Adjusted Employer's QUARTERLY Federal Tax Return or Claim for Refund (Rev. April 2022 Department of the Treasury - Internal Revenue Service OMB No. 1545-0029 Employer identification number Return You're Correcting... (EIN) 73-1725071 Check the type of return you're correcting. Name (not your trade name) DAVID ANTHONY SALON LLC X 941 941-SS Trade name (if any) Check the ONE quarter you're correcting. Address 4025 E CHANDLER BLVD STE 9 X 1: January, February, March 2: April, May, June PHOENIX AZ 85048 ZIP code 3: July, August, September 4: October, November, December Foreign country name Foreign province/county Foreign postal code Enter the calendar year of the Read the separate instructions before completing this form. Use this form to correct errors you made on Form 941 or 941-SS. Use a separate Form 941-X for each quarter that needs quarter you're correcting. correction. Type or print within the boxes. You MUST complete all five pages. Don't attach this 2021 (YYYY) form to Form 941 or 941-SS unless you're reclassifying workers; see the instructions for line 42. Part 1: Select ONLY one process. See page 6 for additional guidance, including information on how to treat employment tax credits and social security tax deferrals. Enter the date you discovered errors. Adjusted employment tax return. Check this box if you underreported tax amounts. 05/15/2023 Also check this box if you overreported tax amounts and you would like to use the adjustment process to correct the errors. You must check this box if you're correcting (MM / DD / YYYY) both underreported and overreported tax amounts on this form. The amount shown on line 27, if less than zero, may only be applied as a credit to your Form 941, Form 941-SS, or Form 944 for the tax period in which you're filing this form. 2. Claim. Check this box if you overreported tax amounts only and you would like to use the claim process to ask for a refund or abatement of the amount shown on line 27. Don't check this box if you're correcting ANY underreported tax amounts on this form. Part 2: Complete the certifications. 3. I certify that I've filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, Note: If you're correcting underreported tax amounts only, go to Part 3 on page 2 and skip lines 4 and 5. If you're correcting overreported tax amounts, for purposes of the certifications on lines 4 and 5, Medicare tax doesn't include Additional Medicare Tax. Form 941-X can't be used to correct overreported amounts of Additional Medicare Tax unless the amounts weren't withheld from employee wages or an adjustment is being made for the current year. 4. If you checked line 1 because you're adjusting overreported federal income tax, social security tax, Medicare tax, or Additional Medicare Tax, check all that apply. You must check at least one box. I certify that: I repaid or reimbursed each affected employee for the overcollected federal income tax or Additional Medicare Tax for the current year and the overcollected social security tax and Medicare tax for current and prior years. For adjustments of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. The adjustments of social security tax and Medicare tax are for the employer's share only. I couldn't find the affected employees or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. The adjustment is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages. 5. If you checked line 2 because you're claiming a refund or abatement of overreported federal income tax, social security tax, Medicare tax, or Additional Medicare Tax, check all that apply. You must check at least one box. I certify that: I repaid or reimbursed each affected employee for the overcollected social security tax and Medicare tax. For claims of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. I have a written consent from each affected employee stating that I may file this claim for the employee's share of social security tax and Medicare tax. For refunds of employee social security tax and Medicare tax overcollected in prior years, I also have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. The claim for social security tax and Medicare tax is for the employer's share only. I couldn't find the affected employees, or each affected employee didn't give me a written consent to file a claim for the employee's share of social security tax and Medicare tax, or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. The claim is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.

Name	(not your trade name)				Employer ide	ntifica	tion number (EIN)	Correcting	quarter 1 (1, 2, 3,
1010 000				- 9				Correcting	calendar year (YYYY
	ID ANTHONY SALON LLC				73-17250	71		2021	
Part	3. Enter the corrections for the	his quarter. If any	line d	oesn'	t apply, lear	ve it	blank.		
337		Column 1 Total corrected amount (for ALL employees)		Amoun reporte previou	olumn 2 t originally id or as isly corrected Lemployees)		Column 3 Difference (If this amount is a negative number, use a minus sign.)		Column 4  Tax correction
6.	Wages, tips, and other compensation (Form 941, line 2)		-			=			in Column 1 when you ms W-2 or Forms W-2c.
7.	Federal income tax withheld from wages, tips, and other compensation (Form 941, line 3)		] - [			=	10.0	Copy Column 3 here	
8.	Taxable social security wages (Form 941 or 941-SS, line 5a, Column 1)		] - [			=		× 0.124*=	
•	0		20 2			- 13	f you're correcting your emp	ployer share only, u	use 0.062. See instructions
9.	Qualified sick leave wages* (Form 941 or 941-SS, line 5a(i),	T = 1/4	- [	ļ	1526	=		× 0.062 =	
	Column 1)	*Use line 9 only for qualifie	ad sick le	ave wag	es paid after Marc	h 31, 20	020, for leave taken before A	pril 1, 2021	
10.	Qualified family leave wages* (Form 941 or 941-SS, line 5a(ii),	0	_ [						
	Column 1)	*Use line 10 only for qualif	l led family	y loave w	ages paid after M	arch 31	, 2020, for leave taken before	× 0.062 = re April 1, 2021.	
11.	Taxable social security tips (Form 941 or 941-SS, line 5b, Column 1)		-[			=		× 0.124*=	
12.	Taxable Medicare wages & tips (Form		1 1				you're correcting your emp	loyer share only, u	se 0.062. See instructions.
	941 or 941-SS, line 5c, Column 1)		-			=		× 0.029*=	
13.	Taxable wages & tips subject to						you're correcting your empli	oyer share only, us	e 0.0145. See instructions
	Additional Medicare Tax withholding (Form 941 or		-		. Codeia	=		× 0.009*=	
	941-SS, line 5d)				Centan wages i	and tips	reported in Column 3 shou	idn't be multiplied	by 0.009. See instructions
14.	Section 3121(q) Notice and Demand—Tax due on unreported tips (Form 941 or 941-SS, line 5f)		- [			=	. 4	Copy Column 3 here	-
15.	Tax adjustments (Form 941 or 941-SS, lines 7 through 9)	4	-[			=		Copy Column 3 here	27
16.	Qualified small business payroll tax credit for increasing research activities (Form 941 or 941-SS, line 11a; you must attach Form 8974)		-[			=		See instructions	
17.	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 941 or 941-SS, line 11b)	- v 1	-[		<u> </u>	=		See Instructions	
18a.	Nonrefundable portion of employee retention credit* (Form 941 or 941-SS, line 11c)	4,210.94	-[		0.00	= [	4,210.94	See instructions	(4,210.94
8b.	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 11d)	* Use line 18a only for corre	ctions to	quarters	beginning after M	= [	1, 2020, and before January	1, 2022. See instructions	
8c.	Nonrefundable portion of COBRA premium assistance credit (Form 941 or 941-SS, line 11e)		-[			= [		See instructions	
8d.	Number of individuals provided COBRA premium assistance (Form 941 or 941-SS, line 11f)		-[			= [			

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19.

