

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

950117  
OMB No. 1545-0029

Employer identification number (EIN) **8 2 - 3 6 8 0 1 1 4**

Name (not your trade name) **Fig Tree Psychotherapy Center**

Trade name (if any)

Address **714 W Olympic Blvd. Suite 704**  
Number Street Suite or room number

**Los Angeles** **CA** **90015**  
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2020**  
(Check one.)

- ☒ 1: January, February, March  
☐ 2: April, May, June  
☐ 3: July, August, September  
☐ 4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	<b>46</b>
2	Wages, tips, and other compensation	2	<b>264540.31</b>
3	Federal income tax withheld from wages, tips, and other compensation	3	<b>21712.97</b>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/>	Check and go to line 6.

	Column 1		Column 2
5a	Taxable social security wages	<b>267646.33</b> × 0.124 =	<b>33188.14</b>
5b	Taxable social security tips	× 0.124 =	
5c	Taxable Medicare wages & tips	<b>267646.33</b> × 0.029 =	<b>7761.74</b>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =	
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<b>40949.88</b>
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	<b>62662.85</b>
7	Current quarter's adjustment for fractions of cents	7	<b>-0.08</b>
8	Current quarter's adjustment for sick pay	8	<b>0</b>
9	Current quarter's adjustments for tips and group-term life insurance	9	<b>0</b>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<b>62662.77</b>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<b>0</b>
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	<b>62662.77</b>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13	<b>62662.77</b>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	
15	Overpayment. If line 13 is more than line 12, enter the difference	15	

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

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

Next ►

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

Cat. No. 17001Z

Form **941** (Rev. 1-2020)

Name (not your trade name)

Employer identification number (EIN)

Fig Tree Psychotherapy Center

82-3680114

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

**16 Check one:** ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

Total must equal line 12.

☒ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

**17 If your business has closed or you stopped paying wages** . . . . . ☐ Check here, and enter the final date you paid wages  /  / .

**18 If you are a seasonal employer and you don't have to file a return for every quarter of the year** . . . ☐ Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☒ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

☐ No.

**Part 5: Sign here. You MUST complete both 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

Print your name here

Print your title here

Date

Best daytime phone

**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

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number  
(EIN)

8 2 - 3 6 8 0 1 1 4

Name (not your trade name)

Fig Tree Psychotherapy Center

Calendar year

2 0 2 0

(Also check quarter)

**Report for this Quarter...**

(Check one.)

- ☒ 1: January, February, March
- ☐ 2: April, May, June
- ☐ 3: July, August, September
- ☐ 4: October, November, December

Use this schedule to show your **TAX LIABILITY** for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to 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 Pub. 15 for details.

**Month 1**

1		9		17		25	
2		10	7366.77	18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8	96.27	16		24	11768.36		

Tax liability for Month 1

19231.40

**Month 2**

1		9		17		25	132.94
2		10		18		26	
3		11		19		27	
4		12		20	127.08	28	127.60
5		13		21	10934.24	29	
6		14		22		30	
7	8556.88	15		23		31	
8		16		24			

Tax liability for Month 2

19878.74

**Month 3**

1		9		17		25	
2		10	274.88	18		26	
3		11		19		27	
4		12	273.94	20	13192.64	28	
5		13		21		29	
6	9811.17	14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3

23552.63

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

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

Total liability for the quarter

62662.77

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

950120  
OMB No. 1545-0029

Employer identification number (EIN) **8 2 - 3 6 8 0 1 1 4**

Name (not your trade name) **Fig Tree Psychotherapy Center**

Trade name (if any)

Address **714 W Olympic Blvd. Suite 704**  
Number Street Suite or room number

**Los Angeles** **CA** **90015**  
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2020**  
(Check one.)

- ☐ 1: January, February, March  
☒ 2: April, May, June  
☐ 3: July, August, September  
☐ 4: October, November, December
- Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	<b>49</b>
2	Wages, tips, and other compensation	2	<b>337625.62</b>
3	Federal income tax withheld from wages, tips, and other compensation	3	<b>28167.69</b>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages	<b>340027.36</b> × 0.124 =	<b>42163.39</b>
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	<b>340027.36</b> × 0.029 =	<b>9860.79</b>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =	
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	<b>52024.18</b>
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	<b>80191.87</b>
7	Current quarter's adjustment for fractions of cents	7	<b>0.12</b>
8	Current quarter's adjustment for sick pay	8	<b>0</b>
9	Current quarter's adjustments for tips and group-term life insurance	9	<b>0</b>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<b>80191.99</b>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<b>0</b>
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	

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

Next ►

Name (not your trade name)

Employer identification number (EIN)

