Quarter of 2020 k one.)	
Name	(not your trade name) Fig Tree Ps	ychotherapy C	enter		1: January, February, March		
Trada	namo (if any)	2: /	2: April, May, June				
Trade	name (if any)	3:	July, August, September				
Addre	ess 714 W Olympic Blvd. Number Street	1 —	October, November, December				
	Los Angeles	CA	Suite or roo			www.irs.gov/Form941 for tions and the latest information.	
	City	State	ZIP c		all a dissele	ก และมีสารที่สิงคล้าที่ การจะและ มา. 🥂 การที่มีสังผลผิสารี	
	Foreign country name	Foreign province/county	Foreign po	ostal code			
Read th	ne separate instructions before you comp Answer these questions for this		print within t	he boxes.			
rart 1	Number of employees who received		r compens	ation for the	pay _		
	period including: June 12 (Quarter 2),				i i	49	
2	Wages, tips, and other compensation				. 2	337625.62	
3	Federal income tax withheld from wag	ges, tips, and other con	npensation		. 3	28167.69	
J							
4	If no wages, tips, and other compensa	ation are subject to soc Column 1	cial security	or Medicare t Columr		Check and go to line 6.	
5a	Taxable social security wages	340027.36] × 0.124 = [3.39		
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	340027.36] × 0.029 = [986	50.79		
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 = [
5e	Total social security and Medicare taxes	. Add Column 2 from line:	s 5a, 5a(i), 5a	ı(ii), 5b, 5c, and	5d 5e	52024.18	
5f	Section 3121(q) Notice and Demand-	Tax due on unreported	d tips (see in	structions)	5f		
6	Total taxes before adjustments. Add l	nes 3, 5e, and 5f			6	80191.87	
7	Current quarter's adjustment for fract	ions of cents			7	0.12	
8	Current quarter's adjustment for sick	pay			8	0	
9	Current quarter's adjustments for tips	and group-term life in	surance .		9	0	
10	Total taxes after adjustments. Combin	ne lines 6 through 9 .			10	80191.99	
11a	Qualified small business payroll tax cre-	dit for increasing resear	ch activities	. Attach Form 8	974 11a	0	
11b	Nonrefundable portion of credit for qua	alified sick and family le	ave wages t	from Workshe	et 1 11b		
11c	Nonrefundable portion of employee re	etention credit from Wo	orksheet 1		· · 11c		

Name (r	(not your trade name)	1	Employer identific	ation number (EIN)
Fig	Tree Psychotherapy Center		82-36801	14
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	80191.99
13a	Total deposits for this quarter, including overpayment applied from overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed			80191.99
13b	Deferred amount of the employer share of social security tax		13b	
13c	Refundable portion of credit for qualified sick and family leave wages	from Worksh	eet 1 13c	
13d	Refundable portion of employee retention credit from Worksheet 1 .		13d	
13e	Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 1	3c, and 13d .	13e	80191.99
13f	Total advances received from filing Form(s) 7200 for the quarter		13f	
13g	Total deposits, deferrals, and refundable credits less advances. Subtract li	ne 13f from line	13e . 13 g	80191.99
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 If you'	Tell us about your deposit schedule and tax liability for this quire unsure about whether you're a monthly schedule depositor or a sen		dule depositor,	, see section 11 of Pub. 15.
16 (Check one: Line 12 on this return is less than \$2,500 or line 12 on and you didn't incur a \$100,000 next-day deposit obliquarter was less than \$2,500 but line 12 on this return federal tax liability. If you're a monthly schedule deposition, attach Schedule B (Form	ligation during is \$100,000 o ositor, comple	the current qu or more, you mu te the deposit	uarter. If line 12 for the prior ust provide a record of your
	You were a monthly schedule depositor for the entire liability for the quarter, then go to Part 3.	e quarter. Ent	er your tax liabi	lity for each month and total
	Tax liability: Month 1			
	Month 2			
	Month 3			
	Total liability for quarter	Total m	ust equal line 1	2.
	You were a semiweekly schedule depositor for any property and the semiweekly schedule Deposition of Tax Liability for Semiweekly Schedule Deposition			

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

Next ->

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-	ot your trade name) Tree Psvo	chotherapy	Center				1	80114
Part 3		ut your business.		loes NOT a	pply to your	busines	<u></u>	
17		has closed or you		****				Check here, and
	enter the final da	te you paid wages	/ /	; also	attach a stat	tement to	your return	. See instructions.
18	If you're a seaso	onal employer and	l you don't have	e to file a ret	urn for every	quarter	of the year	Check here.
19	Qualified health	plan expenses al	locable to quali	fied sick lea	ve wages		1	19
20	Qualified health	plan expenses al	locable to quali	fied family le	eave wages		2	20
21	Qualified wages	s for the employee	retention cred	it				21
22	Qualified health	plan expenses al	locable to wage	es reported	on line 21 .			22
23	Credit from For	m 5884-C, line 11,	for this quarter	r				23
24		s paid March 13 line only for the so	·	, .				24
25		ı plan expenses a quarter filing of Fo	_	-			ine only	25
Part 4	4: May we spe	eak with your thi	rd-party design	nee?				
, are	Do you want to a				er person to	discuss tl	his return w	ith the IRS? See the instructions
	for details.							(415) 025 0020
	X Yes. Design	ee's name and pho	one number	Tomer 1	London			(415) 935-0230
		a 5-digit personal i	dentification nur	nber (PIN) to	use when tal	king to th	e IRS.	0 9 7 7 0
	No.	Va MILCT	lata all tlavas m	of Fa	O44 and 6	NON H		
	er penalties of perjur		e examined this ret	urn, including	accompanying	schedules		nts, and to the best of my knowledge
and b	pelief, it is true, corre	ect, and complete. De	claration of prepar	er (other than	taxpayer) is bas			which preparer has any knowledge.
1	Sign yo	our		2		1	nt your me here	Tomer London
	name h	nere	<u></u>				nt your e here	Reporting Agent
•	C	Date 07 /14 /	2020			Ве	st daytime	phone (415) 935-0230
Pa	aid Preparer U	se Only				(Check if you	i're self-employed
Prep	arer's name						PTIN	
Prep	parer's signature						Date	/ /
	's name (or yours [f-employed)						EIN	
Add	ress						Phone	
City					State		ZIP code	

•	January 2017)		for Semiweekly Department of the		sury – Internal Revenue Se			Panoi	OMB No. 1545-0029
implo EIN)	oyer identification numbe	r	8 2 - 3	6	8 0 1	1	¬	(Check	
Name	(not your trade name)	'ig	Tree Psycho	th	erapy Center	-			April, May, June
			2 0 2 0	7					
Calen	dar year	<u> </u>		J	(Also c	heck	quarter)	_	July, August, September
Form Form \$100	ı 941-SS, don't change ı 941 or Form 941-SS	e you	ur tax liability by adjust ou're a semiweekly sch	mei iedi	nts reported on any Fo lle depositor or becan	rms 1e ol	941-X or 944-X. Y ne because your a	Vhen y ou mu	October, November, December ou file this form with Form 941 o st fill out this form and attach it to ulated tax liability on any day was ges were paid. See Section 11 ii
Monti	h 1								
1		9		17	11583.80	25			Tax liability for Month 1
2		10		18		26			22541 65
3	10941.47	11		19		27			22541.65
4		12		20		28			
5		13		21		29	16.	38	
6		14		22		30			
7		15		23		31			
Ē						31			
8 <u> </u> Mont	h 2	16		24		1			
1	12172.06	9 [17		25			Tax liability for Month 2
2		10		18		26			35492.92
3		11		19		27			
4		12		20		28			
5		13		21		29	12215.	43	
6		14		22		30			
7		15	11105.43	23		31			
8		16		24					
Mont	h 3	1 1		1		1			
1		9		17		25			Tax liability for Month 3
2	82.10	10		18		26	10469.	07	22157.42
3		11		19		27			
4		12	11606.25	20		28			
5		13		21		29			
6		14		22		30			
7		15		23		31			
8		16		24					
									Total liability for the quarter
			Fill in your to		ability for the quarter (Mo otal must equal line 12 o			•	80191.99