20.

21.

Special addition to wages for federal income tax

Special addition to wages for social security taxes

Special addition to wages for Medicare taxes

See instructions

See instructions

See instructions

Name	(not your trade name)			Employer Ide	ntifica	tion number (EIN)	Correctin	g quarter 1 (1, 2, 3, 4)
							Correctin	ng calendar year (YYYY)
DAV	The state of the s			73-17250	71		2021	
Par	13: Enter the corrections for t	his quarter. If any	line	doesn't apply, lea	ve it	blank. (continued)		
		Column 1		Column 2		Column 3		Column 4
		Total corrected amount (for ALL employees)	-	Amount originally reported or as previously corrected (for ALL employees)	=	Difference (If this amount is a negative number, use a minus sign.)		Tax correction
22.	Special addition to wages for Additional Medicare Tax		] -		=		See instructions	
23.	Combine the amounts on lines 7 th	rough 22 of Column	4 .			100 100 100 10	W W W	(4,210.94)
24.	Deferred amount of social security tax* (Form 941 or		1 –		] =		See	
	941-SS, line 13b)	* Use this line to correct the	mployer	deferral for the second quarter	of 2020	and the employer and employe	instructions e deferral for the	third and fourth quarters of 2020.
25.	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 941 or 941- SS, line 13c)		] –		=	2/	See instructions	
26a.	Refundable portion of employee retention credit* (Form 941 or 941-SS, line 13d)	14,052 - 88 * Use line 26s only for correct		0 - 0 0 quarters beginning after March	= 31, 2020	14,052.88	See instructions	(14,052.88)
26b.	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 13e)		] -		=		See instructions	
26c.	Refundable portion of COBRA premium assistance credit (Form 941 or 941-SS, line 13f)		] -		=		See instructions	
27.	Total. Combine the amounts on line	es 23 through 26c of	Colun	nn 4		N W 272 2 200		(18,263.82)
	If line 27 is less than zero:							(20/205:02)
	<ul> <li>If you checked line 1, this is the filing this form. (If you're currently)</li> </ul>	ne amount you want a ently filing a Form 944	applie I, Emp	d as a credit to your	Form leral T	941 or 941-SS for the	tax period	in which you're
	· If you checked line 2, this is the					10		
	If line 27 is more than zero, the pay, see Amount you owe in the	is is the amount you			the ti	me you file this return	. For inform	ation on how to
28.	Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 (Form 941 or 941- SS, line 19)		-	,	=			
29.	Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 (Form 941 or	- ī	-	- 2	=	. ]		
	941-SS, line 20)							
30.	Qualified wages for the employee retention credit* (Form 941 or 941-SS, line 21)	26,091.18 *Use line 30 only for correction	— na to que	0.00 arters beginning after March 31	= (	26,091.18 and before January 1,2022		
31a.	Qualified health plan expenses for the employee retention credit* (Form 941 or 941-SS, line 22)	* Use line 31a only for correcti	- one to qu	safters beginning after March 3	= [	and before January 1, 2022		
31b.	Check here if you're eligible for solely because your business is a	the employee reten	tion c	redit in the third o		th quarter of 2021		
32.	Credit from Form 5884-C, line				_ [			
	11, for this quarter* (Form 941 or 941-SS, line 23)	* Use line 32 only for correc	tions to	quarters beginning after Mr	rch 31	2020, and before April 1, 20	21	

Name	(not your trade name)			Employer ide	ntifica	tion number (EIN)	Correcting quarter 1	(1, 2, 3, 4
42000000							Correcting calendar	rear (YYYY)
	ID ANTHONY SALON LLC			73-17250	71		2021	
Part	3. Enter the corrections for t	his quarter. If any	line de	pesn't apply, lea	ve it l	blank. (continued)		
		Column 1		Column 2		Column 3		
		Total corrected amount (for ALL employees)	_ :	Amount originally reported or as previously corrected for ALL employees)		Difference (If this amount is a negative number, use a minus sign.)		
33a.	Qualified wages paid March 13 through March 31, 2020, for the	14.1	]-[		=			
	employee retention credit* (Form 941 or 941-SS, line 24)	* Use line 33a only for co	rrections to	the second quarter of 20	20.			
33b.	Deferred amount of the employee share of social		7-[		=			
	security tax included on Form 941 or 941-SS, line 13b* (Form 941 or 941-SS, line 24)	*Use line 33b only for co	rrections to	the third and fourth quar	ters of 2	020		
34.	Qualified health plan expenses allocable to wages reported on		]-[		=			
04	Form 941 or 941-SS, line 24* (Form 941 or 941-SS, line 25)			the second quarter of 202	0.			
	on: Lines 35-40 apply only to quarter	s beginning after Ma	rch 31, 2	2021.				
35.	Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 23)		] - [		=	(1)		
36.	Qualified health plan expenses allocable to qualified sick leave		1 - [		=			
	wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 24)					,		
37.	Amounts under certain collectively bargained agreements allocable to		1-[		=			
	qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 25)							
38.	Qualified family leave wages for leave taken after March 31, 2021,		] - [		=			
	and before October 1, 2021 (Form 941 or 941- SS, line 26)			-				

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39.

40.

Qualified health plan expenses allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 27)

Amounts under certain collectively bargained agreements allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941- SS, line 28)

Name (not your	trade nan	ie)			Employer identification nu	mber (EIN)	Correcting quarter 1	(1, 2, 3, 4
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			ctions for this	quarter.	73-1725071	_	2021	
X 41. Ch	neck her	e if any c	orrections you e		le both underreported and	overreported	l amounts. Explain both	1
promote and the second				e reclassified workers	Explain on line 43.			
					nined your corrections. See	the instruction	ne.	
process					ion Credit for Q1			
							***************************************	
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Part 5: Sign	n here.	You mus	t complete all	five pages of this fo	rm and sign it.			
Under penaltie accompanying	s of perjo	ry, I declar	e that I have filed a	an original Form 941 or F	orm 941-SS and that I have exa and belief, it is true, correct, and	amined this adjudication	usted return or claim, inclu claration of preparer (other	uding r than
1			ii oi wiicii prepai	er nas any knowledge.	Print you		902 0	
	ign yo ame h				Print you			
		_			title here			
	D	ate			Best day	time phone		
Paid Prepar	er Use	Only			Ch	eck if you're	self-employed	
Preparer's name	2	achary	Ormsby		PTI	N PO2	2158084	
reparer's sign	ature _	2-7	82	>	Da	te 05/	23/2023	
irm's name (or self-employed)	yours P	innacl	a Minds, I	nc.	EIN	27-	0133034	
ddress	3	50 N L	antana St	Suite #229	Pho	one (80	5) 836-9009	
City	C	amaril.	lo		State CA ZIP	code 930	10	
					12/11/20/11/20/11	CHARLES THE RESERVE		