Fig Tree Psychotherapy Center

82-3680114

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

<b>11d</b>	<b>Total nonrefundable credits.</b> Add lines 11a, 11b, and 11c . . . . .	<b>11d</b>	<input type="text"/>
<b>12</b>	<b>Total taxes after adjustments and nonrefundable credits.</b> Subtract line 11d from line 10 . . . . .	<b>12</b>	<input type="text" value="80191.99"/>
<b>13a</b>	<b>Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter</b>	<b>13a</b>	<input type="text" value="80191.99"/>
<b>13b</b>	<b>Deferred amount of the employer share of social security tax . . . . .</b>	<b>13b</b>	<input type="text"/>
<b>13c</b>	<b>Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 . . . . .</b>	<b>13c</b>	<input type="text"/>
<b>13d</b>	<b>Refundable portion of employee retention credit from Worksheet 1 . . . . .</b>	<b>13d</b>	<input type="text"/>
<b>13e</b>	<b>Total deposits, deferrals, and refundable credits.</b> Add lines 13a, 13b, 13c, and 13d . . . . .	<b>13e</b>	<input type="text" value="80191.99"/>
<b>13f</b>	<b>Total advances received from filing Form(s) 7200 for the quarter . . . . .</b>	<b>13f</b>	<input type="text"/>
<b>13g</b>	<b>Total deposits, deferrals, and refundable credits less advances.</b> Subtract line 13f from line 13e . . . . .	<b>13g</b>	<input type="text" value="80191.99"/>
<b>14</b>	<b>Balance due.</b> If line 12 is more than line 13g, enter the difference and see instructions . . . . .	<b>14</b>	<input type="text"/>
<b>15</b>	<b>Overpayment.</b> If line 13g is more than line 12, enter the difference <input type="text"/> . . . . .	Check one: <input type="checkbox"/> Apply to next return. <input checked="" type="checkbox"/> Send a refund.	

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

**16** Check one: ☐ **Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter.** If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ **You were a monthly schedule depositor for the entire quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 Month 2 Month 3 Total liability for quarter 

Total must equal line 12.

☒ **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

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

Next ▶

Name (not your trade name) <b>Fig Tree Psychotherapy Center</b>	Employer identification number (EIN) <b>82-3680114</b>
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**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

17 If your business has closed or you stopped paying wages . . . . . ☐ Check here, and enter the final date you paid wages  /  / ; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . ☐ Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages . . . . . 19

20 Qualified health plan expenses allocable to qualified family leave wages . . . . . 20

21 Qualified wages for the employee retention credit . . . . . 21

22 Qualified health plan expenses allocable to wages reported on line 21 . . . . . 22

23 Credit from Form 5884-C, line 11, for this quarter . . . . . 23

24 Qualified wages paid March 13 through March 31, 2020, for the employee retention credit (use this line only for the second quarter filing of Form 941) . . . . . 24

25 Qualified health plan expenses allocable to wages reported on line 24 (use this line only for the second quarter filing of Form 941) . . . . . 25

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☒ Yes. Designee's name and phone number

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

☐ No.

**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.

**X**

Sign your name here



Print your name here

Print your title here

Date

Best daytime phone

**Paid Preparer Use Only**

Check if you're self-employed . . . ☐

Preparer's name

PTIN

Preparer's signature

Date

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

EIN

Address

Phone

City  State

ZIP code

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number  
(EIN)

8 2 - 3 6 8 0 1 1 4

Name (not your trade name)

Fig Tree Psychotherapy Center

Calendar year

2 0 2 0

(Also check quarter)

**Report for this Quarter...**

(Check one.)

- ☐ 1: January, February, March
- ☒ 2: April, May, June
- ☐ 3: July, August, September
- ☐ 4: October, November, December

Use this schedule to show your **TAX LIABILITY** for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to 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 Pub. 15 for details.

**Month 1**

1		9		17	11583.80	25	
2		10		18		26	
3	10941.47	11		19		27	
4		12		20		28	
5		13		21		29	16.38
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 1

22541.65

**Month 2**

1	12172.06	9		17		25	
2		10		18		26	
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			

Tax liability for Month 2

35492.92

**Month 3**

1		9		17		25	
2	82.10	10		18		26	10469.07
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			

Tax liability for Month 3

22157.42

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

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

Total liability for the quarter

80191.99

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

950120  
OMB No. 1545-0029

Employer identification number (EIN) **8 2 - 3 6 8 0 1 1 4**

Name (not your trade name) **Fig Tree Psychotherapy Center**

Trade name (if any)