Form 941 for 2020: Employer's QUARTERLY Federal Tax Return
Department of the Treasury — Internal Revenue Service

950120

·			
Employ	yer identification number (EIN) 8 2 - 3 6 8 0 1 4	1	ort for this Quarter of 2020 ck one.)
Name	(not your trade name) Fig Tree Psychotherapy Center	1:	January, February, March
Trade	e name (if any)	2:	April, May, June
Traue		⊠ 3:	July, August, September
Addre	Number Street Suite 704 Suite or room number		October, November, December
			www.irs.gov/Form941 for ctions and the latest information.
	Los Angeles CIty State ZIP code	12.5	and the second and th
	Foreign country name Foreign province/county Foreign postal code		
	ne separate instructions before you complete Form 941. Type or print within the boxes.		
Part 1			
	Number of employees who received wages, tips, or other compensation for the period including: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4)	. 1	45
2	Wages, tips, and other compensation	. 2	319833.20
3	Federal income tax withheld from wages, tips, and other compensation	. 3	30122.29
4	If no wages, tips, and other compensation are subject to social security or Medicare to Column 1 Column		☐ Check and go to line 6.
5a		<u>-</u> 59.03]
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 $322250.28 \times 0.029 = 93.00$	45.26	
	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	49304.29
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	79426.58
7	Current quarter's adjustment for fractions of cents	. 7	0.07
8	Current quarter's adjustment for sick pay	. 8	0
9	Current quarter's adjustments for tips and group-term life insurance	. 9	0
10	Total taxes after adjustments. Combine lines 6 through 9	. 10	79426.65
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8	974 11 a	0
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Workshee	et 1 11b	
11c	Nonrefundable portion of employee retention credit from Worksheet 1	. 110	

Name ((not your trade name)		Employer identification i	number (EIN)
Fig	g Tree Psychotherapy Center		82-3680114	
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 11c	d from line	10 . 12	79426.65
13a	Total deposits for this quarter, including overpayment applied from a p overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the			79426.65
13b	Deferred amount of social security tax		13b	
13c	Refundable portion of credit for qualified sick and family leave wages from	m Worksh	eet 1 13c	
13d	Refundable portion of employee retention credit from Worksheet 1		13d	
13e	Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, a	and 13d .	13e	79426.65
13f	Total advances received from filing Form(s) 7200 for the quarter		13f	
13g	Total deposits, deferrals, and refundable credits less advances. Subtract line 1	3f from line	13e . 13 g	79426.65
14	Balance due. If line 12 is more than line 13g, enter the difference and see inst	tructions .	14	
15	Overpayment. If line 13g is more than line 12, enter the difference	•]	Check one: Apply to	next return. X Send a refund.
Part If you	Tell us about your deposit schedule and tax liability for this quarter in the control of the con		edule depositor, see	section 11 of Pub. 15.
	Check one: Line 12 on this return is less than \$2,500 or line 12 on the and you didn't incur a \$100,000 next-day deposit obligated quarter was less than \$2,500 but line 12 on this return is sederal tax liability. If you're a monthly schedule depositor, semiweekly schedule depositor, attach Schedule B (Form 94)	ne return f tion during \$100,000 (or, comple	for the prior quarter the current quarte or more, you must po te the deposit sched	was less than \$2,500, r. If line 12 for the prior rovide a record of your
	You were a monthly schedule depositor for the entire qualitability for the quarter, then go to Part 3.	uarter. Ent	ter your tax liability fo	er each month and total
	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 Report of Tax Liability for Semiweekly Schedule Depositors,			

,	not your trade name)			Employer identification number (EIN)
		chotherapy Center	-	82-3680114
Part 3	Tell us abo	out your business. If a question does NO	T apply to your busine	ess, leave it blank.
17	If your busines	s has closed or you stopped paying wages		Check here, and
	enter the final d	ate you paid wages / / ;	also attach a statement t	o your return. See instructions.
18	If you're a seas	sonal employer and you don't have to file a	return for every quarte	r of the year
19	Qualified healt	h plan expenses allocable to qualified sick	leave wages	19
20	Qualified healt	h plan expenses allocable to qualified fami	ly leave wages	20
21	Qualified wage	s for the employee retention credit		21
22	Qualified healt	h plan expenses allocable to wages report	ed on line 21	22
23	Credit from Fo	rm 5884-C, line 11, for this quarter		23
24	Deferred amou	int of the employee share of social security	tax included on line 13	b 24
25	Reserved for for	uture use		25
Part 4	May we sr	peak with your third-party designee?		
r ai t		allow an employee, a paid tax preparer, or a	nother person to discuss	this return with the IRS? See the instructions
	for details.		•	
	X Yes. Design	nee's name and phone number Tome:	London	(415) 935-0230
	Select	t a 5-digit personal identification number (PIN) to use when talking to t	he IRS. 0 9 7 7 0
	☐ No.			
Part !	5: Sign here.	You MUST complete all three pages of	Form 941 and SIGN it.	
				es and statements, and to the best of my knowledge I information of which preparer has any knowledge.
1	Sign y	our /	1	rint your ame here Tomer London
	name	1/2	1	rint your tle here Reporting Agent
		Date 10 /15 / 2020		est daytime phone (415) 935-0230
	······································			——————————————————————————————————————
Pa	aid Preparer U	Jse Only		Check if you're self-employed
Prep	arer's name			PTIN
	arer's signature			Date / /
	f-employed)			EIN
Addı	ress			Phone
City			State	ZIP code
			III HILLIAN C.	

Report of Tax Lia (Rev. January 2017)	ability 1			chedule Deposito sury — Internal Revenue Se				OMB No. 1545-0029
Employer identification nur	mber 8		6	8 0 1	1		Repor (Check	t for this Quarter
(LIN)	[m:						1: c	lanuary, February, March
Name (not your trade name)	Fig	Tree Psycho	תשק	erapy Center			2: <i>/</i>	April, May, June
Calendar year	2	0 2 0		(Also c	heck	quarter)	3: .	July, August, September
							4: 0	October, November, December
Form 941-SS, don't cha Form 941 or Form 941-	inge your SS if you	tax liability by adjust tre a semiweekly sch	tmei nedu	nts reported on any Fo de depositor or becan	rms ne o	941-X or 944-X ne because you	. You mu r accumi	ou file this form with Form 941 or st fill out this form and attach it to lated tax liability on any day was ges were paid. See Section 11 in
Month 1					_			
1	9		17		25			Tax liability for•Month 1
2	10	17653.59	18		26			29416.99
3	11		19		27			
4	12		20		28			
5	13		21		29			
6	14		22		30			
7	15		23		31			
8	16		24	11763.40				
Month 2					1			
1	9 _		17		25			Tax liability for Month 2
2	10		18		26			25710.31
3	11		19		27			
4	12		20		28			
5	13		21	9512.99	29			
6	14		22		30			
7 16197.3	32 15		23		31			
8	16		24					
Month 3					1			Tax liability for Month 3
1	9 _		17] 25]			Tax hability for World 5
2	10		18	12936.98] 26]			24299.35
3	11		19] 27]			
4 11362.3	37 12		20		28 1			
5	13		21] 29]			
6	14		22		30			
7	15		23		31			
8	16		24					
		Fill in your to	tal li:	ability for the quarter (Mor	nth 1	+ Month 2 + Mon	th 3) ▶	Total liability for the quarter
		. m m your to		otal must equal line 12 o			•	79426.65

