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 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)					identifics	otion number (EIN)	Correcting	Correcting quarter 3 (1, 2, 3, 4)		
				Employer identification number (EIN)			calendar year (YYYY)			
	ID ANTHONY SALON LLC		73-172	73-1725071			, ,			
Part	3: Enter the corrections for t	his quarter. If any	line (doesn't apply, le	eave it	blank.	2020			
		Column 1 Total corrected amount (for ALL employees)	_	Column 2 Amount originally reported or as previously corrected (for ALL employees)	ed _	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 the amount in Column 1 when you prepare your Forms 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)] –] =.	K va de acception	× 0.124*=			
9.	Qualified sick leave wages*		-			If you're correcting your em	pioyer snare only, i	use 0.062. See instructions.		
э.	(Form 941 or 941-SS, line 5a(i), Column 1)	* Use line 9 only for qualifi	_ ed sick	leave wages paid after M	= larch 31, 2	020, for leave taken before	× 0.062 =			
10.	Qualified family leave wages*		7			To the locate testor policies	, 2021.			
	(Form 941 or 941-SS, line 5a(ii), Column 1)	* Use line 10 only for qualit	_ fied fam	ily leave wages paid afte	= or March 31	1, 2020, for leave taken befo	× 0.062 =			
11.	Taxable social security tips (Form		1		_		1			
	941 or 941-SS, line 5b, Column 1)	<u> </u>	_		=		× 0.124*=			
12.	Taxable Medicare wages & tips (Form 941 or 941-SS, line 5c, Column 1)		1	<u></u>	_ `	If you're correcting your emp	oloyer share only, u	use 0.062. See instructions.		
			_		=		× 0.029*=			
13.	Taxable wages & tips subject to		1		* If	you're correcting your empl	oyer share only, us	se 0.0145. See instructions.		
	Additional Medicare Tax withholding (Form 941 or 941-SS, line 5d)		_	* Certain wag	= jes and tip	s reported in Column 3 shou	× 0.009* =	by 0.009. See instructions		
14.	Section 3121(g) Notice and		1					,		
	Demand—Tax due on unreported tips (Form 941 or 941-SS, line 5f)		_	<u> </u>	=	·	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			
I8a.	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)		
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	ections t	o quarters beginning afte	er March 3	1, 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	e (not your trade name)			Employ	er ider	ntifica	tion number (EIN)	Correctin	g quarter 3 (1, 2, 3, 4)	
	=							Correctin	ng calendar year (YYYY)	
DAVID ANTHONY SALON LLC					73-1725071				2020	
Par	t 3: Enter the corrections for t	his quarter. If any	line (doesn't apply	, leav	e it l	blank. (continued)			
		Column 1		Column	2		Column 3		Column 4	
	-	Total corrected amount (for ALL employees)	_	Amount origina reported or as previously corr (for ALL employ	ected	=	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 er	— mployer	deferral for the second	. I quarter o	= of 2020 a	and the employer and employe	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 correction	— ons to q		. 00 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)		-		.]	=		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, the pay, see Amount you owe in the	the amount you want a cently filing a Form 944, the amount you want re	pplied Emp	d as a credit to loyer's ANNUA ed or abated.	L Fede	eral Ta	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	— s to qua		00 arch 31, 2	= [2020, ar	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	—	arters beginning after f	March 31,	= [2020, a	and before January 1, 2022.			
31b.	Check here if you're eligible for solely because your business is a	the employee retent recovery startup bus	ion c	redit in the th	ird or	four	th quarter of 2021			
32.	Credit from Form 5884-C, line 11, for this quarter* (Form 941 or	* Use line 32 only for correcti	- [= [24		

Name	(not your trade name)			Employer ide	ntifica	tion number (EIN)	Correcting quarter 3	(1.2.3.4)
				(,	Correcting calendar year			
DAVID ANTHONY SALON LLC			73-17250	71		2020		
Part	3: Enter the corrections for t	his quarter. If any	line do	oesn't apply, lea	ve it	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 employee retention credit* (Form 941 or 941-SS, line 24)	* Use line 33a only for co	[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 con	[the third and fourth quart	= ters 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 corre	[he second quarter of 2020	=			
Cautio	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)] - [=	·		
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)	Employer ident	ification number (EIN	
DAVID ANTHO	NY SALON LLC	73-172507	7.1	Correcting calendar year (YYYY)
	n your corrections for this quarter.	173-172307	/1	2020
	here if any corrections you entered on a line inderreported and overreported amounts on line 43. here if any corrections involve reclassified worker			ported amounts. Explain both
43. You mi	ust give us a detailed explanation of how you det	ermined your correc	ctions. See the inst	ructions.
	to apply for the Employee Reter			
Under penalties of paccompanying schetaxpayer) is based of Sign	re. You must complete all five pages of this perjury, I declare that I have filed an original Form 941 o edules and statements, and to the best of my knowledge on all information of which preparer has any knowledge. your e here	r Form 941-SS and the	at I have examined the correct, and complete Print your name here Print your title here	nis adjusted return or claim, including e. Declaration of preparer (other than
	Date		Best daytime ph	one
Paid Preparer U	Ise Only		Check if yo	ou're self-employed
Preparer's name	Zachary Ormsby		PTIN	P02158084
Preparer's signature	1752		Date	05/23/2023
Firm's name (or yours if self-employed)	Pinnacle Minds, Inc.	EIN	27-0133034	
Address	350 N Lantana St Suite #229		Phone	(805) 836-9009
City	Camarillo	State CA	ZIP code	93010