Address **714 W Olympic Blvd. Suite 704**  
Number Street Suite or room number

**Los Angeles** **CA** **90015**  
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2020**  
(Check one.)

☐ 1: January, February, March

☐ 2: April, May, June

☒ 3: July, August, September

☐ 4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4)	1	<b>45</b>
2	Wages, tips, and other compensation	2	<b>319833.20</b>
3	Federal income tax withheld from wages, tips, and other compensation	3	<b>30122.29</b>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages	<b>322250.28</b> × 0.124 =	<b>39959.03</b>
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	<b>322250.28</b> × 0.029 =	<b>9345.26</b>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =	
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	<b>49304.29</b>
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	<b>79426.58</b>
7	Current quarter's adjustment for fractions of cents	7	<b>0.07</b>
8	Current quarter's adjustment for sick pay	8	<b>0</b>
9	Current quarter's adjustments for tips and group-term life insurance	9	<b>0</b>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<b>79426.65</b>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<b>0</b>
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	

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

Next ►



Name (not your trade name)

Employer identification number (EIN)

Fig 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	<input type="text"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 . . . . .	12	<input type="text" value="79426.65"/>
13a	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . . . . .	13a	<input type="text" value="79426.65"/>
13b	Deferred amount of social security tax . . . . .	13b	<input type="text"/>
13c	Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 . . . . .	13c	<input type="text"/>
13d	Refundable portion of employee retention credit from Worksheet 1 . . . . .	13d	<input type="text"/>
13e	Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d . . . . .	13e	<input type="text" value="79426.65"/>
13f	Total advances received from filing Form(s) 7200 for the quarter . . . . .	13f	<input type="text"/>
13g	Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e . . . . .	13g	<input type="text" value="79426.65"/>
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions . . . . .	14	<input type="text"/>
15	Overpayment. If line 13g is more than line 12, enter the difference <input type="text"/> . . . . .	Check one: <input type="checkbox"/> Apply to next return. <input checked="" type="checkbox"/> Send a refund.	

**Part 2:** Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

- ☐ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 Month 2 Month 3 Total liability for quarter 

Total must equal line 12.

- ☒ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

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

Next ►

Name (not your trade name)

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 business, leave it blank.**

17 If your business has closed or you stopped paying wages . . . . . ☐ Check here, and enter the final date you paid wages  /  /  ; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . ☐ Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages . . . . . 19

20 Qualified health plan expenses allocable to qualified family leave wages . . . . . 20

21 Qualified wages for the employee retention credit . . . . . 21

22 Qualified health plan expenses allocable to wages reported on line 21 . . . . . 22

23 Credit from Form 5884-C, line 11, for this quarter . . . . . 23

24 Deferred amount of the employee share of social security tax included on line 13b . . . 24

25 Reserved for future use . . . . . 25

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☒ Yes. Designee's name and phone number

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

☐ No.

**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

Print your name here

Print your title here

Date

Best daytime phone

**Paid Preparer Use Only**

Check if you're self-employed . . . ☐

Preparer's name

PTIN

Preparer's signature

Date

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

EIN

Address

Phone

City  State

ZIP code

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) 

8	2	-	3	6	8	0	1	1	4
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Name (not your trade name) 

Fig Tree Psychotherapy Center									
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Calendar year

2	0	2	0
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(Also check quarter)

**Report for this Quarter...**

(Check one.)

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☒ 3: July, August, September
- ☐ 4: October, November, December

Use this schedule to show your **TAX LIABILITY** for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to 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 Pub. 15 for details.

**Month 1**

1		9		17		25	
2		10	17653.59	18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24	11763.40		

Tax liability for Month 1

29416.99

**Month 2**

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21	9512.99	29	
6		14		22		30	
7	16197.32	15		23		31	
8		16		24			

Tax liability for Month 2

25710.31

**Month 3**

1		9		17		25	
2		10		18	12936.98	26	
3		11		19		27	
4	11362.37	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3

24299.35

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

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

Total liability for the quarter

79426.65

Employer identification number (EIN) **8 2 - 3 6 8 0 1 1 4**

Name (not your trade name) **Fig Tree Psychotherapy Center**

Trade name (if any)

Address **714 W Olympic Blvd. Suite 704**  
 Number Street Suite or room number

**Los Angeles** **CA** **90015**  
 City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2020**  
 (Check one.)

☐ 1: January, February, March

☐ 2: April, May, June

☐ 3: July, August, September

☒ 4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4)	1	<b>46</b>
2	Wages, tips, and other compensation	2	<b>342494.57</b>
3	Federal income tax withheld from wages, tips, and other compensation	3	<b>30041.06</b>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages	<b>344966.43</b> × 0.124 =	<b>42775.84</b>
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	<b>344966.43</b> × 0.029 =	<b>10004.03</b>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =	
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	<b>52779.87</b>
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	<b>82820.93</b>
7	Current quarter's adjustment for fractions of cents	7	<b>-0.09</b>
8	Current quarter's adjustment for sick pay	8	<b>0</b>
9	Current quarter's adjustments for tips and group-term life insurance	9	<b>0</b>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<b>82820.84</b>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<b>0</b>
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	