950120 941 for 2020: Employer's QUARTERLY Federal Tax Return OMB No. 1545-0029 Department of the Treasury - Internal Revenue Service Report for this Quarter of 2020 3 6 8 0 1 4 8 Employer identification number (EIN) (Check one.) Name (not your trade name) Fig Tree Psychotherapy Center 1: January, February, March 2: April, May, June Trade name (if anv) 3: July, August, September 714 W Olympic Blvd. Suite 704 Address 4: October, November, December Suite or room number Go to www.irs.gov/Form941 for instructions and the latest information. CA 90015 Angeles Los City State ZIP code Foreign country name Foreign province/county Foreign postal code Read the separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter. Part 1: Number of employees who received wages, tips, or other compensation for the pay 46 period including: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4) . . . 342494.57 2 Wages, tips, and other compensation 2 30041.06 Federal income tax withheld from wages, tips, and other compensation . . . 3 Check and go to line 6. If no wages, tips, and other compensation are subject to social security or Medicare tax Column 1 Column 2 $344966.43 \times 0.124 =$ 42775.84 Taxable social security wages . 5a $\times 0.062 =$ 5a (i) Qualified sick leave wages . $\times 0.062 =$ (ii) Qualified family leave wages 5a \times 0.124 = 5b Taxable social security tips . $344966.43 \times 0.029 =$ 10004.03 Taxable Medicare wages & tips. 5c 5d Taxable wages & tips subject to × 0.009 = Additional Medicare Tax withholding 52779.87 5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d 5e Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 5f 5f 82820.93 Total taxes before adjustments. Add lines 3, 5e, and 5f . 6 6 -0.097 Current quarter's adjustment for fractions of cents . 0 Current quarter's adjustment for sick pay . 8 8 0 9 Current quarter's adjustments for tips and group-term life insurance

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

Total taxes after adjustments. Combine lines 6 through 9

10

11a

11b

11c

Next ■►

0

82820.84

Nonrefundable portion of employee retention credit from Worksheet 1

Qualified small business payroll tax credit for increasing research activities. Attach Form 8974

Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1

	not your trade name)		1	identification number (EIN)
Fig	Tree Psychotherapy Cer		82-36	580114
Part '	Answer these questions for this qu	arter. (continued)		
11d	Total nonrefundable credits. Add lines 11	a, 11b, and 11c		11d
12	Total taxes after adjustments and nonre	fundable credits. Subtract line 11d f	rom line 10 .	82820.84
13a	Total deposits for this quarter, including overpayments applied from Form 941-X, 941-			13a 84069.59
13b	Deferred amount of social security tax			13b
13c	Refundable portion of credit for qualified	I sick and family leave wages from	Worksheet 1	13c
13d	Refundable portion of employee retention	n credit from Worksheet 1		13d
13e	Total deposits, deferrals, and refundable	credits. Add lines 13a, 13b, 13c, ar	nd 13d	13e 84069.59
13f	Total advances received from filing Form	n(s) 7200 for the quarter		13f
13g	Total deposits, deferrals, and refundable or	redits less advances. Subtract line 13	f from line 13e .	13g 84069.59
14	Balance due. If line 12 is more than line 13	g, enter the difference and see instru	uctions	14
15	Overpayment. If line 13g is more than line 12,	enter the difference 1248	Check or	ne: Apply to next return. Send a refund.
Part :	2: Tell us about your deposit schedul	e and tax liability for this quarter	•	
If you'	re unsure about whether you're a monthly	y schedule depositor or a semiwee	kly schedule de _l	positor, see section 11 of Pub. 15.
16 (and you didn't incur a \$ quarter was less than \$2 federal tax liability. If yo semiweekly schedule dep	,500 but line 12 on this return is \$1 u're a monthly schedule depositor ositor, attach Schedule B (Form 941)	on during the cuil 100,000 or more, complete the diagram is a complete to diagram is a complete the cuil to diagram is a complete the di	rior quarter was less than \$2,500, rrent quarter. If line 12 for the prior you must provide a record of your eposit schedule below; if you're a tax liability for each month and total
	liability for the quarter, the		iter. Enter your	ax hability for each month and total
	Tax liability: Month 1			
	Month 2			
	Month 3			
	Total liability for quarter		Total must equa	Il line 12.
		schedule depositor for any part o Semiweekly Schedule Depositors, a		

Tree Psychotherapy Center 82-3680114	Part 3: Tell us about your business. If a question does NOT apply to your business has closed or you stopped paying wages	pusiness, leave it blank.
If your business has closed or you stopped paying wages	17 If your business has closed or you stopped paying wages	
enter the final date you paid wages		Check here, and
If you're a seasonal employer and you don't have to file a return for every quarter of the year	enter the final date you paid wages/; also attach a stater	
Qualified health plan expenses allocable to qualified sick leave wages		ment to your return. See instructions.
Qualified health plan expenses allocable to qualified family leave wages	If you're a seasonal employer and you don't have to file a return for every q	quarter of the year Check here.
Qualified wages for the employee retention credit	Qualified health plan expenses allocable to qualified sick leave wages .	19
Qualified health plan expenses allocable to wages reported on line 21	20 Qualified health plan expenses allocable to qualified family leave wages .	20
23 Credit from Form 5884-C, line 11, for this quarter 24 Deferred amount of the employee share of social security tax included on line 13b	Qualified wages for the employee retention credit	21
Deferred amount of the employee share of social security tax included on line 13b	22 Qualified health plan expenses allocable to wages reported on line 21	22
25 Reserved for future use	23 Credit from Form 5884-C, line 11, for this quarter	23
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	Deferred amount of the employee share of social security tax included on li	ine 13b 24
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	25 Reserved for future use	
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 Tomer London Select a 5-digit personal identification number (PIN) to use when talking to the IRS. O 9 7 7 0 No. Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it. Under penalties of perjury, I declare that I have examined this return, including accompanying 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. Print your name here Date O1 /12 / 2021 Best daytime phone (415) 935-0230 Paid Preparer Use Only Check if you're self-employed	art 4: May we speak with your third-party designee?	
Select a 5-digit personal identification number (PIN) to use when talking to the IRS. O 9 7 7 0 No. Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it. Under penalities 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 Date O1 /12 / 2021 Best daytime phone Q1 / 1 / Preparer's name Print your title here Reporting Agent Check if you're self-employed	Do you want to allow an employee, a paid tax preparer, or another person to dis	scuss this return with the IRS? See the instructions
Select a 5-digit personal identification number (PIN) to use when talking to the IRS. O 9 7 7 0 No. Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it. Under penalities 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 Date O1 /12 / 2021 Best daytime phone Q1 / 1 / Preparer's name Print your title here Reporting Agent Check if you're self-employed	Yes. Designee's name and phone number Tomer London	(415) 935-0230
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. Print your name here Sign your name here Date O1 /12 / 2021 Best daytime phone (415) 935-0230 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) Address Phone		
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. Print your name here	□ No.	
Sign your name here Sign your name here Date O1 /12 / 2021 Print your title here Date O1 /12 / 2021 Preparer's name Print you're self-employed	Part 5: Sign here. You MUST complete all three pages of Form 941 and SIC	GN it.
Sign your name here Date 01 /12 / 2021 Best daytime phone (415) 935-0230 Paid Preparer Use Only Preparer's name Print your title here Best daytime phone (415) 935-0230 Check if you're self-employed	Under penalties of perjury, I declare that I have examined this return, including accompanying so and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based	chedules and statements, and to the best of my knowledge d on all information of which preparer has any knowledge.
Print your title here Reporting Agent Date 01 /12 / 2021 Best daytime phone (415) 935-0230 Paid Preparer Use Only Check if you're self-employed	Sign your	' Momon Tondon
Paid Preparer Use Only Preparer's name PTIN Preparer's signature Date / / Firm's name (or yours if self-employed) Address Phone		Print your title here Reporting Agent
Preparer's name PTIN Date / / Preparer's signature Date / / Firm's name (or yours if self-employed) EIN Phone	Date 01 /12 / 2021	Best daytime phone (415) 935-0230
Preparer's signature Date / / Firm's name (or yours if self-employed) Address Phone	Paid Preparer Use Only	Check if you're self-employed
Firm's name (or yours if self-employed) Address Phone	Preparer's name	PTIN
Address Phone		Date / /
	Preparer's signature	
City State ZIP code	Firm's name (or yours	EIN
	Firm's name (or yours if self-employed)	

