

(EIN) Employer identification number	20-3060323		
Name (not your trade name)	ADVANTAGE SOLUTIONS INC.		
Trade name (if any)	Advantage Solutions Inc.		
Address	105 N KETCH DR		
	SUNRISE	FL	33326-2241

Report for this Quarter of 2007 (Check one.)

☐ 1: January, February, March

☐ 2: April, May, June

☐ 3: July, August, September

☒ 4: October, November, December

QBMT2901 03/05/07

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)	1	<u>1</u>
2	Wages, tips, and other compensation	2	<u>16,666.00</u>
3	Total income tax withheld from wages, tips, and other compensation	3	<u>2,376.00</u>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/>	Check and go to line 6.
5	Taxable social security and Medicare wages and tips:		
	Column 1	Column 2	
5a	Taxable social security wages <u>16,666.00</u> x .124 =	<u>2,066.58</u>	
5b	Taxable social security tips x .124 =		
5c	Taxable Medicare wages & tips ... <u>16,666.00</u> x .029 =	<u>483.31</u>	
5d	Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)	5d	<u>2,549.89</u>
6	Total taxes before adjustments (lines 3 + 5d = line 6)	6	<u>4,925.89</u>
7	TAX ADJUSTMENTS (Read the instructions for line 7 before completing lines 7a through 7h.):		
7a	Current quarter's fractions of cents		<u>0.01</u>
7b	Current quarter's sick pay		
7c	Current quarter's adjustments for tips and group-term life insurance		
7d	Current year's income tax withholding (attach Form 941c)		
7e	Prior quarter's social security and Medicare taxes (attach Form 941c)		
7f	Special additions to federal income tax (attach Form 941c)		
7g	Special additions to social security and Medicare (attach Form 941c)		
7h	TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.)	7h	<u>0.01</u>
8	Total taxes after adjustments (Combine lines 6 and 7h.)	8	<u>4,925.90</u>
9	Advance earned income credit (EIC) payments made to employees	9	
10	Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)	10	<u>4,925.90</u>
11	Total deposits for this quarter, including overpayment applied from a prior quarter	11	<u>4,925.90</u>
12	Balance due (If line 10 is more than line 11, enter the difference here.)	12	
	Follow the Instructions for Form 941-V, Payment Voucher.		
13	Overpayment (If line 11 is more than line 10, enter the difference here.) ...		

Check one ☐ Apply to next return.
☐ Send a refund.

Name (not your trade name)

ADVANTAGE SOLUTIONS INC.

Employer identification number (EIN)

20-3060323

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Publication 15 (Circular E), section 11.

14 FL Enter the state abbreviation for the state where you made your deposits OR enter "MU" if you made your deposits in multiple states.15 Check one: ☐ Line 10 is less than \$2,500. Go to Part 3.☒ You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.

Tax liability: Month 1 _____

Month 2 2,462.94Month 3 2,462.96Total liability for quarter 4,925.90 Total must equal line 10.☐ You were a semiweekly schedule depositor for any part of this quarter. Fill out Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to this form.**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**16 If your business has closed or you stopped paying wages ☐ Check here, and

enter the final date you paid wages _____.

17 If you are a seasonal employer and you do not have to file a return for every quarter of the year ☐ Check here.**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? (See instructions for details.)

☐ Yes. Designee's name _____

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS. _____

☐ No.**Part 5: Sign here. You MUST fill out both pages of this form and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

► Sign your name here

Print your name here _____

Print your title here _____

Date _____

Best daytime phone _____

Part 6: For paid preparers only (optional)

Paid Preparer's Signature _____

Firm's name _____

Address _____

EIN _____

ZIP code _____

Date _____

Phone _____

SSN/PTIN _____

☐ Check if you are self-employed.

Fax

To: Lisa Sharron	From: Sandra Villanueva / Santiago Angulo
Fax: 954-8473-4129	Pages: 19 including cover
Phone: 954-804-1025	Date: 01/04/08
Re: Q4 filling	CC: SA

☒ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Lisa,

Here is the new 940 form we filed for FUTA.
Also, I just want to remind you that I need the
state wpy for a W2 (OT).

Thank!

Sandra V.