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

Next ►

Name (not your trade name)

Employer identification number (EIN)

Fig Tree Psychotherapy Center

82-3680114

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

<b>11d</b>	<b>Total nonrefundable credits.</b> Add lines 11a, 11b, and 11c . . . . .	<b>11d</b>	<input type="text"/>
<b>12</b>	<b>Total taxes after adjustments and nonrefundable credits.</b> Subtract line 11d from line 10 . . . . .	<b>12</b>	<input type="text" value="82820.84"/>
<b>13a</b>	<b>Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter</b>	<b>13a</b>	<input type="text" value="84069.59"/>
<b>13b</b>	<b>Deferred amount of social security tax</b> . . . . .	<b>13b</b>	<input type="text"/>
<b>13c</b>	<b>Refundable portion of credit for qualified sick and family leave wages from Worksheet 1</b>	<b>13c</b>	<input type="text"/>
<b>13d</b>	<b>Refundable portion of employee retention credit from Worksheet 1</b> . . . . .	<b>13d</b>	<input type="text"/>
<b>13e</b>	<b>Total deposits, deferrals, and refundable credits.</b> Add lines 13a, 13b, 13c, and 13d . . . . .	<b>13e</b>	<input type="text" value="84069.59"/>
<b>13f</b>	<b>Total advances received from filing Form(s) 7200 for the quarter</b> . . . . .	<b>13f</b>	<input type="text"/>
<b>13g</b>	<b>Total deposits, deferrals, and refundable credits less advances.</b> Subtract line 13f from line 13e . . . . .	<b>13g</b>	<input type="text" value="84069.59"/>
<b>14</b>	<b>Balance due.</b> If line 12 is more than line 13g, enter the difference and see instructions . . . . .	<b>14</b>	<input type="text"/>
<b>15</b>	<b>Overpayment.</b> If line 13g is more than line 12, enter the difference <input type="text" value="1248.75"/> Check one: <input type="checkbox"/> Apply to next return. <input checked="" type="checkbox"/> Send a refund.		

**Part 2:** Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16** Check one: ☐ **Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter.** If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

- ☐ **You were a monthly schedule depositor for the entire quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 Month 2 Month 3 Total liability for quarter 

Total must equal line 12.

- ☒ **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

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

Next ►

Name (not your trade name)

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 business, leave it blank.**

17 If your business has closed or you stopped paying wages . . . . . ☐ Check here, and enter the final date you paid wages  /  /  ; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . . . ☐ Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages . . . . . 19

20 Qualified health plan expenses allocable to qualified family leave wages . . . . . 20

21 Qualified wages for the employee retention credit . . . . . 21

22 Qualified health plan expenses allocable to wages reported on line 21 . . . . . 22

23 Credit from Form 5884-C, line 11, for this quarter . . . . . 23

24 Deferred amount of the employee share of social security tax included on line 13b . . . . . 24

25 Reserved for future use . . . . . 25

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☒ Yes. Designee's name and phone number

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

☐ No.

**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

Print your name here

Print your title here

Date

Best daytime phone

**Paid Preparer Use Only**

Check if you're self-employed . . . . . ☐

Preparer's name

PTIN

Preparer's signature

Date

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

EIN

Address

Phone

City  State

ZIP code

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) 

8	2	-	3	6	8	0	1	1	4
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Name (not your trade name) 

Fig Tree Psychotherapy Center									
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Calendar year

2	0	2	0
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(Also check quarter)

**Report for this Quarter...**

(Check one.)

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☐ 3: July, August, September
- ☒ 4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to 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 Pub. 15 for details.

**Month 1**

1		9		17		25	
2	13142.90	10		18		26	
3		11		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			

Tax liability for Month 1

35372.35

**Month 2**

1		9		17		25	
2		10		18		26	
3		11		19		27	12657.64
4		12		20		28	
5		13	11603.68	21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2

24261.32

**Month 3**

1		9		17		25	
2		10		18		26	
3		11	11174.33	19		27	
4		12		20		28	257.30
5		13		21		29	
6		14		22		30	
7		15		23		31	5.64
8		16		24	11749.90		

Tax liability for Month 3

23187.17

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

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

Total liability for the quarter

82820.84

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

950121  
OMB No. 1545-0029

Employer identification number (EIN) **8 2 - 3 6 8 0 1 1 4**

Name (not your trade name) **Fig Tree Psychotherapy Center**

Trade name (if any)

Address **714 W Olympic Blvd. Suite 704**  
Number Street Suite or room number

**Los Angeles** **CA** **90015**  
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

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

- ☒ 1: January, February, March  
☐ 2: April, May, June  
☐ 3: July, August, September  
☐ 4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1 Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4) 1 **43**