Rej	oort of Tax Liabi	lity	for Semiweekly	S	chedule Deposit	ors		OMB No. 1545-0029
(Rev.	January 2017)		Department of the	Trea	sury — Internal Revenue Se	ervice	Rep	port for this Quarter
Empl (EIN)	oyer identification numbe	r	8 2 - 3	6	8 0 1	1	4 (Che	ck one.)
	F	'ia	Tree Psycho	oth	erapy Center			1: January, February, March
IValli	e (not your trade name)			7	<u> </u>	***		2: April, May, June
Caler	ndar year		2 0 2 0		(Also d	heck	quarter)	3: July, August, September
								4: October, November, December
Forn Forn \$100	n 941-SS, don't change n 941 or Form 941-SS	e yo	ur tax liability by adjus ou're a semiweekly scl	tme hedi	nts reported on any Fo ule depositor or becan	rms ne o	941-X or 944-X. You i ne because your acci	n you file this form with Form 941 or must fill out this form and attach it to imulated tax liability on any day was wages were paid. See Section 11 in
Mont	h 1	i ſ		1		1 i		Tau liabilita dan Manda d
1 [9		17		25		Tax liability for Month 1
2	13142.90	10		18		26		35372.35
3		11	L	19		27		
4		12		20		28		
5		13		21	443.60	29		
6		14		22		30	10534.46	
7		15		23		31		
8		16	11251.39	24				
Mont	th 2	1 1		1		1		
1		9		17		25		Tax liability for Month 2
2		10		18		26		24261.32
3		11		19		27	12657.64	1 1
4		12		20		28		
5		13	11603.68	21		29		
6		14		22		30		
7		15		23		31		
8		16		24				
Mont	th 3	1 1		1		- 1		
1 [9		17		25		Tax liability for Month 3
2		10		18		26		23187.17
3 [11	11174.33	19		27		
4		12		20		28	257.30	
5		13		21		29		
6		14		22		30		
Г		15		23] ,,	F C1	
7		15		_ 20		31	5.64	

Total must equal line 12 on Form 941 or Form 941-SS.

82820.84

Form 941 for 2021: Employer's QUARTERLY Federal Tax Return (Rev. March 2021) Department of the Treasury — Internal Revenue Service

950121

Employ	ver identification number (EIN) 8 2 -	3 6 8 0		4	Repo (Check	rt for this Quarter of 2021
Name	(not your trade name) Fig Tree Psychoth	erapy Center			1: 0	lanuary, February, March
					2: A	April, May, June
Trade	name (if any)				3: .	luly, August, September
Addre					4: 0	October, November, December
	Number Street		Suite or room num	'		www.irs.gov/Form941 for lions and the latest information.
	Los Angeles	State	90015 ZIP code		ristruci	ions and the latest information.
	City	State	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	\neg		
	Foreign country name	Foreign province/county	Foreign postal co	ode		
Read th	ne separate instructions before you comp	olete Form 941. Type or p	rint within the be	oxes.		
Part 1						
1	Number of employees who received w				. Г	4.2
	including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Qua	rter 3), or <i>Dec</i> . 1	12 (Quarter 4)	1 [43
2	Wages, tips, and other compensation				2	296483.79
3	Federal income tax withheld from wag	ges, tips, and other com	pensation .		3 [24607.86
4	If no wages, tips, and other compensa	ation are subject to soci Column 1	al security or M	Medicare tax Column 2		Check and go to line 6.
5a	Taxable social security wages	298797.49	× 0.124 =	37050.	.89	
5a	(i) Qualified sick leave wages		× 0.062 =			
5a	(ii) Qualified family leave wages .	2000.00	× 0.062 =	124	.00	
5b	Taxable social security tips		× 0.124 =			
5c	Taxable Medicare wages & tips	300797.49	× 0.029 =	8723	.13	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	0	× 0.009 =			
5e	Total social security and Medicare taxes	. Add Column 2 from lines	5a, 5a(i), 5a(ii), 5	b, 5c, and 5d	5e	45898.02
5f	Section 3121(q) Notice and Demand-	Tax due on unreported	tips (see instruc	ctions)	5f [
6	Total taxes before adjustments. Add I	nes 3, 5e, and 5f			6	70505.88
7	Current quarter's adjustment for frac-	ions of cents			7 [-0.02
8	Current quarter's adjustment for sick	pay			8	
9	Current quarter's adjustments for tipe	and group-term life ins	urance		9	
10	Total taxes after adjustments. Combin	ne lines 6 through 9 .			10	70505.86
11a	Qualified small business payroll tax cre	dit for increasing researc	h activities. Atta	ach Form 8974	11a	
11b	Nonrefundable portion of credit for qua	alified sick and family lea	ve wages from	Worksheet 1	11b	2029.00
11c	Nonrefundable portion of employee re	etention credit from Wo	ksheet 1		11c	

Name (not your trade name)		Employ	er identification i	number (EIN)			
Fig	Tree Psychotherapy Center			82-3680114				
Part	1: Answer these questions for this quarter. (co	ontinued)						
11d	Total nonrefundable credits. Add lines 11a, 11b, an	nd 11c		11d	2029.00			
12	Total taxes after adjustments and nonrefundable	credits. Subtract line 11c	d from line 10 .	12	68476.86			
13a	Total deposits for this quarter, including overpay overpayments applied from Form 941-X, 941-X (PR), 944				68476.86			
13b	Reserved for future use			13b				
13c	Refundable portion of credit for qualified sick and	I family leave wages fro	m Worksheet 1	13c				
13d	Refundable portion of employee retention credit f	rom Worksheet 1		13d				
13e	Total deposits and refundable credits. Add lines 13	3a, 13c, and 13d		13e	68476.86			
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	68476.86			
14	Balance due. If line 12 is more than line 13g, enter the	he difference and see inst	tructions	14				
15	Overpayment. If line 13g is more than line 12, enter the contact that the	difference	Check	one: Apply to	o next return. Send a refund.			
Part	2: Tell us about your deposit schedule and tax	x liability for this quarte	er.					
lf you	re unsure about whether you're a monthly schedul	le depositor or a semiwe	eekly schedule o	depositor, see	section 11 of Pub. 15.			
16	Check one: Line 12 on this return is less that and you didn't incur a \$100,000 r quarter was less than \$2,500 but federal tax liability. If you're a mosemiweekly schedule depositor, att	next-day deposit obligate line 12 on this return is onthly schedule deposite ach Schedule B (Form 94 epositor for the entire q	tion during the of \$100,000 or more or, complete the 11). Go to Part 3.	current quarte re, you must p deposit sche	r. If line 12 for the prior rovide a record of your dule below; if you're a			
	liability for the quarter, then go to P	art 3.	1					
	Tax liability: Month 1]					
	Month 2		<u>]</u> 1					
	Month 3]					
	Total liability for quarter		Total must eq	ual line 12.				
	You were a semiweekly schedule Report of Tax Liability for Semiwee							

