Adjusted Employer's QUARTERLY Federal Tax Return or Claim for Refund OMB No. 1545-0029 Department of the Treasury — Internal Revenue Service Return You're Correcting... Employer identification number 45-4202824 Check the type of return you're correcting. (EIN) Name (not your trade name) Absolute Lawn and Landscape Management, LLC X 941 941-SS Trade name (if any) Check the ONE quarter you're correcting. 2230 Pierce Road 1: January, February, March Address Suite or room number X 2: April, May, June Phenix City 3: July, August, September 4: October, November, December Foreign province/county Foreign postal code Foreign country name 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 Enter the date you discovered errors. on how to treat employment tax credits and social security tax deferrals. Adjusted employment tax return. Check this box if you underreported tax amounts. 09/15/2022 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. X 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, X 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 C. 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 b. 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.

The state of the s				Employer iden	Employer identification number (EIN)			er 2 (1, 2, 3, 4)
Name (not your trade name)				Linployer iden	Employer identification ridinger (Emy)			ndar year (YYYY)
			TTC	45-42028	21		2020	
Abso	lute Lawn and Landscap	e Management	ina daa			lank	2020	
Part	3: Enter the corrections for th		ine doe	Column 2	e it b	Column 3		Column 4
		Column 1 Total corrected amount (for ALL employees)	rep	nount originally ported or as eviously corrected or 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)] - [=		Use the amount in Co prepare your Forms \	
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)] – [] =	If you're correcting your emp	× 0.124* =	0.062. See instructions.
9.	Qualified sick leave wages* (Form 941 or 941-SS, line 5a(i), Column 1)	* Use line 9 only for qualifi		e wages paid after Marc	= ch 31, 2	020, for leave taken before A	× 0.062 =	
10.	Qualified family leave wages* (Form 941 or 941-SS, line 5a(ii), Column 1)	* Use line 10 only for quali	_ [eave wages paid after N	= March 31	1, 2020, for leave taken befo	× 0.062 =	
11.	Taxable social security tips (Form 941 or 941-SS, line 5b, Column 1)] - [=	. If you're correcting your emp	× 0.124* =	0.062. See instructions
12.	Taxable Medicare wages & tips (Form 941 or 941-SS, line 5c, Column 1)] - [=	you're correcting your emp	× 0.029*=	
13.	Taxable wages & tips subject to Additional Medicare Tax withholding (Form 941 or 941-SS, line 5d)] - [. * Certain wages	=		× 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	
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	*
18a.	Nonrefundable portion of employee retention credit* (Form 941 or 941-SS, line 11c)	* Use line 18a only for co	_ [quarters beginning after	= er March	31, 2020, and before Janua	See instructions ry 1, 2022.	
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)] - [=		See instructions	
18c.	Nonrefundable portion of COBRA premium assistance credit (Form 941 or 941-SS, line 11e)] - [] =		See instructions	

18d.

19.

20.

21.

Number of individuals provided COBRA premium assistance (Form 941 or 941-SS, line 11f)

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 (n	ot your trade name)		01. SS		Employer ident	ificati	ion number (EIN)	Correcting of	quarter 2 (1, 2, 3, 4)
							Correcting calendar year (YYYY)		
Abso	lute Lawn and Landscap	e Management,	LI	LC	45-420282	4		2020	
Part :	3: Enter the corrections for th	is quarter. If any lin	ne c	loesn	't apply, leave	it k	olank. (continued)		
		Column 1			Column 2	erickon.	Column 3		Column 4
		Total corrected		Amou	int originally		Difference		
		amount (for ALL employees)	_	previo	ted or as ously corrected LL employees)	=	(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 thr	ough 22 of Column 4					<u>.</u>		
24.	Deferred amount of social		_			=		See	
	security tax* (Form 941 or 941-SS, line 13b)	* Use this line to correct the em	ployer	r deferral	for the second quarter of	of 2020	and the employer and employer	instructions e deferral for the th	ird 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)	5,107.23	ons to	quarters	0.00 beginning after March 3	= 1, 2020	5,107.23), and before January 1, 2022.	See instructions	(5,107.23
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 lin If line 27 is less than zero: If you checked line 1, this is to filling this form. (If you're curre If you checked line 2, this is to If line 27 is more than zero, to pay, see Amount you owe in the	he amount you want a ently filing a Form 944 he amount you want r nis is the amount you	ippli , Em	ed as	r's ANNUAL Fed r abated.	eral	Tax 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)	10,214.46 *Use line 30 only for correction	ons to	quarters	0 . 0 0 beginning after March 3	1, 2020	10,214.46 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 correct	ons to	quarters	beginning after March	= 31, 202	20, and before January 1, 2022.]	
31b.	Check here if you're eligible for solely because your business is	the employee reter a recovery startup b	ntior usin	cred	lit in the third o	or fo	urth 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 corre	_ ection:	s to qua	rters beginning after N	= March	31, 2020, and before April 1,	2021.	