2 Wages, tips, and other compensation 2 **296483.79**

3 Federal income tax withheld from wages, tips, and other compensation 3 **24607.86**

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages . . .	<b>298797.49</b>	$\times 0.124 =$	<b>37050.89</b>
5a (i) Qualified sick leave wages . . .		$\times 0.062 =$	
5a (ii) Qualified family leave wages . . .	<b>2000.00</b>	$\times 0.062 =$	<b>124.00</b>
5b Taxable social security tips . . .		$\times 0.124 =$	
5c Taxable Medicare wages & tips . . .	<b>300797.49</b>	$\times 0.029 =$	<b>8723.13</b>
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<b>0</b>	$\times 0.009 =$	
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d			<b>45898.02</b>
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)			
6 Total taxes before adjustments. Add lines 3, 5e, and 5f . . . . .			<b>70505.88</b>
7 Current quarter's adjustment for fractions of cents . . . . .			<b>-0.02</b>
8 Current quarter's adjustment for sick pay . . . . .			
9 Current quarter's adjustments for tips and group-term life insurance . . . . .			
10 Total taxes after adjustments. Combine lines 6 through 9 . . . . .			<b>70505.86</b>
11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974			
11b Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1			<b>2029.00</b>
11c Nonrefundable portion of employee retention credit from Worksheet 1 . . . . .			

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

Next ►



Name (not your trade name)	Employer identification number (EIN)
Fig 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** 2029.00
- 12** Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 . . . . . **12** 68476.86
- 13a** Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter **13a** 68476.86
- 13b** Reserved for future use . . . . . **13b**
- 13c** Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 **13c**
- 13d** Refundable portion of employee retention credit from Worksheet 1 . . . . . **13d**
- 13e** Total deposits and refundable credits. Add lines 13a, 13c, and 13d . . . . . **13e** 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 difference and see instructions . . . . . **14**
- 15** Overpayment. If line 13g is more than line 12, enter the difference  Check one: ☐ Apply to next return. ☒ Send a refund.

**Part 2:** Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16** Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

- ☐ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

Total must equal line 12.

- ☒ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

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

Next ►

Name (not your trade name) <b>Fig Tree Psychotherapy Center</b>	Employer identification number (EIN) <b>82-3680114</b>
--	---

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

17 If your business has closed or you stopped paying wages . . . . . ☐ Check here, and enter the final date you paid wages / /; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . ☐ Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages . . . . . 19

20 Qualified health plan expenses allocable to qualified family leave wages . . . . . 20

21 Qualified wages for the employee retention credit . . . . . 21

22 Qualified health plan expenses allocable to wages reported on line 21 . . . . . 22

23 Credit from Form 5884-C, line 11, for this quarter . . . . . 23

24 Reserved for future use . . . . . 24

25 Reserved for future use . . . . . 25

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☒ Yes. Designee's name and phone number 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 preparer has any knowledge.



Sign your  
name here



Print your  
name here

Tomer London

Print your  
title here

Reporting Agent

Date 04 / 13 / 2021

Best daytime phone (415) 935-0230

**Paid Preparer Use Only**

Check if you're self-employed . . . ☐

Preparer's name <span style="border: 1px solid black; display: inline-block; width: 350px; height: 1.2em; vertical-align: middle;"></span>	PTIN <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>
Preparer's signature <span style="border: 1px solid black; display: inline-block; width: 350px; height: 1.2em; vertical-align: middle;"></span>	Date <span style="border: 1px solid black; padding: 0 20px;">/ /</span>
Firm's name (or yours if self-employed) <span style="border: 1px solid black; display: inline-block; width: 350px; height: 1.2em; vertical-align: middle;"></span>	EIN <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>
Address <span style="border: 1px solid black; display: inline-block; width: 350px; height: 1.2em; vertical-align: middle;"></span>	Phone <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>
City <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> State <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span>	ZIP code <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number  
(EIN)

8 2 - 3 6 8 0 1 1 4

Name (not your trade name)

Fig Tree Psychotherapy Center

Calendar year

2 0 2 1

(Also check quarter)

**Report for this Quarter...**

(Check one.)

- ☒ 1: January, February, March  
☐ 2: April, May, June  
☐ 3: July, August, September  
☐ 4: October, November, December

Use this schedule to show your **TAX LIABILITY** for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to 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 Pub. 15 for details.

