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 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 (n	ot your trade name)			Employer iden	tificat	ion number (EIN)	Correcting qu	
								alendar year (YYYY)
Abso.	lute Lawn and Landscap	e Management,	LI	C 45-42028	-	-la ale	2020	
Part 3	Enter the corrections for the		ine d	Column 2	e it i	Column 3		Column 4
		Column 1 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)		_		=			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)		-		=		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* =	se 0.062. See instructions.
9.	Qualified sick leave wages* (Form 941 or 941-SS, line 5a(i), Column 1)	* Liea line 9 only for qualifie	_	. leave wages paid after Marc	= ch 31, 2	2020, for leave taken before A	× 0.062 =	
10.	Qualified family leave wages* (Form 941 or 941-SS, line 5a(ii), Column 1)		l –] =	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*=	se 0.062. See instructions
12.	Taxable Medicare wages & tips (Form 941 or 941-SS, line 5c, Column 1)] –		=	f you're correcting your empl	× 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		s to quarters beginning after	= er March	31, 2020, and before Janua	See instructions ary 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.

Page 2

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

See instructions

See instructions

See instructions

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Name (n	ot your trade name)				Employer ident	ificati	on number (EIN)	Correcting	quarter 2 (1, 2, 3, 4)
						Correcting	calendar year (YYYY)		
Ahen	lute Lawn and Landscap	e Management.	LI	LC	45-420282	24		2020	
Part 1	3: Enter the corrections for th	is quarter. If any li	ne c	loesn			lank. (continued)		
rait	5. Effet the corrections for the	Column 1			Column 2		Column 3		Column 4
					nt originally		Difference		
		Total corrected amount (for ALL employees)	_	report	red 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							
24.	Deferred amount of social security tax* (Form 941 or		_			=		See instructions	
	941-SS, line 13b)	* Use this line to correct the en	nploye	r deferral	for the second quarter	of 2020	and the employer and employee	deferral for the th	nird 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)		- 1			=		See instructions	
26a.	Refundable portion of employee retention credit* (Form 941 or 941-SS, line 13d)	5 , 107 · 23		quarters l	0 - 0 0	= 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 the filling this form. (If you're curred if you checked line 2, this is the line 27 is more than zero, the pay, see Amount you owe in the line 27 is more than zero, the pay, see Amount you owe in the line 27 is more than zero, the pay, see Amount you owe in the line 27 is more than zero, the pay, see Amount you owe in the line 27 is more than zero, the pay is the line 27 is more than zero.	he amount you want a ently filing a Form 944 he amount you want r nis is the amount you	appli , Em	ed as a aployer	's ANNUAL Fed abated.	deral	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 t	0.00 eginning 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	tions to	o quarters	beginning after March] = 31, 202	0, 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	n cred	it in the third	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 quar	ters beginning after	= March	31, 2020, and before April 1,	2021.	

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

Name (not your trade name)			Employer identification number (EIN)			Correcting quarter 2 (1, 2, 3, 4)	
							Correcting calendar year (YYYY)
Abso	lute Lawn and Landscap	e Management,	LLC	45-420282		1 1 (('('	2020
Part	3: Enter the corrections for th	is quarter. If any I	ine does		e it b	olank. (continued)	
		Column 1		Column 2		Column 3 Difference	
		Total corrected amount (for ALL employees)	repo	ount originally orted or as riously corrected ALL employees)	=	(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 corr	ections to the	second quarter of 202	= 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 core	rections to the	e 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		second quarter of 202	0.		
Cautio	on: Lines 35–40 apply only to quarter	s beginning after Mar	ch 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)] - [•	=		
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)] - [•	=		

Employer identification number (EIN)

(1, 2, 3, 4)