950921

Name ((not your trade name)	Employer identification number (EIN)
Fig	Tree Psychotherapy Center	82-3680114
Part	3: Tell us about your business. If a question does NOT apply to your busine	ss, 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	o your return. See instructions.
18	If you're a seasonal employer and you don't have to file a return for every quarte	r 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		Although and all all all all all all all all all al
	Do you want to allow an employee, a paid tax preparer, or another person to discuss for details.	this return with the IRS? See the instructions
		(415) 025 0220
	Yes. Designee's name and phone number Tomer London	(415) 935-0230
	Select a 5-digit personal identification number (PIN) to use when talking to t	he IRS. 0 9 7 7 0
	Octobe a 9 digit personal identification flumber (i iii) to use when talking to t	ne ino.
	∐ No.	
Part	5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.	
	er penalties of perjury, I declare that I have examined this return, including accompanying schedule belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on al	
•		rint your
	Sign your	arrie riere
		rint your tle here Reporting Agent
	Date 04 /13 / 2021	est daytime phone (415) 935-0230
Pa	aid Preparer Use Only	Check if you're self-employed
Prep	parer's name	PTIN
-	parer's signature	Date / /
Firm if sel	o's name (or yours If-employed)	EIN
Add	dress	Phone
City	State	ZIP code

			for Semiweekly S				_		OMB No. 1545-0029
(Rev.	January 2017)		Department of the Tre	eas	sury — Internal Revenue Se	ervice)	Repor	t for this Quarter
Emp (EIN)	loyer identification numbe	r	8 2 - 3 6	5	8 0 1	1	4	(Check	
Nam	e (not your trade name)	iç	g Tree Psychot	h	erapy Center	:			January, February, March April, May, June
Cale	ndar year		2 0 2 1		(Also d	heck	quarter)		July, August, September
	·	1			·		,		October, November, December
Form Form \$100	n 941-SS, don't chang n 941 or Form 941-SS	e yo if y	ur tax liability by adjustmo ou're a semiweekly scheo	er du	its reported on any Fo le depositor or becan	rms ne o	941-X or 944-X ne because you	You mu	ou file this form with Form 941 or st fill out this form and attach it to ulated tax liability on any day was ges were paid. See Section 11 in
Mon	th 1	l 1		Г		1			
1		9	17	7		25			Tax liability for Month 1
2		10	18	8 [· · · · · · · · · · · · · · · · · · ·	26			21229.87
3		11	19	9 [27			
4		12	20	ا و		28			
5		13	21	1 [29			
6	100.52	14	22	2 [11156.64	30			
7		15	23	з[31			
8	9972.71	16	24	4					
Mon	th 2	1		r	e san I salar faran an	1	Γ		
1		9	17	7 [25			Tax liability for Month 2
2		10	18	8 [26			25382.31
3		11	19	9 [11309.26	27			
4		12	20	o [28			
5	14073.05	13	21	1 [29			
6		14	22	2 [-	30			
7		15	23	з[31			
8		16	24	4 [
Mon	th 3	1		Г		1			
1		9	17	7 [25			Tax liability for Month 3
2		10	18	8 [26	, , , , , , , , , , , , , , , , , , , ,		21864.68
3		11	19	9 [8307.46	27			
4		12	20	0		28			
5	13557.22	13	21	1 [29			
6		14	22	2 [30			
7		15	23	з[31			
8		16	24	4					
				Ī					Total liability for the quarter

Total must equal line 12 on Form 941 or Form 941-SS.

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Form 941 for 2021: Employer's QUARTERLY Federal Tax Return (Rev. June 2021) Department of the Treasury — Internal Revenue Service

951121

,	,						
Employ	yer identification number (EIN) 8 2 -	3 6 8 0	1 1	4			rt for this Quarter of 2021 cone.)
Name	(not your trade name) Fig Tree Psyc	hotherapy Center	r] 1: J	lanuary, February, March
Trad	e name (if any)					2 : A	April, May, June
	, , , , , , , , , , , , , , , , , , , ,					3: J	July, August, September
Addre	Number Street	te 704	Suite or roor	n number		4: 0	October, November, December
	Los Angeles	CA	90015				/ww.irs.gov/Form941 for ions and the latest information.
	City	State	ZIP co	ode	L	***************************************	
	Foreign country name	Foreign province/county	Foreign po	stal code			
Read th	ne separate instructions before you com		print within th	ne boxes.			
Part 1							
1	Number of employees who received wincluding: June 12 (Quarter 2), Sept. 12	•	•	or the pay	period	1	45
		(4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	.			· _	
2	Wages, tips, and other compensation					2	364807.39
3	Federal income tax withheld from wa	ges, tips, and other con	npensation			3	30347.60
4	If no wages, tips, and other compens	ation are subject to soc	ial security	or Medica	re tax	Γ	Check and go to line 6.
		Column 1	nai oooaniy		mn 2		
5a	Taxable social security wages*	369142.32	× 0.124 =	4.5	5773.6	55	*Include taxable qualified sick and family leave wages for leave taken
5a	(i) Qualified sick leave wages* .		× 0.062 =				after March 31, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for wages
5a	(ii) Qualified family leave wages* .		× 0.062 =				paid after March 31, 2020, for leave taken before April 1, 2021.
5b	Taxable social security tips] × 0.124 = [Language
5c	Taxable Medicare wages & tips	369142.32	× 0.029 =	10	705.1	13	
5d	Taxable wages & tips subject to	0]				
	Additional Medicare Tax withholding	<u> </u>] × 0.009 = [
5e	Total social security and Medicare taxe	s. Add Column 2 from lines	s 5a, 5a(i), 5a((ii), 5b, 5c, a	nd 5d	5e	56478.78
5f	Section 3121(q) Notice and Demand-	-Tax due on unreported	l tips (see ins	structions)		5f	
•				,		. [2606 00
6	Total taxes before adjustments. Add	ines 3, 5e, and 5t				6	86826.38
7	Current quarter's adjustment for frac	tions of cents				7	
8	Current quarter's adjustment for sick	pay				8	
9	Current quarter's adjustments for tipe	s and group-term life in	surance			9	
10	Total taxes after adjustments. Combin	ne lines 6 through 9 .				10	86826.38
11a	Qualified small business payroll tax cre	dit for increasing researe	ch activities.	Attach Forr	n 8974	11a	
11b	Nonrefundable portion of credit for q					Г	
	before April 1, 2021		• • •		1	11b∟	
11c	Nonrefundable portion of employee r	etention credit				11c	
► Yo	ou MUST complete all three pages of l	Form 941 and SIGN it.					Next ■