Adjusted Employer's QUARTERLY Federal Tax Return or Claim for Refund
Department of the Treasury — Internal Revenue Service

OMB No. 15 (Rev. April 2022) OMB No. 1545-0029 Employer identification number Return You're Correcting... (EIN) 73-1725071 Check the type of return you're correcting. Name (not your trade name) DAVID ANTHONY SALON LLC X 941 941-SS Trade name (if any) Check the ONE quarter you're correcting. Address 4025 E CHANDLER BLVD STE 9 1: January, February, March Suite or room number 2: April, May, June PHOENIX AZ 85048 State ZIP code 3: July, August, September 4: October, November, December Foreign country name Foreign province/county Foreign postal code Enter the calendar year of the Read the separate instructions before completing this form. Use this form to correct errors you made on Form 941 or 941-SS. Use a separate Form 941-X for each quarter that needs quarter you're correcting. correction. Type or print within the boxes. You MUST complete all five pages. Don't attach this 2020 (YYYY) form to Form 941 or 941-SS unless you're reclassifying workers; see the instructions for line 42. Part 1: Select ONLY one process. See page 6 for additional guidance, including information on how to treat employment tax credits and social security tax deferrals. Enter the date you discovered errors. Adjusted employment tax return. Check this box if you underreported tax amounts. 05/15/2023 Also check this box if you overreported tax amounts and you would like to use the (MM / DD / YYYY) adjustment process to correct the errors. You must check this box if you're correcting both underreported and overreported tax amounts on this form. The amount shown on line 27, if less than zero, may only be applied as a credit to your Form 941, Form 941-SS, or Form 944 for the tax period in which you're filing this form. Claim. Check this box if you overreported tax amounts only and you would like to use the claim process to ask for a refund or abatement of the amount shown on line 27. Don't check this box if you're correcting ANY underreported tax amounts on this form. Part 2: Complete the certifications. 3. I certify that I've filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, Note: If you're correcting underreported tax amounts only, go to Part 3 on page 2 and skip lines 4 and 5. If you're correcting overreported tax amounts, for purposes of the certifications on lines 4 and 5, Medicare tax doesn't include Additional Medicare Tax. Form 941-X can't be used to correct overreported amounts of Additional Medicare Tax unless the amounts weren't withheld from employee wages or an adjustment is being made for the current year. 4. If you checked line 1 because you're adjusting overreported federal income tax, social security tax, Medicare tax, or Additional Medicare Tax, check all that apply. You must check at least one box. I certify that: I repaid or reimbursed each affected employee for the overcollected federal income tax or Additional Medicare Tax for the current year and the overcollected social security tax and Medicare tax for current and prior years. For adjustments of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. The adjustments of social security tax and Medicare tax are for the employer's share only. I couldn't find the affected employees or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. The adjustment is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages. 5. If you checked line 2 because you're claiming a refund or abatement of overreported federal income tax, social security tax, Medicare tax, or Additional Medicare Tax, check all that apply. You must check at least one box. I certify that: I repaid or reimbursed each affected employee for the overcollected social security tax and Medicare tax. For claims of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. I have a written consent from each affected employee stating that I may file this claim for the employee's share of social security tax and Medicare tax. For refunds of employee social security tax and Medicare tax overcollected in prior years, I also have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. X c. The claim for social security tax and Medicare tax is for the employer's share only. I couldn't find the affected employees, or each affected employee didn't give me a written consent to file a claim for the employee's share of social security tax and Medicare tax, or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. The claim is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.

				- 1			Correcting	calendar year (YYYY
DAV	ID ANTHONY SALON LLC		-	73-17250	71		2020	
Par	3: Enter the corrections for to	his quarter. If any	line	doesn't apply, lea	ve it	blank.		
		Column 1		Column 2		Column 3		Column 4
2	127 - 16 - 16 - 27	Total corrected amount (for ALL employees)		Amount originally reported or as previously corrected (for ALL employees)	=	Difference (If this amount is a negative number, use a minus sign.)		Tax correction
6.	Wages, tips, and other compensation (Form 941, line 2)		] –		=			in Column 1 when you ms W-2 or Forms W-2c.
7.	Federal income tax withheld from wages, tips, and other compensation (Form 941, line 3)		] -		=		Copy Column 3 here	-
8.	Taxable social security wages (Form 941 or 941-SS, line 5a, Column 1)		] –		-		× 0.124*=	
1.25						f you're correcting your em	ployer share only, u	se 0.052. See instructions
9.	Qualified sick leave wages* (Form 941 or 941-SS, line 5a(i), Column 1)		] -		=		× 0.062 =	
	A10288792384#A	*Use line 9 only for qualif	led sick	leave wages paid after Marc	h 31, 2	020, for leave taken before	April 1, 2021	
10.	Qualified family leave wages* (Form 941 or 941-SS, line 5a(ii), Column 1)		] -		-		× 0.062 =	
		* Use line 10 only for qual	ified fan	nily leave wages paid after M	arch 31	, 2020, for leave taken befo	re April 1, 2021.	
11.	Taxable social security tips (Form 941 or 941-SS, line 5b, Column 1)		] -		=		× 0.124*=	
12.	Taxable Medicare wages & tips (Form		-		*1	you're correcting your emp	oloyer share only, u	se 0.062. See instructions.
	941 or 941-SS, line 5c, Column 1)		] -		=		× 0.029*=	
13.	Taxable wages & tips subject to		1		fe i	you're correcting your empi	oyer share only, us	e 0.0145. See instructions.
	Additional Medicare Tax withholding (Form 941 or 941-SS, line 5d)		] -	* Certain wages	mand tips	reported in Column 3 shou	× 0.009* =	by 0.009. See instructions
14.	Section 3121(q) Notice and Demand—Tax due on		] -		=		Copy Column	
	unreported tips (Form 941 or 941-SS, line 5f)		1	-		•	3 here	
15.	Tax adjustments (Form 941 or 941-SS, lines 7 through 9)		] -		=		Copy Column 3 here	27.0
16.	Qualified small business payroll tax credit for increasing research activities (Form 941 or 941-SS, line 11a; you must attach Form 8974)	Ţ.	] -				See instructions	- 14
17.	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 941 or 941-SS, line 11b)		] –		=		See instructions	
18a.	Nonrefundable portion of employee retention credit* (Form 941 or 941-SS, line 11c)	3,851.11	] -	0.00	=	3,851.11	See instructions	(3,851.11)
18b.	물건가 많아 있다면 하는 것이 없는 사람이 되었다면 하는데	* Use line 18a only for corr	ections	to quarters beginning after M	farch 3	1, 2020, and before January	1, 2022.	
100.	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 11d)		-		=		See instructions	
18c.	Nonrefundable portion of COBRA premium assistance credit (Form 941 or 941-SS, line 11e)		-		=		See instructions	
18d.	Number of individuals provided COBRA premium assistance (Form 941 or 941-SS, line 11f)		-		= [			
19.	Special addition to wages for federal income tax		-		= [		See instructions	
20.	Special addition to wages for social security taxes		-	12 /	= [	- 10 T	See Instructions	
21.	Special addition to wages for Medicare taxes		_		= [		See See	