**Month 1**

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6	100.52	14		22	11156.64	30	
7		15		23		31	
8	9972.71	16		24			

Tax liability for Month 1

21229.87

**Month 2**

1		9		17		25	
2		10		18		26	
3		11		19	11309.26	27	
4		12		20		28	
5	14073.05	13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2

25382.31

**Month 3**

1		9		17		25	
2		10		18		26	
3		11		19	8307.46	27	
4		12		20		28	
5	13557.22	13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3

21864.68

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

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

Total liability for the quarter

68476.86

Employer identification number (EIN) **8 2 - 3 6 8 0 1 1 4**

Name (not your trade name) **Fig Tree Psychotherapy Center**

Trade name (if any)

Address **714 W Olympic Blvd. Suite 704**  
Number Street Suite or room number  
**Los Angeles** **CA** **90015**  
City State ZIP code  
Foreign country name Foreign province/county Foreign postal code

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

- ☐ 1: January, February, March  
☒ 2: April, May, June  
☐ 3: July, August, September  
☐ 4: October, November, December  
Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

<b>1</b>	Number of employees who received wages, tips, or other compensation for the pay period including: <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	<b>1</b>	<b>45</b>
<b>2</b>	Wages, tips, and other compensation	<b>2</b>	<b>364807.39</b>
<b>3</b>	Federal income tax withheld from wages, tips, and other compensation	<b>3</b>	<b>30347.60</b>
<b>4</b>	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/>	Check and go to line 6.

	Column 1		Column 2
<b>5a</b> Taxable social security wages*	<b>369142.32</b>	$\times 0.124 =$	<b>45773.65</b>
<b>5a (i)</b> Qualified sick leave wages*		$\times 0.062 =$	
<b>5a (ii)</b> Qualified family leave wages*		$\times 0.062 =$	
<b>5b</b> Taxable social security tips		$\times 0.124 =$	
<b>5c</b> Taxable Medicare wages & tips.	<b>369142.32</b>	$\times 0.029 =$	<b>10705.13</b>
<b>5d</b> Taxable wages & tips subject to Additional Medicare Tax withholding	<b>0</b>	$\times 0.009 =$	

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

<b>5e</b>	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	<b>5e</b>	<b>56478.78</b>
<b>5f</b>	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	<b>5f</b>	
<b>6</b>	Total taxes before adjustments. Add lines 3, 5e, and 5f	<b>6</b>	<b>86826.38</b>
<b>7</b>	Current quarter's adjustment for fractions of cents	<b>7</b>	
<b>8</b>	Current quarter's adjustment for sick pay	<b>8</b>	
<b>9</b>	Current quarter's adjustments for tips and group-term life insurance	<b>9</b>	
<b>10</b>	Total taxes after adjustments. Combine lines 6 through 9	<b>10</b>	<b>86826.38</b>
<b>11a</b>	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	<b>11a</b>	
<b>11b</b>	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	<b>11b</b>	
<b>11c</b>	Nonrefundable portion of employee retention credit	<b>11c</b>	

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

Next ►

Name (not your trade name)

Employer identification number (EIN)

Fig Tree Psychotherapy Center

82-3680114

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

11d	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021 . . . . .	11d	2029.00
11e	Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters) . . . . .	11e	
11f	Number of individuals provided COBRA premium assistance		
11g	Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 11e . . . . .	11g	2029.00
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10 . . . . .	12	84797.38
13a	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . . . . .	13a	86826.38
13b	Reserved for future use . . . . .	13b	
13c	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 . . . . .	13c	
13d	Refundable portion of employee retention credit . . . . .	13d	
13e	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021 . . . . .	13e	
13f	Refundable portion of COBRA premium assistance credit (see instructions for applicable quarters) . . . . .	13f	
13g	Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f . . . . .	13g	86826.38
13h	Total advances received from filing Form(s) 7200 for the quarter . . . . .	13h	
13i	Total deposits and refundable credits less advances. Subtract line 13h from line 13g . . . . .	13i	86826.38
14	Balance due. If line 12 is more than line 13i, enter the difference and see instructions . . . . .	14	
15	Overpayment. If line 13i is more than line 12, enter the difference	2029.00	Check one: <input type="checkbox"/> Apply to next return. <input checked="" type="checkbox"/> Send a refund.

**Part 2:** Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

Total must equal line 12.

☒ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

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

Next ▶

Name (not your trade name) <b>Fig Tree Psychotherapy Center</b>	Employer identification number (EIN) <b>82-3680114</b>
--	---

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

**17** If your business has closed or you stopped paying wages . . . . . ☐ Check here, and enter the final date you paid wages / /; also attach a statement to your return. See instructions.

**18a** If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . ☐ Check here.

**18b** If you're eligible for the employee retention credit solely because your business is a recovery startup business ☐ Check here.

<b>19</b> Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021	<b>19</b>	
<b>20</b> Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021	<b>20</b>	
<b>21</b> Qualified wages for the employee retention credit . . . . .	<b>21</b>	
<b>22</b> Qualified health plan expenses for the employee retention credit . . . . .	<b>22</b>	
<b>23</b> Qualified sick leave wages for leave taken after March 31, 2021 . . . . .	<b>23</b>	2000.00
<b>24</b> Qualified health plan expenses allocable to qualified sick leave wages reported on line 23	<b>24</b>	
<b>25</b> Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 . . . . .	<b>25</b>	
<b>26</b> Qualified family leave wages for leave taken after March 31, 2021 . . . . .	<b>26</b>	
<b>27</b> Qualified health plan expenses allocable to qualified family leave wages reported on line 26	<b>27</b>	
<b>28</b> Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 . . . . .	<b>28</b>	

**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 (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 preparer has any knowledge.