Name (not your trade name)				Employer identific	cation number (EIN)
Fig		otherapy Center	<u> </u>		82-3680114	
Part	1: Answer the	ese questions for this q	uarter. (continued)			
114	Nonrefundable	portion of credit for qua	alified sick and fam	ily leave wages for leave	takan —	
Hu	after March 31					2029.00
11e	Nonrefundable applicable qua	portion of COBRA prem		dit (see instructions for	11e	
	applicable qua	rters)			He	
11f	Number of indi	ividuals provided COBRA	premium assistan	ce		
11g	Total nonrefun	dable credits. Add lines 1	1a, 11b, 11c, 11d, a	nd 11e	11g	2029.00
						04707 20
12	Total taxes after	er adjustments and nonr	efundable credits. S	Subtract line 11g from line	10 . 12	84797.38
13a	Total deposits	for this quarter, including	ng overpayment ap	olied from a prior quarto	er and	
		oplied from Form 941-X, 941				86826.38
					🗀	
13b	Reserved for fi	uture use			13b	
13c	Refundable po	ortion of credit for qualit	fied sick and famil	y leave wages for leave	taken	
	before April 1,					
					40.1	
13d	Refundable po	rtion of employee retent	ion credit		13d	
13e	Refundable po	ortion of credit for quali	fied sick and famil	y leave wages for leave	taken	
	after March 31	, 2021			13e	
13f	Refundable po	rtion of COBRA premiun	assistance credit	(see instructions for app	licable —	
		· · · · · · · · · · ·				
					Γ	
13g	Total deposits	and refundable credits.	Add lines 13a, 13c, 1	3d, 13e, and 13f	13g	86826.38
401-	Tatal advance		···· (-) 7000 (-··· H ···		401-	
13h	i otai advances	s received from filing For	m(s) 7200 for the q	uarter	13h	
13i	Total deposits a	and refundable credits less	s advances. Subtract	line 13h from line 13a	13i	86826.38
14	Balance due. It	f line 12 is more than line 1	3i, enter the differen	ce and see instructions .	14	
15	Overpayment. If	line 13i is more than line 12	, enter the difference	2029.00	Check one:	Apply to next return. Send a refund.
Part	2: Tell us abo	out your deposit schedi	ıle and tax liability	for this quarter		
		······································			dula danasitar	, see section 11 of Pub. 15.
ıı you	re unsure about		•	_	-	
16	Check one:					uarter was less than \$2,500, warter. If line 12 for the prior
		quarter was less than \$	2,500 but line 12 or	n this return is \$100,000 d	or more, you m	ust provide a record of your
		federal tax liability. If y semiweekly schedule de	ou're a monthly sc	hedule depositor, comple dule B (Form 941). Go to F	te the deposit	schedule below; if you're a
		•	•	,		ility for each month and total
	<u></u>	liability for the quarter, the		or the entire quarter. Em	ter your tax hab	mility for each month and total
		,,	g	,		
		Tax liability: Month 1				
		Mandh O				
		Month 2				
		Month 3				
		Total liability for quarter		Total m	ust equal line 1	12.
	\boxtimes	You were a semiweekl	y schedule deposit	or for any part of this qu	ıarter. Complet	e Schedule B (Form 941),
		Report of Tax Liability fo	r Semiweekly Sched	ule Depositors, and attach	it to Form 941.	Go to Part 3.

Fig. Tree Psychotherapy Center 82-3680114	Name (r	not your trade name)		Employer identification number (EIN)
If your business has closed or you stopped paying wages				
enter the final date you paid wages	Part 3	Tell us about yo	ur business. If a question does NOT apply to your busine	ss, leave it blank.
If you're a seasonal employer and you don't have to file a return for every quarter of the year	17	If your business has	closed or you stopped paying wages	Check here, and
18b If you're eligible for the employee retention credit solely because your business is a recovery startup business Check here.		enter the final date yo	u paid wages / / ; also attach a statement t	o your return. See instructions.
19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 20 20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20 21 Qualified health plan expenses 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 2000 . 00 24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24 25 Amounts under cortain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25 26 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27 27 Qualified health plan expenses allocable to qualified family leave wages reported in line 26 27 28 Amounts under cortain collectively bargained agreements allocable to qualified family leave wages reported in line 26 27 28 Amounts under cortain collectively bargained agreements allocable to qualified family leave wages reported in line 26 27 28 Amounts under cortain collectively bargained agreements allocable to qualified family leave wages reported in line 26 27 29 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. 29 Yes. Designee's name and phone number Tomer London (415) 935-0230 20 No. 20 Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it. 21 Tomer London Print your rame here Print your Reporting Agent Tomer London Print your Reporting Agent Preparer's name Preparer's name Preparer's agnature Print your Reporting Agent Print Preparer's name Preparer's agnature Print Report Signature Print Preparer's agnature Print Preparer's agnature Preparer's agnature Preparer's agnature Preparer's agnature Prepa	18a	If you're a seasonal	employer and you don't have to file a return for every quarte	r of the year
20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 21 21 Qualified wages for the employee retention credit 22 22 Qualified health plan expenses for the employee retention credit 22 23 Qualified sick leave wages for leave taken after March 31, 2021 23 2000.00 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 27 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 27 29 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. 29 Yes. Designee's name and phone number Pomer London (415) 935-0230 30 Part \$1 Sign here. You MUST complete all three pages of Form 941 and SIGN it. 40 Part \$2 Sign here. You MUST complete all three pages of Form 941 and SIGN it. 50 O 9 7 7 0 50 Part \$2 Sign your Print your rame here Print your Report ing Agent Three Print your Report Institute here Print your Report London 50 Part \$2 Sign your Print your Report Ing Agent Print your Report Ing Agent Preparer's signature Pone Print your Report Ing Agent Preparer's signature Print your Report Ing Agent Preparer's signature Print Preparer's signature Print Preparer's signature Print Preparer's signature Print Print Preparer's signature Print Preparer's signature Print Print Preparer's signature Print Print Preparer's signature Print Print Preparer's signature Print Pri	18b	If you're eligible for th	e employee retention credit solely because your business is a rec	overy startup business
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 2000 . 00 24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 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 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 29 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 20 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 21 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 22 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28 Part 41 May we speak with your hirth-party designer? Do you want to allow an employee, a paid tax prepares allocable to qualified family leave wages reported on line 26 27 Part 41 May we speak with your hirth-party designer? Do you want to allow an employee, a paid tax prepares allocable to qualified family leave wages reported on line 26 27 Part 41 May we speak with your hirth-party designer? Do you want to a	19	Qualified health plan exp	enses allocable to qualified sick leave wages for leave taken before Ap	ril 1, 2021 19
22 Qualified health plan expenses for the employee retention credit 22 23 Qualified sick leave wages for leave taken after March 31, 2021 23 2,000,00 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 27 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 27 29 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 27 20 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 27 28 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 26 27 28 Amounts under certain collectively bargained agreements 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 27 28 Amounts under certain collectively bargained agreements 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 27 28 Amounts under certain collectively bargained agreements 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 27 28 Amounts under certain collectively bargain	20	Qualified health plan exp	enses allocable to qualified family leave wages for leave taken before A	oril 1, 2021 20
23	21	_	• •	
24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 26 Qualified family leave wages for leave taken after March 31, 2021 27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 27 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. 28 Yes. Designee's name and phone number Tomer London (415) 935–0230 Select a 5-digit personal identification number (PIN) to use when talking to the IRS. 0 9 7 7 0 No. Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it. Under penalties of perjury, I declare that I have examined this return, including accompanying 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 proparer has any knowledge. Sign your name here Date 07 31 2021 Best daytime phone (415) 935–0230 Print your title here Prin	22	Qualified health plan	expenses for the employee retention credit	22
Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23	23	Qualified sick leave	wages for leave taken after March 31, 2021	2000.00
leave wages reported on line 23 25 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 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 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	24	Qualified health plan	expenses allocable to qualified sick leave wages reported o	n line 23 24
27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 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. 28 Yes. Designee's name and phone number	25			
27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 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. 28 Yes. Designee's name and phone number	26	Qualified family leav	e wages for leave taken after March 31, 2021	26
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		-	•	
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 Tomer London Select a 5-digit personal identification number (PIN) to use when talking to the IRS. No. Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it. Under penalties of perjury, I declare that I have examined this return, including accompanying 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 Date O7 31 2021 Best daytime phone (415) 935-0230 Paid Preparer Use Only Check if you're self-employed	28			· ·
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 Tomer London Select a 5-digit personal identification number (PIN) to use when talking to the IRS. No. Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it. Under penalties of perjury, I declare that I have examined this return, including accompanying 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. Print your name here Print your rame here Print your title here Reporting Agent Preparer's name Print you're self-employed		leave wages reporte	d on line 26	28
for details. Yes. Designee's name and phone number Tomer London Select a 5-digit personal identification number (PIN) to use when talking to the IRS. O 9 7 7 0 No. Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it. Under penalties of perjury, I declare that I have examined this return, including accompanying 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 Date O7 31 2021 Best daytime phone (415) 935-0230 Print your title here Reporting Agent Check if you're self-employed	Part 4			
Select a 5-digit personal identification number (PIN) to use when talking to the IRS. O 9 7 7 0 No. Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it. Under penalties of perjury, I declare that I have examined this return, including accompanying 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. Print your name here Date O 31 2021 Best daytime phone (415) 935-0230 Preparer's name Priny Check if you're self-employed			an employee, a paid tax preparer, or another person to discuss	this return with the IRS? See the instructions
No. Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it. Under penalties of perjury, I declare that I have examined this return, including accompanying 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. Print your name here Sign your name here Print your title here Tomer London Reporting Agent Best daytime phone (415) 935–0230 Paid Preparer Use Only Check if you're self-employed		Yes. Designee's	name and phone number Tomer London	(415) 935-0230
No. Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it. Under penalties of perjury, I declare that I have examined this return, including accompanying 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. Print your name here Sign your name here Print your title here Tomer London Reporting Agent Best daytime phone (415) 935–0230 Paid Preparer Use Only Check if you're self-employed		Select a 5-c	igit personal identification number (PIN) to use when talking to t	he IRS. 0 9 7 7 0
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. Print your name here			, ,	
Sign your name here Sign your name here Date	Part	Sign here. You	MUST complete all three pages of Form 941 and SIGN it.	
Sign your name here Print your title here Reporting Agent Date 07 31 2021 Best daytime phone (415) 935-0230 Paid Preparer Use Only Preparer's name PTIN Preparer's signature PTIN Preparer's signature Date / / Firm's name (or yours if self-employed) Address Phone				
Print your title here Reporting Agent Date 07 31 2021 Best daytime phone (415) 935-0230 Paid Preparer Use Only Preparer's name PTIN Preparer's signature Date / / Firm's name (or yours if self-employed) Address Phone	•			
Paid Preparer Use Only Preparer's name Preparer's signature Prim's name (or yours if self-employed) Address Pittle here Reporting Agent Best daytime phone (415) 935-0230 Check if you're self-employed			1/2	
Paid Preparer Use Only Preparer's name PTIN Preparer's signature Date / / Firm's name (or yours if self-employed) Address Phone		name nere		
Paid Preparer Use Only Preparer's name PTIN Preparer's signature Date / / Firm's name (or yours if self-employed) Address Phone				(415) 035 0330
Preparer's name PTIN Preparer's signature Date / / Firm's name (or yours if self-employed) EIN Phone		Date	[<u>07 31 2021</u>]	est daytime phone (415) 935-0230
Preparer's signature Date / / Firm's name (or yours if self-employed) Address Phone	Pa	iid Preparer Use C	nly	Check if you're self-employed
Firm's name (or yours if self-employed) EIN Address Phone	Prep	arer's name		PTIN
Address EIN Phone	Prep	arer's signature		Date / /
				EIN
City State ZIP code	Addı	ress		Phone
	City		State	ZIP code