	ID ANTHONY SALON LLC			73-17250		tion number (EIN)	A STATE OF THE STA	g calendar year (YYYY)
Par	Enter the corrections for t	his quarter. If any	line (	doesn't apply, leav	ne it i	hlank (continued)	12020	
		Column 1		Column 2		Column 3		Column 4
		Total corrected amount (for ALL employees)	-	Amount originally reported or as previously corrected (for ALL employees)	=	Difference (If this amount is a negative number, use a minus sign.)		Tax correction
22.	Special addition to wages for Additional Medicare Tax		] -		=		See Instructions	
23.	Combine the amounts on lines 7 th	rough 22 of Column	4 .		- 20	EN E 181 B		(3,851.11)
24.	Deferred amount of social security tax* (Form 941 or	T- 10	] -		=		See	
	941-SS, line 13b)	*Use this line to correct the e	J imployer	defemal for the second quarter	of 2020	and the employer and employer	instructions e deferral for the th	hird and fourth quarters of 2020.
25.	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 941 or 941- SS, line 13c)		] -		=		See instructions	
26a.	Refundable portion of employee retention credit* (Form 941 or 941-SS, line 13d)	5, 981 - 47 *Use line 26a only for correct	— ions to q	0 · 00	= 1, 2020.	5,981.47	See Instructions	(5,981.47)
26b.	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 13e)		-		=		See instructions	
26c.	Refundable portion of COBRA premium assistance credit (Form 941 or 941-SS, line 13f)		-		=		See instructions	
27.	Total. Combine the amounts on line	es 23 through 26c of	Colum	nn 4	E EST	G # 170W St 50'99		(9,832.58)
	If line 27 is less than zero:						8 303	(9,032.30)
	<ul> <li>If you checked line 1, this is the filling this form. (If you're current</li> </ul>	ne amount you want a	pplie	d as a credit to your F	orm 9	941 or 941-SS for the	tax period in	n which you're
	. If you checked line 2, this is the	ne amount you want r	efund	ed or abated		us recurr, see the me	structions.)	
	If line 27 is more than zero, the pay, see Amount you owe in the	is is the amount you			he tin	ne you file this return	For informa	tion on how to
28.	Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 (Form 941 or 941- SS, line 19)		-		= [			
29.	Qualified health plan expenses allocable to qualified family leave wages for leave taken	2	-	7	= [			
	before April 1, 2021 (Form 941 or 941-SS, line 20)							
30.	Qualified wages for the employee retention credit* (Form 941 or 941-SS, line 21)	19,665.16 *Use line 30 only for correction	to qui	0 . 00 arters beginning after March 31,	= [ 2020, ar	19, 665 . 16 nd before January 1, 2022		
1a.	Qualified health plan expenses for the employee retention credit* (Form 941 or 941-SS, line 22)	* Use line 31a only for correction	- one to qu	satiers beginning after March 31	= [ 2020, s	and before January 1, 2022.		
1Ь.	Check here if you're eligible for solely because your business is a	the employee reten	tion c	redit in the third or	four	th quarter of 2021		
32.	Credit from Form 5884-C, line		_		= [			
	11, for this quarter* (Form 941 or 941-SS, line 23)	*Use line 32 only for correct	Jan J	quarters beginning after Mar	ch 31	2020, and before Anril 1, 20	21	

Name	(not your trade name)			Employer ide	ntifica	tion number (EIN)	Correcting quarter 4	(1, 2, 3, 4)
							Correcting calendary	rear (YYYY)
	ID ANTHONY SALON LLC			73-17250	71		2020	
Par	3. Enter the corrections for t		y line do	esn't apply, lea	ve it	blank. (continued)		
		Column 1		Column 2		Column 3		
		Total corrected amount (for ALL employees)	re pr	mount originally ported or as reviously corrected or ALL employees)	=	Difference (If this amount is a negative number, use a minus sign.)		
33a.	through March 31, 2020, for the employee retention credit*	* Use line 33a only for co	]-[	he served or order of 90	=			
	(Form 941 or 941-SS, line 24)	one and done only to be		ne second quarter of 20	wu,			
33b.	Deferred amount of the employee share of social security tax included on Form 941 or 941-SS, line 13b*	*Use line 33b only for co	- Corrections to t	, he third and fourth quan	= ters of 2	2020.		
	(Form 941 or 941-SS, line 24)							
34.	Qualified health plan expenses allocable to wages reported on		] - [	-090	=			
	Form 941 or 941-SS, line 24* (Form 941 or 941-SS, line 25)	* Use line 34 only for con	rections to th	e second quarter of 202	0.	A		
Cautio	on: Lines 35-40 apply only to quarter	s beginning after Ma	arch 31, 20	021.				
35.	Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 23)		] - [		=			
36.	Qualified health plan expenses allocable to qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 24)		]-[	, a	=	,		
37.	Amounts under certain collectively bargained agreements allocable to qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 25)		] - [		=			
38.	Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941- SS, line 26)	¥	] - [	- 1	=			
39.	Qualified health plan expenses allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 27)	4	] - [	34	=			
40.	Amounts under certain collectively bargained agreements allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941- SS, line 28)	,	] - [		=			

Name (not your trade	name)	Employer identification number (EIN)	Correcting quarter 4 (1, 2, 3,
DAUTD ANDUON	W CALON TTO	1	Correcting calendar year (YYYY
DAVID ANTHON		73-1725071	2020
X 41. Check your under the check of the chec	here if any corrections involve reclassified st give us a detailed explanation of how yo	ine include both underreported and overreported	rted amounts. Explain both
			***************************************
Under penalties of p accompanying sche taxpayer) is based of Sign	n all information of which preparer has any know	941 or Form 941-SS and that I have examined this	adjusted return or claim, including Declaration of preparer (other than
Under penalties of p accompanying sche taxpayer) is based of Sign name	erjury, I declare that I have filed an original Form dules and statements, and to the best of my known all information of which preparer has any known all information of which preparer has any known here	Print your name here Print your title here  Best daytime phore	Declaration of preparer (other than
Under penalties of p accompanying sche taxpayer) is based of Sign name	erjury, I declare that I have filed an original Form dules and statements, and to the best of my known all information of which preparer has any known all information of which preparer has any known here  Date  Date	Print your name here Print your title here  Best daytime phore	Declaration of preparer (other than
Under penalties of p accompanying sche taxpayer) is based of Sign name	erjury, I declare that I have filed an original Form dules and statements, and to the best of my known all information of which preparer has any known all information of which preparer has any known here	Print your name here Print your title here  Best daytime phor	Declaration of preparer (other than
Under penalties of paccompanying schetaxpayer) is based of Sign name.  Paid Preparer Unreparer's name.	erjury, I declare that I have filed an original Form dules and statements, and to the best of my known all information of which preparer has any known here  Date  Zachary Ormsby	Print your name here Print your title here  Best daytime phor	Declaration of preparer (other than
Under penalties of paccompanying schetaxpayer) is based of Sign name	erjury, I declare that I have filed an original Form dules and statements, and to the best of my known all information of which preparer has any known here  Date  Zachary Ormsby	Print your name here Print your title here  Best daytime phore  Check if you  Date	re self-employed
Under penalties of paccompanying sche taxpayer) is based of Sign name.  Paid Preparer Unreparer's name.  Preparer's signature irm's name (or yours)	erjury, I declare that I have filed an original Form dules and statements, and to the best of my known all information of which preparer has any known here  Date  Date  Zachary Ormsby	Print your name here Print your title here  Best daytime phore Check if you  PTIN  EIN  EIN  2	re self-employed