**Sign your name here**

Print your name here Tomer London

Print your title here Reporting Agent

Date 07 31 2021

Best daytime phone (415) 935-0230

**Paid Preparer Use Only**

Check if you're self-employed . . . ☐

Preparer's name <span style="border: 1px solid black; display: inline-block; width: 400px; height: 20px;"></span>	PTIN	
Preparer's signature <span style="border: 1px solid black; display: inline-block; width: 400px; height: 20px;"></span>	Date	/ /
Firm's name (or yours if self-employed) <span style="border: 1px solid black; display: inline-block; width: 400px; height: 20px;"></span>	EIN	
Address <span style="border: 1px solid black; display: inline-block; width: 400px; height: 20px;"></span>	Phone	
City <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px;"></span> State <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	ZIP code	

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN)

8 2 - 3 6 8 0 1 1 4

Name (not your trade name)

Fig Tree Psychotherapy Center

Calendar year

2 0 2 1

(Also check quarter)

**Report for this Quarter...**

(Check one.)

- ☐ 1: January, February, March
- ☒ 2: April, May, June
- ☐ 3: July, August, September
- ☐ 4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to 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 Pub. 15 for details.

**Month 1**

1		9		17		25	
2	10797.34	10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6	137.98	14		22		30	12074.47
7		15		23		31	
8		16	11286.91	24			

Tax liability for Month 1

34296.70

**Month 2**

1		9		17		25	
2		10		18	465.06	26	
3		11		19		27	
4		12		20		28	11384.18
5		13		21		29	
6		14	15529.28	22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2

27378.52

**Month 3**

1		9		17		25	10533.80
2	22.40	10		18		26	
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			

Tax liability for Month 3

23122.16

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

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

Total liability for the quarter

84797.38

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

951121  
OMB No. 1545-0029

Employer identification number (EIN) **8 2 - 3 6 8 0 1 1 4**

Name (not your trade name) **Fig Tree Psychotherapy Center**

Trade name (if any)

Address **714 W Olympic Blvd. Suite 743**  
Number Street Suite or room number

**Los Angeles** **CA** **90015**  
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

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

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☒ 3: July, August, September
- ☐ 4: October, November, December
- Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

**1** Number of employees who received wages, tips, or other compensation for the pay period including: *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4) . . . . . **1** **49**

**2** Wages, tips, and other compensation . . . . . **2** **292246.97**

**3** Federal income tax withheld from wages, tips, and other compensation . . . . . **3** **23359.82**

**4** If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

	Column 1		Column 2
<b>5a</b> Taxable social security wages* . . . . .	<b>297399.83</b>	$\times 0.124 =$	<b>36877.58</b>
<b>5a (i)</b> Qualified sick leave wages* . . . . .		$\times 0.062 =$	
<b>5a (ii)</b> Qualified family leave wages* . . . . .		$\times 0.062 =$	
<b>5b</b> Taxable social security tips . . . . .		$\times 0.124 =$	
<b>5c</b> Taxable Medicare wages & tips . . . . .	<b>297399.83</b>	$\times 0.029 =$	<b>8624.60</b>
<b>5d</b> Taxable wages & tips subject to Additional Medicare Tax withholding <b>0</b> . . . . .	<b>0</b>	$\times 0.009 =$	
<b>5e</b> Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d . . . . .	<b>5e</b> <b>45502.18</b>		
<b>5f</b> Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . . . .	<b>5f</b> <b></b>		
<b>6</b> Total taxes before adjustments. Add lines 3, 5e, and 5f . . . . .	<b>6</b> <b>68862.00</b>		
<b>7</b> Current quarter's adjustment for fractions of cents . . . . .	<b>7</b> <b>0.02</b>		
<b>8</b> Current quarter's adjustment for sick pay . . . . .	<b>8</b> <b></b>		
<b>9</b> Current quarter's adjustments for tips and group-term life insurance . . . . .	<b>9</b> <b></b>		
<b>10</b> Total taxes after adjustments. Combine lines 6 through 9 . . . . .	<b>10</b> <b>68862.02</b>		
<b>11a</b> Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 . . . . .	<b>11a</b> <b></b>		
<b>11b</b> Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 . . . . .	<b>11b</b> <b></b>		
<b>11c</b> Nonrefundable portion of employee retention credit . . . . .	<b>11c</b> <b></b>		