Report of Tax Liability for Semiweekly Schedule Depositors

Rev.	January 2017)		Department of the	Trea	sury — Internal Revenue Se	rvice		Beno	rt for this Quarter
Empl	oyer identification numbe	er [8 2 - 3	6	8 0 1	1	4	(Check	one.)
Name	e (not your trade name)	ig'	Tree Psychothe	era	py Center				January, February, March
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1					April, May, June
Caler	ndar year	L	2 0 2 1	_]	(Also c	neck	quarter)	3:	July, August, September
								4:	October, November, December
Forn Forn \$100	n 941-SS, don't chang n 941 or Form 941-SS	e yo	ur tax liability by adjust ou're a semiweekly sch	tme redi	nts reported on any Foule depositor or became	rms e oı	941-X or 944- ne because vo	X. You mu	you file this form with Form 941 or list fill out this form and attach it to ulated tax liability on any day was ges were paid. See Section 11 ir
/lont	h 1								
1		9	-	17		25			Tax liability for Month 1
2	10797.34	10		18		26			34296.70
3		11		19		27			
4		12		20		28			
5		13		21		29			
6	137.98	14		22		30	1207	4.47	
7		15		23		31			
8		16	11286.91	24					
∕lont ⊓	h 2	1 1				Г			
1 [9		17		25			Tax liability for Month 2
2		10		18	465.06	26			27378.52
3		11		19		27			
4		12		20		28	1138	4.18	
5		13		21		29			
6		14	15529.28	22		30			
7		15		23		31			
8		16		24					
Mont 	h 3] [l		ſ			Tax liability for Month 3
1 [22.40	9		17		25 [1053	3.80	Tax hability for World o
2 [22.40	10 	40-65-06	18		26			23122.16
3 [11 	12565.96	19		27			
4 [12		20		28			
5 [13		21		29			
6 [14		22		30			
7 [15		23		31			
8 [16		24					
			Fill in your to	tal li	ability for the quarter (Mor	th 1	+ Month 2 + Ma	onth 3\	Total liability for the quarter
			III your to		otal must equal line 12 or			•	84797.38
or I	Danamuauk Daduatian	A -+	Notice see separate in		4				

(Rev. Jur	ne 2021) Department o	f the Treasury — Internal Reveni	ue Service			OMB No. 1545-0029
Emplo	yer identification number (EIN) $\boxed{8}$ $\boxed{2}$ $-$	3 6 8 0		4	_	ort for this Quarter of 2021 k one.)
Name	e (not your trade name) Fig Tree Psy	chotherapy Cente	r		1: .	January, February, March
Trad	e name (if any)	1 Ab-44-1-1			2: <i>i</i>	April, May, June
					3: .	July, August, September
Addre	ess 714 W Olympic Blvd. S	uite 743	Suite or room nu	mber		October, November, December
	Los Angeles	CA	90015			www.irs.gov/Form941 for tions and the latest information.
	City	State	ZIP code			
	Foreign country name	Foreign province/county	Foreign postal			
Read to	ne separate instructions before you con Answer these questions for th		print within the	ooxes.		
Pan. 1	Number of employees who received	· · · · · · · · · · · · · · · · · · ·	mpensation for	the pay period	<u>-</u>	
	including: June 12 (Quarter 2), Sept.	•	•		1 [49
2	Wages, tips, and other compensation	on			2	292246.97
3	Federal income tax withheld from w	ages, tips, and other cor	npensation .		з[23359.82
4	If no wages, tips, and other comper	esation are subject to so	cial security or	Medicare tay	Г	Check and go to line 6.
•	in no magoo, apo, and other comper	Column 1	olar occurry of	Column 2	_	one on and go to line of
5a	Taxable social security wages*	297399.83	x 0.124 =	36877	.58	*Include taxable qualified sick and family leave wages for leave taken
5a	(i) Qualified sick leave wages* .		× 0.062 =			after March 31, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for wages
5a	(ii) Qualified family leave wages* .		× 0.062 =			paid after March 31, 2020, for leave taken before April 1, 2021.
5b	Taxable social security tips		× 0.124 =			
5c	Taxable Medicare wages & tips	297399.83] × 0.029 =	8624	.60	
5d	Taxable wages & tips subject to Additional Medicare Tax withholdin	g 0	× 0.009 =			
5e	Total social security and Medicare tax	es. Add Column 2 from line	s 5a, 5a(i), 5a(ii),	5b, 5c, and 5d	5e	45502.18
5f	Section 3121(q) Notice and Demand	I—Tax due on unreported	d tips (see instru	uctions)	5f	
6	Total taxes before adjustments. Add	d lines 3, 5e, and 5f			6	68862.00
7	Current quarter's adjustment for fra	ections of cents			7 [0.02
8	Current quarter's adjustment for sid	ck pay			8	
9	Current quarter's adjustments for ti	ps and group-term life in	surance		9 [
10	Total taxes after adjustments. Com	oine lines 6 through 9 .			10	68862.02
11a	Qualified small business payroll tax c	redit for increasing resear	ch activities. Att	ach Form 8974	11a	
11b	Nonrefundable portion of credit for	qualified sick and family	leave wages f	or leave takeı	1	
	before April 1, 2021				11b[
11c	Nonrefundable portion of employee	retention credit			11c	
▶ ∨.	ou MUST complete all three pages o	Form 044 and CION it				Next n