Form 941-X: Adjusted Employer's QUARTERLY Federal Tax Return or Claim for Refund

Department of the Treasury — Internal Revenue Service

OMB No. 15 (Rev. April 2022) OMB No. 1545-0029 Employer identification number Return You're Correcting... (EIN) 73-1725071 Check the type of return you're correcting. Name (not your trade name) DAVID ANTHONY SALON LLC X 941 941-SS Trade name (if any) Check the ONE quarter you're correcting. Address 4025 E CHANDLER BLVD STE 9 1: January, February, March Number Suite or room number 2: April, May, June PHOENIX AZ 85048 State ZIP code X 3: July, August, September 4: October, November, December Foreign country name Foreign province/county Foreign postal code Enter the calendar year of the Read the separate instructions before completing this form. Use this form to correct errors you quarter you're correcting. made on Form 941 or 941-SS. Use a separate Form 941-X for each quarter that needs correction. Type or print within the boxes. You MUST complete all five pages. Don't attach this 2020 (YYYY) form to Form 941 or 941-SS unless you're reclassifying workers; see the instructions for line 42. Part 1: Select ONLY one process. See page 6 for additional guidance, including information on how to treat employment tax credits and social security tax deferrals. Enter the date you discovered errors. Adjusted employment tax return. Check this box if you underreported tax amounts. 05/15/2023 Also check this box if you overreported tax amounts and you would like to use the adjustment process to correct the errors. You must check this box if you're correcting (MM / DD / YYYY) both underreported and overreported tax amounts on this form. The amount shown on line 27, if less than zero, may only be applied as a credit to your Form 941, Form 941-SS, or Form 944 for the tax period in which you're filing this form. 2. Claim. Check this box if you overreported tax amounts only and you would like to use the claim process to ask for a refund or abatement of the amount shown on line 27. Don't check this box if you're correcting ANY underreported tax amounts on this form. Part 2: Complete the certifications. 3. I certify that I've filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, Note: If you're correcting underreported tax amounts only, go to Part 3 on page 2 and skip lines 4 and 5. If you're correcting overreported tax amounts, for purposes of the certifications on lines 4 and 5, Medicare tax doesn't include Additional Medicare Tax. Form 941-X can't be used to correct overreported amounts of Additional Medicare Tax unless the amounts weren't withheld from employee wages or an adjustment is being made for the current year. If you checked line 1 because you're adjusting overreported federal income tax, social security tax, Medicare tax, or Additional Medicare Tax, check all that apply. You must check at least one box. I certify that: I repaid or reimbursed each affected employee for the overcollected federal income tax or Additional Medicare Tax for the current year and the overcollected social security tax and Medicare tax for current and prior years. For adjustments of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. The adjustments of social security tax and Medicare tax are for the employer's share only. I couldn't find the affected employees or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. The adjustment is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages. 5. If you checked line 2 because you're claiming a refund or abatement of overreported federal income tax, social security tax, Medicare tax, or Additional Medicare Tax, check all that apply. You must check at least one box. I certify that: I repaid or reimbursed each affected employee for the overcollected social security tax and Medicare tax. For claims of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. I have a written consent from each affected employee stating that I may file this claim for the employee's share of social security tax and Medicare tax. For refunds of employee social security tax and Medicare tax overcollected in prior years, I also have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. The claim for social security tax and Medicare tax is for the employer's share only. I couldn't find the affected employees, or each affected employee didn't give me a written consent to file a claim for the employee's share of social security tax and Medicare tax, or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. The claim is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.

Correcting quarter 3 (1, 2, 3, 4)

DAVID ANTHONY SALON LLC

Correcting calendar year (YYYY)

Par	Enter the corrections for the	ble augster If and	Uma	13-1/250	1/1		2020	
1 01	Enter the corrections for the	A STATE STATE OF THE STATE OF T	line		ve it			
		Column 1 Total corrected amount (for ALL employees)	_	Column 2  Amount originally reported or as previously corrected (for ALL employees)	-	Column 3  Difference (If this amount is a negative number, use a minus sign.)		Column 4  Tax correction
6.	Wages, tips, and other compensation (Form 941, line 2)		] _	, .	=	use a minus sign.,		in Column 1 when you ms W-2 or Forms W-2c.
7.	Federal income tax withheld from wages, tips, and other compensation (Form 941, line 3)		] -		=	42. 1	Copy Column 3 here	
8.	Taxable social security wages (Form 941 or 941-SS, line 5a.		1 –		] =		× 0.124*=	
	Column 1)					you're correcting your emp		use 0.062. See instructions
9.	Qualified sick leave wages* (Form 941 or 941-SS, line 5a(i), Column 1)		] –		-		× 0.062 =	
		* Use line 9 only for qualifi	ed sick	leave wages paid after Marc	sh 31, 2	020, for leave taken before A	April 1, 2021.	
10.	Qualified family leave wages* (Form 941 or 941-SS, line 5a(ii), Column 1)	- 4	] –	14.1	=		× 0.062 =	
	T	use line 10 only for quali	ned fam	iny leave wages paid after M	larch 31	, 2020, for leave taken before	re April 1, 2021.	
11.	Taxable social security tips (Form 941 or 941-SS, line 5b, Column 1)		] -		=		× 0.124*=	
12.	Taxable Medicare wages & tips (Form					you're correcting your emp	loyer share only, u	se 0.062. See instructions.
	941 or 941-SS, line 5c, Column 1)		] =		=	you're correcting your empl	× 0.029*=	e 0.0145. See instructions
13.	Taxable wages & tips subject to Additional Medicare Tax		-		=	, co to constant you disp	oyer arises only, as	W U.U. HU. GEO EISUUCIONS.
	withholding (Form 941 or 941-SS, line 5d)			*Certain wages		reported in Column 3 shou	× 0.009* =	by 0.009. See instructions.
14.	Section 3121(q) Notice and Demand—Tax due on unreported tips (Form 941 or 941-SS, line 5f)		] -		=		Copy Column 3 here	¥
15.	Tax adjustments (Form 941 or 941-SS, lines 7 through 9)		-		=		Copy Column 3 here	25
16.	Qualified small business payroll tax credit for increasing research activities (Form 941 or 941-SS, line 11a; you must attach Form 8974)		-		=		See instructions	
17.	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 941 or 941-SS, line 11b)		-		=		See instructions	
18a.	Nonrefundable portion of employee retention credit* (Form 941 or 941-SS, line 11c)	6,588.92	-	0.00	=	6,588.92	See instructions	(6,588.92)
18b.	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 11d)	- Control for Control	-	o quarters beginning after h	#arch 3	1, 2020, and before January	1, 2022. See Instructions	
18c.	Nonrefundable portion of COBRA premium assistance credit (Form 941 or 941-SS, line 11e)		-	4	=	- 3	See instructions	
18d.	Number of individuals provided COBRA premium assistance (Form 941 or 941-SS, line 11f)		-		=			
19.	Special addition to wages for federal income tax		_		=		See instructions	
20.	Special addition to wages for social security taxes		-		= [		See Instructions	
21.	Special addition to wages for Medicare taxes		-		= [		See instructions	

