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 City 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 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 both underreported and overreported tax amounts on this form. The amount shown on (MM / DD / YYYY) 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. X 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, as required. 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. d. 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)			Employe	er identif	ficat	tion number (EIN)	Correcting	quarter 3 (1, 2, 3, 4)
						Jul	(LIIV)		calendar year (YYYY)
	ID ANTHONY SALON LLC			73-17	2507	1		2020	
Par	t 3: Enter the corrections for t	his quarter. If any	line d	doesn't apply	leave	it k	olank.		
		Column 1 Total corrected amount (for ALL employees)	_	Amount original reported or as previously corre (for ALL employ)	lly cted	=	Column 3 Difference (If this amount is a negative number, use a minus sign.)	1	Column 4 Tax correction
6.	Wages, tips, and other compensation (Form 941, line 2)] –			=			in Column 1 when you rms 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)	<u> </u>] –			=	. Validas correcting valve and	× 0.124*=	
9.	Qualified sick leave wages*		,				you're correcting your emp	oloyer snare only, t	use 0.062. See instructions.
٥.	(Form 941 or 941-SS, line 5a(i), Column 1)	* Use line 9 only for qualifie	ed sick	eave wages paid afte		= 1. 20	20, for leave taken before A	× 0.062 =	
10.	Qualified family leave wages*		1			,		, 2021.	
	(Form 941 or 941-SS, line 5a(ii), Column 1)	* Use line 10 only for qualif	— fied fam	ily leave wages paid a		= n 31,	2020, for leave taken before	× 0.062 =	
11.	Taxable social security tips (Form 941 or 941-SS, line 5b, Column 1)] _			= [
		<u> </u>	1			* If	you're correcting your emp	× 0.124* = bloyer share only, u	use 0.062. See instructions.
12.	Taxable Medicare wages & tips (Form 941 or 941-SS, line 5c, Column 1)] –			= [× 0.029*=	
13.	Taxable wages & tips subject to		1		\neg	Г	ou're correcting your emple	oyer share only, us	e 0.0145. See instructions.
	Additional Medicare Tax withholding (Form 941 or 941-SS, line 5d)		_	* Certain v		tips	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	
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	
l8a.	Nonrefundable portion of employee retention credit* (Form 941 or 941-SS, line 11c)	6,588.92	_		00 =		6,588.92	See instructions	(6,588.92)
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		o quarters beginning	after Marc	Г	, 2020, and before January	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 3 (1, 2, 3, 4)
								Correctin	ng calendar year (YYYY)
DAVID ANTHONY SALON LLC					73-17250	71		2020	
Par	3: Enter the corrections for t	his quarter. If any	line	doesn	't apply, leav	ve it	blank. (continued)		
		Column 1		(Column 2		Column 3		Column 4
		amount (for ALL repo employees) prev		report previo	nt originally ed 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 .						(6,588.92)
24.	Deferred amount of social security tax* (Form 941 or 941-SS, line 13b)	* Use this line to correct the e	_ mployer	deferral fo	r the second quarter	= of 2020	and the employer and employer	See 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)] –			=	·	See instructions	
26a.	Refundable portion of employee retention credit* (Form 941 or 941-SS, line 13d)	1,864 - 91 *Use line 26a only for correcti	_ ions to q	quarters be	0 · 0 0	= 1, 2020	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)		-		.]	=		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 filing this form. (If you're curred) If you checked line 2, this is the If line 27 is more than zero, the pay, see Amount you owe in the	ne amount you want a ently filing a Form 944 ne amount you want n	applie , Emp efund	d as a coloyer's led or a	ANNUAL Fed	eral T	ax Return, see the ins	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	— ns to qua	arters begin	0.00	= [2020, a	16, 907 - 65 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 correction	— ons to qu	uarters beg	inning after March 31	= [and before January 1, 2022.		
31b.	Check here if you're eligible for solely because your business is a	the employee retent	ion o	redit i	n the third or				
32.	Credit from Form 5884-C, line 11, for this quarter* (Form 941 or		-		.]	= [2020, and before April 1, 20	24	

Name	(not your trade name)			Employer ide	ntifica	ation number (EIN)	Correcting quarter 3	(1, 2, 3, 4)
				(,	Correcting calendar year (YYYY			
DAVID ANTHONY SALON LLC			73-17250	71		2020	()	
Part	3: Enter the corrections for t	his quarter. If any	line (doesn't apply, lea	ve it	blank. (continued)	12020	
		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.)		
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		to the 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		to the third and fourth quar	= ters of :			
34.	Qualified health plan expenses allocable to wages reported on Form 941 or 941-SS, line 24* (Form 941 or 941-SS, line 25)			o the second quarter of 2020	= 0.			
Cautio	n: Lines 35–40 apply only to quarter	s beginning after Ma	rch 31	, 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)] –		=			
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)] –		=			
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.	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)] –		=			
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)] -		=			

40.

Name (not your trade	name)	Employer id	entification number (EIN)	Correcting quarter 3 (1, 2, 3, 4
DAVID ANTHON	NY SALON LLC	72 1725	071	Correcting calendar year (YYYY)
	your corrections for this quarter.	73-1725	071	2020
	here if any corrections you entered on a line inc derreported and overreported amounts on line 43. here if any corrections involve reclassified worke			orted amounts. Explain both
	st give us a detailed explanation of how you detailed			P
	to apply for the Employee Reter			ictions.
		icton creat	t for Q3 2020.	
ļ				
	re. You must complete all five pages of this			
Under penalties of paccompanying sche	perjury, I declare that I have filed an original Form 941 or dules and statements, and to the best of my knowledge	Form 941-SS and	that I have examined this	s adjusted return or claim, including
taxpayer) is based of	on all information of which preparer has any knowledge.	and belief, it is tru	e, correct, and complete	. Declaration of preparer (other than
			Print your	
Sign	your e here		name here Print your	
- numic			title here	
	Date		Best daytime pho	ne
Paid Preparer U	se Only		Check if you	r're self-employed
Preparer's name	Zachary Ormsby	PTIN	P02158084	
Preparer's signature	27/6 22	Date	05/23/2023	
Firm's name (or yours if self-employed)	Pinnacle Minds, Inc.		27-0133034	
Address	350 N Lantana St Suite #229		Phone	(805) 836-9009
City	Camarillo	State CA	ZIP code	93010