Name (not your trade name))			⊨mployer	dentification nur	nder (EIN)
	otherapy Center			82-368	30114	
Part 1: Answer th	ese questions for this qu	arter. (continued)				
11d Nonrefundable after March 31	e portion of credit for quali		nily leave wages for l		11d	
11e Nonrefundable	e portion of COBRA premit	um assistance cre	edit (see instructions	for		
applicable qua	rters)				11e	
11f Number of ind	ividuals provided COBRA ¡	premium assistan	се			
11g Total nonrefun	ndable credits. Add lines 11	a, 11b, 11c, 11d, a	and 11e		11g	
12 Total taxes aft	er adjustments and nonre	fundable credits.	Subtract line 11g from	n line 10 .	12	68862.0
•	for this quarter, including pplied from Form 941-X, 941-		•	•	13a	68862.03
13b Reserved for f	uture use				13b	
13c Refundable po before April 1,	ortion of credit for qualific 2021		ly leave wages for l		13c	
13d Refundable po	ortion of employee retentio	n credit			13d	
·	ortion of credit for qualific		•		13e	
	ortion of COBRA premium		*		13f	
13g Total deposits	and refundable credits. Ad	dd lines 13a, 13c,	13d, 13e, and 13f .		13g	68862.0
13h Total advance	s received from filing Forn	n(s) 7200 for the q	uarter		13h	
13i Total deposits	and refundable credits less	advances. Subtract	line 13h from line 13g		13i	68862.0
14 Balance due. I	f line 12 is more than line 13	ii, enter the differer	nce and see instruction	ns	14	
15 Overpayment.	f line 13i is more than line 12, e	enter the difference		Check o	ne: Apply to ne	xt return. X Send a refur
Part 2: Tell us ab	out your deposit schedul	e and tax liability	for this quarter.			
f you're unsure abou	t whether you're a monthly	y schedule deposi	itor or a semiweekly	schedule de	positor, see se	ction 11 of Pub. 15.
16 Check one:	Line 12 on this return is and you didn't incur a \$ quarter was less than \$2 federal tax liability. If you semiweekly schedule dep	100,000 next-day ,500 but line 12 o u're a monthly so	deposit obligation d n this return is \$100, hedule depositor, co	during the cu ,000 or more, omplete the c	rrent quarter. I	f line 12 for the prior vide a record of your
	You were a monthly sch liability for the quarter, the		for the entire quarte	r. Enter your	tax liability for e	each month and total
	Tax liability: Month 1					
	Month 2					
	Month 3					
	Total liability for quarter		Tot	tal must equa	al line 12.	
\boxtimes	You were a semiweekly Report of Tax Liability for	schedule deposit	tor for any part of th	iis quarter. C	omplete Sched	ule B (Form 941), art 3.

Name (/	not your trade name)		Employer identification number (EIN)								
Fig		nerapy Center	82-3680114								
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										
	enter the final date you paid wages / / ; also attach a statement to your return. See instructions.										
18a	If you're a season	al 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 recover	very startup business								
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 Apri	il 1, 2021 20								
21	Qualified wages f	or the employee retention credit	21								
22	Qualified health p	lan expenses for the employee retention credit	22								
23	Qualified sick leav	ve wages for leave taken after March 31, 2021	23								
24	Qualified health p	line 23 24									
25	Amounts under of leave wages repo	certain collectively bargained agreements allocable to qualificated on line 23	ed sick 25								
26	Qualified family le	ave wages for leave taken after March 31, 2021	26								
27	Qualified health pl	an expenses allocable to qualified family leave wages reported on	line 26 27								
28	Amounts under o	ertain collectively bargained agreements allocable to qualified									
leave wages reported on line 26											
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. Designed	's name and phone number Tomer London	(415) 935-0230								
	Select a	e IRS. 0 9 7 7 0									
	□ No.	5-digit personal identification number (PIN) to use when talking to the									
Part		u MUST complete all three pages of Form 941 and SIGN it.									
Unde	er penalties of perjury,	declare that I have examined this return, including accompanying schedules									
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.											
1	Sign you		nt your ne here Tomer London								
	name he	re Prir	nt your								
title here Reporting											
	Dat	e 10 13 2021 Bes	et daytime phone (415) 935-0230								
Pa	aid Preparer Use	Only	heck if you're self-employed								
Prep	arer's name		PTIN								
Prep	parer's signature		Date / /								
	's name (or yours f-employed)		EIN								
Add	ress		Phone								
		0									
City	<u> </u>	State	ZIP code								

Re	-		/ for Semiweekly		-				OMB No. 1545-0029					
Emp	January 2017) loyer identification numbe	r [Department of the	Department of the Treasury — Internal Revenue Service 2 - 3 6 8 0 1 1 4				Report for this Quarter (Check one.)						
(EIN)	·		0 2 3	6	8 0 1	1		1:	January, February, March					
Nam	e (not your trade name)	'ig	Tree Psychothe	ra	py Center			2:	April, May, June					
Calendar year			2 0 2 1						July, August, September					
								4:	October, November, December					
Forr Forr \$100	lse 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 form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was 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 the later wages were paid.													
Mon	th 1	1		1		ı								
1		9	14287.36	17		25		_	Tax liability for Month 1					
2		10		18		26			23794.08					
3		11		19		27	, , , , , , , , , , , , , , , , , , , ,							
4		12		20		28								
5		13		21		29								
6		14		22		30								
7		15		23	9506.72	31								
8		16		24										
Mon	th 2													
1		9		17		25			Tax liability for Month 2					
2		10		18		26			17973.46					
3		11		19		27								
4		12		20	7827.68	28								
5		13		21		29								
6	10145.78	14		22		30								
7		15		23		31								
8		16		24										
Mon	th 3					1	p							
1		9		17	12854.81	25			Tax liability for Month 3					
2		10		18		26			27094.48					
3	14235.65	11		19		27			270910					
4		12		20		28								
5		13		21		29	4.0	2						
6		14		22		30								
7		15		23		31								
8		16		24										
,		'				'			Total liability for the guarter					

Total must equal line 12 on Form 941 or Form 941-SS.

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

68862.02