	ID ANTHONY SALON LLC					tion number (EIN)	11 1000 1000 1000	quarter 3 (1, 2, 3, 4 calendar year (YYYY)
	3: Enter the corrections for the	olo quarter If ann		73-17250	71		2020	
Total Control	Enter the corrections for the	Column 1	iine d	C44 H (42 M H	ve it			
	2-724-7000 11 - 12	Total corrected amount (for ALL employees)	_	Column 2  Amount originally reported or as previously corrected (for ALL employees)	-	Column 3  Difference (If this amount is a negative number, use a minus sign.)		Column 4  Tax correction
22.	Special addition to wages for Additional Medicare Tax		-		=		See instructions	
23.	Combine the amounts on lines 7 th	rough 22 of Column 4						(6,588.92
24.	Deferred amount of social security tax* (Form 941 or 941-SS, line 13b)		-		=		See Instructions	
	AND	* Use this line to correct the e	nployer	deferral for the second quarter	of 2020	and the employer and employ	ee deferral for the thir	d and fourth quarters of 2020.
25.	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 941 or 941- SS, line 13c)	14	-		=		See instructions	
26a.	Refundable portion of employee retention credit* (Form 941 or 941-SS, line 13d)	1,864 - 91 *Use line 20a only for correcti	ons to q	0 - 00 uarters beginning after March 3	=	1,864.91 and before January 1,2022	See instructions	(1,864.91)
26b.	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 13e)		-		=	10	See instructions	
26c.	Refundable portion of COBRA premium assistance credit (Form 941 or 941-SS, line 13f)		_		=		See instructions	
27.	Total. Combine the amounts on line If line 27 is less than zero:  If you checked line 1, this is the filling this form. (If you're curre  If you checked line 2, this is the If line 27 is more than zero, this pay, see Amount you owe in the	e amount you want a ntly filing a Form 944, e amount you want re is is the amount you	pplied Emp	d as a credit to your I loyer's ANNUAL Fed ed or abated.	eral T	ax Return, see the in	structions.)	
28.	Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 (Form 941 or 941- SS, line 19)		-		=			
29.	Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 (Form 941 or 941-SS, line 20)		-		= [			
30.	Qualified wages for the employee retention credit* (Form 941 or 941-SS, line 21)	16, 907 . 65 * Use line 30 only for correction	- l	0 - 00 ders beginning after March 31,	= [ 2020, ar	16,907.65 nd before January 1,2022		
1a.	Qualified health plan expenses for the employee retention credit*	* Use line 31a only for correction	-		= [			
1b.	Check here if you're eligible for t solely because your business is a	he employee retent	ion c	redit in the third or	four	Principle of the Control of the Cont		
32.	Credit from Form 5884-C, line 11, for this quarter* (Form 941 or	- 1	- [		= [	2020, and before April 1, 2		

Name	(not your trade name)			Employer ide	ntifica	tion number (EIN)	Correcting quarter 3	(1, 2, 3, 4)
				100000000000000000000000000000000000000		**************************************	Correcting calendar y	ULID TY STATE
	ID ANTHONY SALON LLC		-	73-17250	71	MAILE PROPERTY OF THE PARTY OF	2020	
Part	3: Enter the corrections for t		/ line doe		ve it	blank. (continued)		
		Column 1 Total corrected amount (for ALL employees)	rep pre	Column 2 count originally orted or as viously corrected ALL employees)	-	Column 3  Difference (If this amount is a negative number, use a minus sign.)		
33a.	Qualified wages paid March 13 through March 31, 2020, for the employee retention credit* (Form 941 or 941-SS, line 24)	*Use line 33a only for co	- [	s second quarter of 20	= 20.			
33b.	Deferred amount of the employee share of social security tax included on Form 941 or 941-SS, line 13b* (Form 941 or 941-SS, line 24)	*Use line 33b only for co		e third and fourth quar	= tens of 2			
34.	Qualified health plan expenses allocable to wages reported on Form 941 or 941-SS, line 24* (Form 941 or 941-SS, line 25)	* Use line 34 only for com		second quarter of 202	=			
Cautio	on: Lines 35-40 apply only to quarter	s beginning after Ma	rch 31, 202	21.				
35.	Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 23)		]-[		=			
36.	Qualified health plan expenses allocable to qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 24)		] - [	70. 11	=			
37.	Amounts under certain collectively bargained agreements allocable to qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 25)		]-[	**	=			
38.	Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941- SS, line 26)	,	] - [	The state of the s	=			
39.	Qualified health plan expenses allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 27)		] - [	ā	=			
40.	Amounts under certain collectively bargained agreements allocable to qualified family leave wages for large taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941- SS, line 28)	,	] - [	1	=	//*		

ime (not your trade	name)	Employer ide	entification number (EIN	
AVID ANTEG	NY SALON LLC			Correcting calendar year (YYY
	n your corrections for this quarter.	73-17250	071	2020
42. Check	there if any corrections you entered on a lin inderreported and overreported amounts on line there if any corrections involve reclassified wo must give us a detailed explanation of how you	43. vorkers. Explain on line determined your corr	43. ections. See the inst	ructions.
This is	to apply for the Employee Re	tention Credit	for Q3 2020	
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rt 5: Sign ho	ere. You must complete all five pages of	this form and sign it		
nder penalties of	perjury, I declare that I have filed an original Form 9	41 or Form 941-SS and t	hat I have evening the	nis adjusted return or claim, including
evenipolitying out	edules and statements, and to the best of my know on all information of which preparer has any knowle	dedde and holiof it is tow	e, correct, and complet	e. Declaration of preparer (other than
1			Print your	
	your	13	name here	
nam	e here		Print your title here	
			areasanasa <del>sa</del>	
	Date		Best daytime ph	one
d Preparer I	Jse Only		Check if yo	ou're self-employed
arer's name	Zachary Ormsby		PTIN	P02158084
arer's signatur	2762		Date	05/23/2023
's name (or your lf-employed)	Pinnacle Minds, Inc.		EIN	27-0133034
ress	350 N Lantana St Suite #229		Phone	(805) 836-9009
ress	350 N Lantana St Suite #229	State CA	Phone ZIP code	93010

