Form 9 (Rev. April	41-)	Adjusted Employer's QUA Department of the Treasury —	RTERLY Internal Reven	Federal Tax Ro	eturn or Claim for Refund OMB No. 1545-00
Employ (EIN)	er identif	ication number 3 5 - 1 9	2 7	0 0 9	Return You're Correcting Check the type of return you're correcting.
Name (not your ti	rade name) AIR TO GROUND SERVICES INC			X 941
= :	1:5				941-SS
rade n	name (if ai	(1/7)			Check the ONE quarter you're correcting.
Addres	3401	FERN VALLEY ROAD			1: January, February, March
	Nun	nber Street		Suite or room number	
	LOU	ISVILLE	KY	40213	2: April, May, June
	City		State	ZIP code	3: July, August, September
					X 4: October, November, December
			ovince/county	Foreign postal code	Enter the calendar year of the
made o	n Form on. Type	te instructions before completing this form. U 941 or 941-SS. Use a separate Form 941 or print within the boxes. You MUST comple 1 or 941-SS unless you're reclassifying worker	1-X for eacte all five pa	h quarter that needs ages. Don't attach this	quarter you're correcting.
Part 1:		t ONLY one process. See page 6 for additiona w to treat employment tax credits and social			Enter the date you discovered errors.
1	Also adjus both line 2	sted employment tax return. Check this box if y check this box if you overreported tax amounts a stment process to correct the errors. You must che underreported and overreported tax amounts on 17, if less than zero, may only be applied as a crearm 944 for the tax period in which you're filing the	and you would neck this box this form. The dit to your Fo	d like to use the if you're correcting ne amount shown on	01 / 16 / 2023 (MM / DD / YYYY)
X 2	the c	n. Check this box if you overreported tax amoun laim process to ask for a refund or abatement of t check this box if you're correcting ANY underre	the amount	shown on line 27.	
Part 2:	Com	plete the certifications.			
X 3		tify that I've filed or will file Forms W-2, Wa	ge and Tax	Statement, or Forms	N-2c, Corrected Wage and Tax Statement,
t u a	Note: If you wanted to adjust mediused to Mediust Mediused Mediuse	you're correcting underreported tax amounts on ints, for purposes of the certifications on lines 4 correct overreported amounts of Additional National states to being made for the current year. u checked line 1 because you're adjusting over icare Tax, check all that apply. You must check ify that:	and 5, Med Medicare Tax Verreported	icare tax doesn't include unless the amounts w federal income tax, soo	Additional Medicare Tax. Form 941-X can't be eren't withheld from employee wages or an
[a.	I repaid or reimbursed each affected employee year and the overcollected social security tax a security tax and Medicare tax overcollected in haven't claimed (or the claim was rejected) and	nd Medicare prior years, I	tax for current and prior have a written statement	years. For adjustments of employee social from each affected employee stating that they
[b.	The adjustments of social security tax and Medeach affected employee didn't give me a writte refund or credit for the overcollection.			
	c.	The adjustment is for federal income tax, social employee wages.	I security tax	, Medicare tax, or Addition	onal Medicare Tax that I didn't withhold from
	Med	u checked line 2 because you're claiming a re icare tax, or Additional Medicare Tax, check a ify that:			
[a.	I repaid or reimbursed each affected employee social security tax and Medicare tax overcollec that they haven't claimed (or the claim was reje	ted in prior y	ears, I have a written stat	tement from each affected employee stating
[b.	I have a written consent from each affected em tax and Medicare tax. For refunds of employee written statement from each affected employee refund or credit for the overcollection.	social secur	rity tax and Medicare tax	overcollected in prior years, I also have a
[c.	The claim for social security tax and Medicare affected employee didn't give me a written con or each affected employee didn't give me a writa refund or credit for the overcollection.	sent to file a	claim for the employee's	share of social security tax and Medicare tax,
Į	X d.	The claim is for federal income tax, social secu	rity tax, Med	licare tax, or Additional M	edicare Tax that I didn't withhold from

Cat. No. 17025J

lame (not your trade name)			Employer i	dentifica	tion number (EIN)	Correcting of	quarter 4 (1, 2, 3, 4)
							Correcting	calendar year (YYYY)
	GROUND SERVICES INC			35	-	1927009		2020
Part	3: Enter the corrections for the	is quarter. If any I	ine d		eave it			
		Column 1 Total corrected amount (for ALL employees)	-	Column 2 Amount originall reported or as previously correct (for ALL employee	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)		-		=			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)	•	-		=	If you're correcting your emp	× 0.124* =	use 0.062. See instructions
9.	Qualified sick leave wages* (Form 941 or 941-SS, line 5a(i), Column 1)	* Use line 9 only for qualifie	— ed sick l	eave wages paid after N	=	2020, 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 qualific	—	ily laava waras naid aft	=	1, 2020, for leave taken befor	× 0.062 =	
11.	Taxable social security tips (Form 941 or 941-SS, line 5b, Column 1)	ose line to only for qualif		iny leave wages paid and	=	1, 2020, for leave taxen belon	× 0.124* =	
12.	Taxable Medicare wages & tips (Form 941 or 941-SS, line 5c, Column 1)		-		 =	If you're correcting your emp	Note that the second s	use 0.062. See instructions.
13.	Taxable wages & tips subject to Additional Medicare Tax withholding (Form 941 or 941-SS, line 5d)		-	* Certain wa	=	f you're correcting your emplo . os 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)		-	ř	=	Ţ.	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)	85015 • 67	-	0 ·		85016 · 67	See instructions	-85015 · 67
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.	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	