TO: Lisa

Copy

Form **940 for 2007: Employer's Annual Federal Unemployment (FUTA) Tax Return** 870107
Department of the Treasury — Internal Revenue Service

OMB No. 1545-0028

(EIN)
Employer identification number 20-3060323

Name (not your trade name) ADVANTAGE SOLUTIONS INC.

Trade name (if any) Advantage Solutions Inc.

Address 105 N KETCH DR
SUNRISE FL 33326-2241

Type of Return (Check all that apply)

- ☐ a. Amended
- ☐ b. Successor employer
- ☐ c. No payments to employees in 2007.
- ☐ d. Final: Business closed or stopped paying wages

QBM940P1 11/16/07

Read the separate instructions before you fill out this form.

Part 1: Tell us about your return. If any line does NOT apply, leave it blank.

1 If you were required to pay your state unemployment tax in

1a One state only, enter the state abbreviation **1a** FL

- OR -

1b More than one state (You are a multi-state employer) **1b** ☐ Check here. Fill out Schedule A

2 Line 2 is not applicable for 2007 **2**

Part 2: Determine your FUTA tax before adjustments for 2007. If any line does NOT apply, leave it blank.

3 Total payments to all employees **3** 91,663.66

4 Payments exempt from FUTA tax **4** _____

Check all that apply: **4a** ☐ Fringe benefits **4c** ☐ Retirement/Pension **4e** ☐ Other
4b ☐ Group term life insurance **4d** ☐ Dependent care

5 Total of payments made to each employee in excess of \$7,000 **5** 84,663.66

6 Subtotal (line 4 + line 5 = line 6) **6** 84,663.66

7 Total taxable FUTA wages (line 3 - line 6 = line 7) **7** 7,000.00

8 FUTA tax before adjustments (line 7 x .008 = line 8) **8** 56.00

Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by .054 (line 7 x .054 = line 9). Then go to line 12 **9** _____

10 If SOME of the FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), fill out the worksheet in the instructions. Enter the amount from line 7 of the worksheet onto line 10 **10** _____

11 Line 11 is not applicable for 2007 **11**

Part 4: Determine your FUTA tax and balance due or overpayment for 2007. If any line does NOT apply, leave it blank.

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 = line 12) **12** 56.00

13 FUTA tax deposited for the year, including any payment applied from a prior year **13** 56.00

14 Balance due (If line 12 is more than line 13, enter the difference on line 14)
• If line 14 is more than \$500, you must deposit your tax.
• If line 14 is \$500 or less and you pay by check, make your check payable to the United States Treasury and write your EIN, Form 940, and 2007 on the check **14** _____

15 Overpayment (If line 13 is more than line 12, enter the difference on line 15 and check a box below) **15** _____

Check one: ☐ Apply to next return.
☐ Send a refund.

Next ►

Form **940** (2007)

► You **MUST** fill out both pages of this form and **SIGN** it.

For Privacy Act and Paperwork Reduction Act Notice, see Form 940-V, Payment Voucher.

BAA

Name (not your trade name)

ADVANTAGE SOLUTIONS INC.

Employer identification number (EIN)

20-3060323

Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.**16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.**

16a 1st quarter (January 1 - March 31) 16a _____

16b 2nd quarter (April 1 - June 30) 16b _____

16c 3rd quarter (July 1 - September 30) 16c _____

16d 4th quarter (October 1 - December 31) 16d _____

17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) 17 _____ **Total must equal line 12.****Part 6: May we speak with your third-party designee?****Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS?** See the instructions for details.☒ **Yes.** Designee's name Lisa Sharron CPA☐ **No.** Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS .. 1234**Part 7: Sign here. You MUST fill out both pages of this form and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees.

► **Sign your name here**[Signature]

Print your name here

Santiago Angulo

Print your title here

PresidentDate 01/15/2008Best daytime phone 860-970-9676**Part 8: For PAID preparers only (optional)**

If you were paid to prepare this return and are not an employee of the business that is filing this return, you may choose to fill out Part 8.

Paid Preparer's name

Preparer's SSN/PTIN

Paid Preparer's signature

Date

☐ Check if you are self-employed

Firm's name

Firm's EIN

Street Address

City

State

ZIP Code