Adjusted Employer's QUARTERLY Federal Tax Return or Claim for Refund

Department of the Treasury — Internal Revenue Service OMB No. 15 (Rev. April 2022) OMB No. 1545-0029 Employer identification number Return You're Correcting... (EIN) 73-1725071 Check the type of return you're correcting. Name (not your trade name) DAVID ANTHONY SALON LLC X 941 941-SS Trade name (if any) Check the ONE quarter you're correcting. Address 4025 E CHANDLER BLVD STE 9 1: January, February, March Number Suite or room number 2: April, May, June PHOENIX AZ 85048 City ZIP code 3: July, August, September 4: October, November, December Foreign country name Foreign province/county Foreign postal code Read the separate instructions before completing this form. Use this form to correct errors you Enter the calendar year of the made on Form 941 or 941-SS. Use a separate Form 941-X for each quarter that needs quarter you're correcting. correction. Type or print within the boxes. You MUST complete all five pages. Don't attach this 2020 (YYYY) form to Form 941 or 941-SS unless you're reclassifying workers; see the instructions for line 42. Part 1: Select ONLY one process. See page 6 for additional guidance, including information on how to treat employment tax credits and social security tax deferrals. Enter the date you discovered errors. Adjusted employment tax return. Check this box if you underreported tax amounts. 05/15/2023 Also check this box if you overreported tax amounts and you would like to use the adjustment process to correct the errors. You must check this box if you're correcting (MM / DD / YYYY) both underreported and overreported tax amounts on this form. The amount shown on line 27, if less than zero, may only be applied as a credit to your Form 941, Form 941-SS, or Form 944 for the tax period in which you're filing this form. 2. Claim. Check this box if you overreported tax amounts only and you would like to use the claim process to ask for a refund or abatement of the amount shown on line 27. Don't check this box if you're correcting ANY underreported tax amounts on this form. Part 2: Complete the certifications. 3. I certify that I've filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, Note: If you're correcting underreported tax amounts only, go to Part 3 on page 2 and skip lines 4 and 5. If you're correcting overreported tax amounts, for purposes of the certifications on lines 4 and 5, Medicare tax doesn't include Additional Medicare Tax. Form 941-X can't be used to correct overreported amounts of Additional Medicare Tax unless the amounts weren't withheld from employee wages or an adjustment is being made for the current year. If you checked line 1 because you're adjusting overreported federal income tax, social security tax, Medicare tax, or Additional Medicare Tax, check all that apply. You must check at least one box. I certify that: I repaid or reimbursed each affected employee for the overcollected federal income tax or Additional Medicare Tax for the current year and the overcollected social security tax and Medicare tax for current and prior years. For adjustments of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. The adjustments of social security tax and Medicare tax are for the employer's share only. I couldn't find the affected employees or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. The adjustment is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages. 5. If you checked line 2 because you're claiming a refund or abatement of overreported federal income tax, social security tax, Medicare tax, or Additional Medicare Tax, check all that apply. You must check at least one box. I certify that: I repaid or reimbursed each affected employee for the overcollected social security tax and Medicare tax. For claims of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. I have a written consent from each affected employee stating that I may file this claim for the employee's share of social security tax and Medicare tax. For refunds of employee social security tax and Medicare tax overcollected in prior years. I also have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. The claim for social security tax and Medicare tax is for the employer's share only. I couldn't find the affected employees, or each affected employee didn't give me a written consent to file a claim for the employee's share of social security tax and Medicare tax, or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection. The claim is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.

	ID ANTHONY SALON LLC		-	73-17250	71		2020	
Par	3. Enter the corrections for ti	nis quarter. If any	line	doesn't apply, lea	ve it	blank.		
		Column 1 Total corrected amount (for ALL employees)	_	Column 2  Amount originally reported or as previously corrected (for ALL employees)	-	Column 3 Difference (If this amount is a negative number, use a minus sign.)	ê 1	Column 4  Tax correction
6.	Wages, tips, and other compensation (Form 941, line 2)		]_	, and the complete of	=	use a minus sign.)		n Column 1 when you ns W-2 or Forms W-2c.
7.	Federal income tax withheld from wages, tips, and other compensation (Form 941, line 3)		j -		=		Copy Column	o ire o rome ire.
8.	Taxable social security wages (Form 941 or 941-SS, line 5a,		1		1 _		]	
	Column 1)		] -	-	٦.	f you're correcting your em	× 0.124* = [ ployer share only, u	se 0.062. See instruction
9.	Qualified sick leave wages* (Form 941 or 941-SS, line 5a(i), Column 1)	* Little line G only for a willing	_	leave wages paid after Marc	=		× 0.062 = [	
10.	Qualified family leave wages* (Form 941 or 941-SS, line 5a(ii),	Cost and a daily for quality	_	nerve wages paid after Marc	n 31, 2 =	020, for leave taken before	April 1, 2021. × 0.062 =	
	Column 1)	*Use line 10 only for qualit	fied fam	lly leave wages paid after M	arch 3	1, 2020, for leave taken befo	re April 1, 2021.	*
11.	Taxable social security tips (Form 941 or 941-SS, line 5b, Column 1)		-		=		× 0.124*=	
12.	Taxable Medicare wages & tips (Form		10 10		0	you're correcting your emp		e 0.062. See instructions
	941 or 941-SS, line 5c, Column 1)		-		=	you're correcting your emp	× 0.029*=	A Office Proprietty
13.	Taxable wages & tips subject to Additional Medicare Tax withholding (Form 941 or 941-SS, line 5d)		-	* Certain wages	=	s reported in Column 3 shou	× 0.009*=	-
14.	Section 3121(q) Notice and Demand—Tax due on unreported tips (Form 941 or 941-SS, line 5f)		-		=		Copy Column 3 here	y cook der manacions
15.	Tax adjustments (Form 941 or 941-SS, lines 7 through 9)		-		=		Copy Column	-18
6.	Qualified small business payroll tax credit for increasing research activities (Form 941 or 941-SS, line 11a; you must attach Form 8974)	2	_		=		See instructions	
7.	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 941 or 941-SS, line 11b)		-		=		See instructions	
8a.	Nonrefundable portion of employee retention credit*	5,855.96	-	0 · 00	=	5,855.96	See instructions	(5,855.96
8b.	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 11d)		-	o quarters beginning and h	=	1, 2020, and before January	See instructions	
8c.	Nonrefundable portion of COBRA premium assistance credit (Form 941 or 941-SS, line 11e)		-		=		See	
₿d.	Number of individuals provided COBRA premium assistance (Form 941 or 941-SS, line 11f)		-		=			
9.	Special addition to wages for federal income tax		-		=		See instructions	
0.	Special addition to wages for social security taxes		-		=	- E 10	See instructions	
1.	Special addition to wages for Medicare taxes		- [		=		See instructions	