Name (/	not your trade name)				Employer iden	tificat	ion number (EIN)	Correcting of	quarter 4 (1, 2, 3, 4)
,								Correcting	calendar year (YYYY)
AIR TO	GROUND SERVICES INC				35 -		1927009		2020
	3: Enter the corrections for thi	s quarter. If any li	ne c	loesn	t apply, leav	e it k	olank. (continued)		
		Column 1		(Column 2		Column 3 Difference		Column 4
		Total corrected amount (for ALL employees)	=	rej previd	ported 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 thro	ough 22 of Column 4			** ** ** ** **	e •e	8 6 6 6 6 6		-85015 · 67
24.	Deferred amount of social security tax* (Form 941 or 941-SS, line 13b)	* Use line 24 to correct the emp	_ oloyer	deferral fo	r the second quarter of	= of 2020 :	and the employer and employee	See instructions 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)		-			=		See instructions	•
26a.	Refundable portion of employee retention credit* (Form 941 or 941-SS, line 13d)	295976 · 06 * Use line 26a only for correction	–	quarters b	0 · 00	=	295976 · 06 , and before January 1, 2022.	See instructions	-295976 · 06
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	s 23 through 26c of 0	Colur	nn 4	* * * * *		* * * * * *		-380991 - 73
	If line 27 is less than zero:								
	 If you checked line 1, this is the an filing this form. (If you're currently 	100							iich you're
	If you checked line 2, this is the an	nount you want refun	ded	or aba	ted.				
	If line 27 is more than zero, this is pay, see Amount you owe in the inst		e. Pa	ay this	amount by the	time	you file this return. Fo	r information	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)	•	-		8 1 .	=			
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)	•	-		8#	=			
30.	Qualified wages for the employee retention credit* (Form 941 or 941-SS, line 21)	761983 · 46	– ns to q	juarters bi	0 · 00 eginning after March 3	=	761983 - 46 0, 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	quarters b	eginning after March	=	D, and before January 1, 2022.		
31b.	Check here if you're eligible for to solely because your business is a								
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 quarte	rs beginning after M	= larch 3	1, 2020, and before April 1, 2	021.	

Name (not your trade name)			Employer ide	ntifica	tion number (EIN)	Correcting quarter 4 (1, 2, 3, 4
				His . See			Correcting calendar year (YYYY)
AIR TO	GROUND SERVICES INC			35 -		1927009	2020
	3: Enter the corrections for the	is quarter. If any I	ine d	oesn't apply, lea	ve it	blank. (continued)	
		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 corre	- ections	to the second quarter of 2	= 020.		
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 corre	_ ections	to the third and fourth qua	= inters of	2020.	
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	_ ctions to	the second quarter of 20	20.		
Cautio	on: Lines 35-40 apply only to quarter	s beginning after Mar	ch 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)		_	9	=		
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 na	me)	Employe	r identific	cation number (EIN)	Correcting quarter 4 (1, 2, 3, 4) Correcting calendar year (YYYY)
AIR TO GROUND SE	DVICES INC	35	-	1927009	2020
	your corrections for this quarter.	- 33		1327003	LULU
41. Check he your under 42. Check he 43. You mus Amending 941 AIR TO GROU 3401 FERN VA LOUISVILLE K	ere if any corrections you entered on a line incluerreported and overreported amounts on line 43. ere if any corrections involve reclassified workers at give us a detailed explanation of how you determined to apply for ERC Credits. Please send to ND SERVICES INC	s. Explain on mined your he refund cl	line 43.	ions. See the instruct address on file:	uarters in 2020 and 2021 due to
Part 5: Sign her	e. You must complete all five pages of this	form and s	ign it.		
accompanying sche taxpayer) is based o	erjury, I declare that I have filed an original Form 941 or dules and statements, and to the best of my knowledge n all information of which preparer has any knowledge.	e and belief, it Print nam	your e here		Declaration of preparer (other than
	2/27/2024		E	Best daytime phone	
Paid Preparer U	se Only			Check if you	're self-employed
Preparer's name	Samuel Shu			PTIN	P03113993
Preparer's signature	Sal Shu			Date C	01 116124
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