Correcting quarter 2

Description Part Staplain your corrections for this quarter. Staplain your corrections for white quarter. Staplain your corrections for this quarter. Staplain your corrections for this quarter. Staplain your corrections with your water your water your water your water your your your your your your your you	lame (not your trade nam	e)	Employer identifica	tion number (EIN)	Correcting quarter 2	(1, 2, 3, 4)
Part 5: Sign hore. You must complete all five pages of this form and sign it. Under penalties of pedius, I declare that I have field an original Form 941 or Form 941-SS and that I have examined this adjusted return or claim, including harppring should be and attempted and on which preparer to an of which program that any providing and baller, it is to apply for the employee xetention credit for Q2 2020. Part 5: Sign hore. You must complete all five pages of this form and sign it. Under penalties of pedius, I declare that I have field an original Form 941 or Form 941-SS and that I have examined this adjusted return or claim, including harpprening schedules and statements, and to have been an about the program that any providing and baller, it is too, correct, and complete. Dadiention of preparer (other that happen) is been on all information of which preparer has any knowledge. Sign your name here Date Date Neveen A Mansi First same (Neveen A Mansi) Reference is self-employed Neveen A Mansi EN Address 369 Paseo De Playa #109 Phone (805) 836-9009					Correcting calendar y	ear (YYYY)
41. Check here if any corrections you entered on a line include both underreported and overreported amounts. Explain both your underreported and overreported amounts on line 43. 42. Check here if any corrections involve rectains index. 43. You must give us a detailed explanation of how you determined your corrections. See the instructions. This is to apply for the employee retention credit for Q2 2020	bsolute Lawn	and Landscape Management, LLC	45-4202824		2020	
your underreported and overreported amounts on line 43. 42. Check here if any corrections involve reclassified workers. Explain on line 43. 43. You must give us a detailed explanation of how you determined your corrections. See the instructions. This is to apply for the employee retention credit for Q2 2020 This is to apply for the employee and this is to apply for the the properties of	Part 4: Explain yo	our corrections for this quarter.				
42. Check here if any corrections involve reclassified workers. Explain on line 43. 43. You must give us a detailed explanation of how you determined your corrections. See the instructions. This is to apply for the employee retention credit for Q2 2020. Part 5: Sign here. You must complete all five pages of this form and sign it. Under penalties of perjury, I declars that I have filed an original Form 941 or Form 941.45 and that I have examined this adjusted ratum or claim, including accompanying schedules and statements, and to the best off my knowledge. Sign your aname here Date Date Date Date Neveen A Mansi Firm's name (or yours if self-employed) Reveen A Mansi EIN Reveen A Mansi EIN Reveen A Mansi Firm's name (or yours if self-employed) Address 369 Pasco De Playa #109 Phone (805) 836-9009	X 41. Check her your under	re if any corrections you entered on a line include reported and overreported amounts on line 43.	both underreporte	ed and overreported	amounts. Explain both	h
This is to apply for the employee retention credit for Q2 2020 Part S1 Sign here. You must complete all five pages of this form and sign it. Under penalties of peginy, I declare that I have filed an original form 941 or Form 941-S5 and that I have examined this adjusted return or claim, including accompany as periodules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than tox paying is based on all information of which preparer has any knowledge. Sign your			Explain on line 43.			
Part 5: Sign here. You must complete all five pages of this form and sign it. Under penalties of perjury, I declare that I have filed an original Form 941 or Form 941-SS and that I have examined this adjusted return or claim, including the company of the stellar or the statements, and to the return or penalties of the statements, and to the return or penalties of the statements, and to the return or penalties of the statements, and to the return or penalties of the statements and to the return or penalties of the statements and to the return or penalties of the statements and	43. You must	give us a detailed explanation of how you determine	ned your correctio	ns. See the instruction	ns.	
Under penalties of perjury, I declare that I have filed an original Form 941-SS and that I have examined this adjusted return or claim, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign your name here Print your name here Print your title here Date Paid Preparer Use Only Preparer's name Neveen A Mansi PTIN P03007969 Date 10/27/2022 Best daytime phone 10/27/2022 EIN Address Address Phone (805) 836–9009	This is to	apply for the employee retention	on credit fo	r Q2 2020		
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Sign your name here Date Dat	Part 5: Sign here	e. You must complete all five pages of this fo	rm and sign it.			
Sign your name here Date Date Date Date Date Neveen A Mansi Frim's name (or yours if self-employed) Neveen A Mansi Address Sign your name here Print your name here Print your title here Date 10/27/2022 Firm's name (or yours if self-employed) Address Address Address Print your name here Print your name here Print your title here Date Date 10/27/2022 Firm's name (or yours if self-employed) Phone (805) 836-9009	Under penalties of pe	rjury, I declare that I have filed an original Form 941 or Fo	orm 941-SS and that	I have examined this accurrect, and complete. Do	djusted return or claim, ir eclaration of preparer (ot	ncluding her than
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