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

lama /	not your trade name)	Employer iden	tificati	on number (EIN)	Correcting quarter 2	(1, 2, 3, 4)		
iame (not your trade name,				Correcting calendar year (YYYY			
haa	lute Lawn and Landscar	e Management	. LLC	45-42028	24		2020	
Part	3: Enter the corrections for the	is quarter. If any	line does			lank. (continued)		
rait	5. Eliter the corrections for the	Column 1		Column 2		Column 3		
		Total corrected amount (for ALL employees)	rep pre	ount originally orted or as viously corrected r 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* (Form 941 or 941-SS, line 24)	* Use line 33a only for cor		e second quarter of 20	= 20.			
33b.	Deferred amount of the employee share of social]-Г		=			
	security tax included on Form 941 or 941-SS, line 13b* (Form 941 or 941-SS, line 24)	* Use line 33b only for con	rections to th	ne third and fourth quar	ters of 2	020.		
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		e second quarter of 202	= 20.			
Cauti	on: Lines 35-40 apply only to quarte	rs beginning after Ma	rch 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)] - [•] =			
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)

Name (not your trade name	ne)	Employer identification nu	mber (EIN)	Correcting quarter 2	(1, 2, 3, 4)
				Correcting calendar y	ear (YYYY)
Absolute Lawn	and Landscape Management, LLC	45-4202824		2020	
Part 4: Explain y	our corrections for this quarter.				
your unde	re if any corrections you entered on a line include reported and overreported amounts on line 43.		overreported a	amounts. Explain bot	h
	re if any corrections involve reclassified workers.				
43. You must	t give us a detailed explanation of how you determ	ined your corrections. Se	e the instruction	S.	
This is t	o apply for the employee retenti	on credit for Q2	2020		
ļ					
Part 5: Sign her	e. You must complete all five pages of this fo	orm and sign it.			
Hadas popultion of p	erjury, I declare that I have filed an original Form 941 or F dules and statements, and to the best of my knowledge a	orm 941-SS and that I have	examined this adj	usted return or claim, in claration of preparer (ot	ncluding ther than
taxpayer) is based o	n all information of which preparer has any knowledge.	***************************************		1 ,	
		Print y		aci Mac	200
Sign	your 7	name		aci you	I W
name	here () () () () () ()	Print y		uner	
	Date 103122	Best	daytime phone	706-464	7517
Daild Browners I				self-employed	. X
Paid Preparer U	ise Offig		P0	2007060	
Preparer's name	Neveen A Mansi			3007969	
Preparer's signature			Date 10	/27/2022	
Firm's name (or your if self-employed)	Neveen A Mansi		EIN		
Address	369 Paseo De Playa #109		Phone (8	805) 836-9009	
City	Ventura	State CA	ZIP code 93	3001	

Form 941-X: Which process should you use?

Type of errors you're correcting

Unless otherwise specified in the separate instructions, an underreported employment tax credit or social security tax deferral should be treated like an overreported tax amount. An overreported employment tax credit or social security tax deferral should be treated like an underreported tax amount. For more information, including which process to select on lines 1 and 2, see *Correcting an employment tax credit or social security tax deferral* in the separate instructions.

Underreported tax amounts ONLY

Use the adjustment process to correct underreported tax amounts.

- · Check the box on line 1.
- Pay the amount you owe from line 27 by the time you file Form 941-X.

Overreported tax amounts ONLY

The process you use depends on when you file Form 941-X.

If you're filing Form 941-X MORE THAN 90 days before the period of limitations on credit or refund for Form 941 or Form 941-SS expires... Choose either the adjustment process or the claim process to correct the overreported tax amounts.

Choose the adjustment process if you want the amount shown on line 27 credited to your Form 941, Form 941-SS, or Form 944 for the period in which you file Form 941-X. Check the box on line 1.

OR

Choose the claim process if you want the amount shown on line 27 refunded to you or abated. Check the box on line 2.

If you're filing Form 941-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 941 or Form 941-SS... You must use the **claim process** to correct the overreported tax amounts. Check the box on line 2.

BOTH underreported and overreported tax amounts

The process you use depends on when you file Form 941-X.

If you're filing Form 941-X MORE THAN 90 days before the period of limitations on credit or refund for Form 941 or Form 941-SS expires... Choose either the adjustment process or both the adjustment process and the claim process when you correct both underreported and overreported tax amounts.

Choose the adjustment process if combining your underreported tax amounts and overreported tax amounts results in a balance due or creates a credit that you want applied to Form 941, Form 941-SS, or Form 944.

- File one Form 941-X, and
- Check the box on line 1 and follow the instructions on line 27.

OR

Choose both the adjustment process and the claim process if you want the overreported tax amount refunded to you or abated.

File two separate forms.

- For the adjustment process, file one Form 941-X
 to correct the underreported tax amounts. Check
 the box on line 1. Pay the amount you owe from
 line 27 by the time you file Form 941-X.
- For the claim process, file a second Form 941-X to correct the overreported tax amounts. Check the box on line 2.

If you're filing Form 941-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 941 or Form 941-SS... You must use both the adjustment process and the claim process.

File two separate forms.

- For the adjustment process, file one Form 941-X to correct the underreported tax amounts. Check the box on line 1. Pay the amount you owe from line 27 by the time you file Form 941-X.
- For the claim process, file a second Form 941-X to correct the overreported tax amounts. Check the box on line 2.