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

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

Next ►



Name (not your trade name)

Employer identification number (EIN)

Fig Tree Psychotherapy Center

82-3680114

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

11d	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021 . . . . .	11d	<input type="text"/>
11e	Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters) . . . . .	11e	<input type="text"/>
11f	Number of individuals provided COBRA premium assistance		<input type="text"/>
11g	Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 11e . . . . .	11g	<input type="text"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10 . . . . .	12	<input type="text" value="68862.02"/>
13a	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . . . . .	13a	<input type="text" value="68862.02"/>
13b	Reserved for future use . . . . .	13b	<input type="text"/>
13c	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 . . . . .	13c	<input type="text"/>
13d	Refundable portion of employee retention credit . . . . .	13d	<input type="text"/>
13e	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021 . . . . .	13e	<input type="text"/>
13f	Refundable portion of COBRA premium assistance credit (see instructions for applicable quarters) . . . . .	13f	<input type="text"/>
13g	Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f . . . . .	13g	<input type="text" value="68862.02"/>
13h	Total advances received from filing Form(s) 7200 for the quarter . . . . .	13h	<input type="text"/>
13i	Total deposits and refundable credits less advances. Subtract line 13h from line 13g . . . . .	13i	<input type="text" value="68862.02"/>
14	Balance due. If line 12 is more than line 13i, enter the difference and see instructions . . . . .	14	<input type="text"/>
15	Overpayment. If line 13i is more than line 12, enter the difference		<input type="text"/>
		Check one:	<input type="checkbox"/> Apply to next return. <input checked="" type="checkbox"/> Send a refund.

**Part 2:** Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1	<input type="text"/>
Month 2	<input type="text"/>
Month 3	<input type="text"/>
Total liability for quarter	<input type="text"/>

Total must equal line 12.

☒ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

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

Next ▶

Name (not your trade name) <b>Fig Tree Psychotherapy Center</b>	Employer identification number (EIN) <b>82-3680114</b>
--	---

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

**17** If your business has closed or you stopped paying wages . . . . . ☐ Check here, and enter the final date you paid wages ; also attach a statement to your return. See instructions.

**18a** If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . ☐ Check here.

**18b** If you're eligible for the employee retention credit solely because your business is a recovery startup business ☐ Check here.

<b>19</b> Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021	<b>19</b>	<input type="text"/>
<b>20</b> Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021	<b>20</b>	<input type="text"/>
<b>21</b> Qualified wages for the employee retention credit . . . . .	<b>21</b>	<input type="text"/>
<b>22</b> Qualified health plan expenses for the employee retention credit . . . . .	<b>22</b>	<input type="text"/>
<b>23</b> Qualified sick leave wages for leave taken after March 31, 2021 . . . . .	<b>23</b>	<input type="text"/>
<b>24</b> Qualified health plan expenses allocable to qualified sick leave wages reported on line 23	<b>24</b>	<input type="text"/>
<b>25</b> Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 . . . . .	<b>25</b>	<input type="text"/>
<b>26</b> Qualified family leave wages for leave taken after March 31, 2021 . . . . .	<b>26</b>	<input type="text"/>
<b>27</b> Qualified health plan expenses allocable to qualified family leave wages reported on line 26	<b>27</b>	<input type="text"/>
<b>28</b> Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 . . . . .	<b>28</b>	<input type="text"/>

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☒ Yes. Designee's name and phone number

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

☐ No.

**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**

Print your name here

Print your title here

Date

Best daytime phone

**Paid Preparer Use Only**

Check if you're self-employed . . . ☐

Preparer's name <input type="text"/>	PTIN <input type="text"/>
Preparer's signature <input type="text"/>	Date <input type="text" value="/ /"/>
Firm's name (or yours if self-employed) <input type="text"/>	EIN <input type="text"/>
Address <input type="text"/>	Phone <input type="text"/>
City <input type="text"/> State <input type="text"/>	ZIP code <input type="text"/>

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN)

8 2 - 3 6 8 0 1 1 4

Name (not your trade name)

Fig Tree Psychotherapy Center

Calendar year

2 0 2 1

(Also check quarter)

**Report for this Quarter...**

(Check one.)

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☒ 3: July, August, September
- ☐ 4: October, November, December

Use this schedule to show your **TAX LIABILITY** for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to 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 Pub. 15 for details.

**Month 1**

1		9	14287.36	17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23	9506.72	31	
8		16		24			

Tax liability for Month 1

23794.08

**Month 2**

1		9		17		25	
2		10		18		26	
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			

Tax liability for Month 2

17973.46

**Month 3**

1		9		17	12854.81	25	
2		10		18		26	
3	14235.65	11		19		27	
4		12		20		28	
5		13		21		29	4.02
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3

27094.48

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

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

Total liability for the quarter

68862.02