	(not your trade name)				Employer ide	ntifica	tion number (EIN)	0.0000000000000000000000000000000000000	g quarter 2 (1, 2, 3, 4)
DAV	ID ANTHONY SALON LLC				73-17250	71		2020	, , , , , , , , , , , , , , , , , , , ,
Par	t 3: Enter the corrections for t	his quarter. If any	line	doesn'	t apply, lea	ve it	blank. (continued)	12020	
		Column 1			olumn 2		Column 3	R Selling	Column 4
120	CHIES AWY W S	Total corrected amount (for ALL employees)	-	reporte	nt originally ad or as usly corrected L employees)	=	Difference (If this amount is a negative number, use a minus sign.)		Tax correction
22.	Special addition to wages for Additional Medicare Tax		] -			=		See instructions	
23.	Combine the amounts on lines 7 th	rough 22 of Column	4 .	* **		2 27		202 T B	(5,855.96)
24.	Deferred amount of social security tax* (Form 941 or	70.	1 –			=		See	
	941-SS, line 13b)	* Use this line to correct the employer deterral for the second quarter of 2020 and the employer and en						instructions e deferral for the t	third and fourth quarters of 2020.
25.	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 941 or 941- SS, line 13c)		] –			=		See instructions	
26a.	Refundable portion of employee retention credit* (Form 941 or 941-SS, line 13d)	4,544-04 *Use line 26a only for correct		puarters beg	0 · 00	=	4 , 544 · 04	See instructions	(4,544.04)
26b.	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 13e)		] -			=		See Instructions	
26c.	Refundable portion of COBRA premium assistance credit (Form 941 or 941-SS, line 13f)		-			=		See instructions	
27.	Total. Combine the amounts on line	es 23 through 26c of	Colun	nn 4		2 530	10 M (CO) 47 803		(10,400.00)
	If line 27 is less than zero:						503 8 508		(10,400.00)
	<ul> <li>If you checked line 1, this is the filling this form. (If you're currently)</li> </ul>	he amount you want a	applie Emp	d as a c	redit to your f	Form !	941 or 941-SS for the	tax period	in which you're
	· If you checked line 2, this is the					orar r	ax rveturii, ace trie iii:	structions.)	
	If line 27 is more than zero, the pay, see Amount you owe in the	is is the amount you				the tir	me you file this return	. For inform	ation on how to
28.	Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 (Form 941 or 941- SS, line 19)		-			=			
29.	Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 (Form 941 or 941-SS, line 20)		_			=			
30.	Qualified wages for the employee retention credit* (Form 941 or 941-SS, line 21)	17,468.10 *Use line 30 only for correction	—	arters begin	0.00	= [ 2020 a	17,468.10		
31a.	Qualified health plan expenses for the employee retention credit* (Form 941 or 941-SS, line 22)	* Use line 31a only for correction	-			= [			
31b.	Check here if you're eligible for solely because your business is a	the employee reten	tion c	redit in	Transaction Departs				
32.	Credit from Form 5884-C, line 11, for this quarter* (Form 941 or		_1			= [			
		* Use line 32 only for correc	tions to	quarters b	eginning after Ma	rch 31,	2020, and before April 1, 20	21.	

Name	(not your trade name)			Employer ide	ntifica	tion number (EIN)	Correcting quarter 2 (1, 2, 3, 4
						200 00 A 100 00 00 00 00 00 00 00 00 00 00 00 00	Correcting calendar year (YYYY
	ID ANTHONY SALON LLC	73-17250	71		2020		
Part	3: Enter the corrections for t	his quarter. If any	line o	doesn't apply, leav	ve it	blank. (continued)	12020
		Column 1		Column 2		Column 3	
		Total corrected amount (for ALL employees)	-	Amount originally reported or as previously corrected (for ALL employees)	=	Difference (If this amount is a negative number, use a minus sign.)	
33a.	Qualified wages paid March 13 through March 31, 2020, for the employee retention credit*	3,331.90	] -	0.0	=	3,331.90	
	(Form 941 or 941-SS, line 24)	*Use line 33a only for com	rections	to the second quarter of 200	20.		
33b.	Deferred amount of the employee share of social security tax included on Form		] –		=		
941	M41 or 941-SS, line 13b* Form 941 or 941-SS, line 24)	* Use line 33b only for con	rections	to the third and fourth quart	ters of 2	020.	
34.	<ol> <li>Qualified health plan expenses allocable to wages reported on Form 941 or 941-SS, line 24*</li> </ol>		] -	the second quarter of 2020	=	40	
Cautic 35.	(Form 941 or 941-SS, line 25) on: Lines 35–40 apply only to quarter Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 23)				=		
36.	Qualified health plan expenses allocable to qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 24)		-		=		
37.	Amounts under certain collectively bargained agreements allocable to qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 25)	4	-		=		
38.	Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941- SS, line 26)		-/		=		

=

39.

40.

Qualified health plan expenses allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 27)

Amounts under certain collectively bargained agreements allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941- SS, line 28)

Name (not your trade	name)	Emp	loyer identification number (E	The second secon
DAVID ANTHO	NY SALON LLC	100		Correcting calendar year (YYYY
	your corrections for this qual	73=	1725071	2020
42. Check	here if any corrections you entenderreported and overreported amountered if any corrections involve recurst give us a detailed explanation	ants on line 43. classified workers. Explain	on line 43.	
				O. Qualified wages for
Q1 incl	ided on line 33a.			J. Qualified wages for
Under penalties of p accompanying sche taxpayer) is based of Sign	on all information of which preparer has	ginal Form 941 or Form 941-1	e and that I have sweet and	this adjusted return or claim, including sets. Declaration of preparer (other than
	Date		Best daytime p	hone
Paid Preparer U	se Only		Check if y	rou're self-employed
Preparer's name	Zachary Ormsby		PTIN	P02158084
Preparer's signature	2000		Date	05/23/2023
Firm's name (or yours f self-employed)	Pinnacle Minds, Inc.	EIN	27-0133034	
Address	350 N Lantana St Suit	te #229	Phone	(805) 836-9009
City	Camarillo	State	CA ZIP code	93010