

Q3



2100-EDTH

****TAX INFORMATION ENCLOSED**** Q3 2023

**1501 2100-EDTH
HAIR TO TOE LLC
2525 E FOOTHILL BLVD
PASADENA CA 91107-3432**

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1501-2100EDTH-274-Q03-2023

COMPLIANCE NOTICE

The IRS requires us to notify our clients that although we are designated as the Reporting Agent on Form 8655 (Reporting Agent Authorization), this does not relieve you from liability if tax payments and / or returns are not remitted by the due date.

The IRS recommends that clients enroll in and use EFTPS to ascertain whether an agent has made all required deposits on time. Most state agencies provide ways for you to verify tax payments as well; contact your state agency for this information.

Please be assured that we will make every effort to remit your tax payments and returns on time. If any issues do arise, we work with you and the agency to resolve the situation.

HAIR TO TOE LLC
2525 EAST FOOTHILL BOULEVARD

PASADENA, CA 91107-3432
ATTN: Yan Hu

Reconciliation Recap - Third Quarter 2023

Total Liability	7,239.79
Total Deposits	<u>-6,854.75</u>
Total Variance	385.04

TOTAL VARIANCE BREAKDOWN:

Overpayment Carry Over	0.00	Previous Liability Due	0.00
Overpayment Refund	0.00	Liability Carry Over	79.67

Tax	Description	Employer ID	Liability	Deposits	Variance	Type
941 Tax Liability	EE Social Security	47-4908868	2,027.18	2,027.18		
941 Tax Liability	ER Social Security	47-4908868	2,027.18	2,027.18		
941 Tax Liability	EE Medicare	47-4908868	474.10	474.10		
941 Tax Liability	ER Medicare	47-4908868	474.10	474.10		
941 Tax Liability	EE Fed Income Tax	47-4908868	1,350.73	1,350.73		
		TOTAL	6,353.29	6,353.29	0.00	
940 Tax Liability	ER Fed Unemploy	47-4908868	79.67			
		TOTAL	79.67	0.00	79.67	Liability Carry Over (deposit not due yet)
California	EE CA Income Tax	064-8557-7	207.19	207.19		
California	EE CA Disability	064-8557-7	294.27	294.27		
		TOTAL	501.46	501.46	0.00	
California	ER CA Unemploy	064-8557-7	292.09			
California	ER CA Emp Train	064-8557-7	13.28			
		TOTAL	305.37	0.00	305.37	
		QUARTER END TOTAL	7,239.79	6,854.75	385.04	

This report and the deposit amount are accurate as of September 30, 2023 . If changes were made after the date listed, the amounts may change.

Reconciliation Transaction Detail

Company Name: HAIR TO TOE LLC

For Quarter Ending: September 30, 2023

Client ID: 2100-EDTH

Tax - Description	Quarter End			Year To Date		
	Liability	Reportable Amount	Total Compensation	Liability	Reportable Amount	Total Compensation
941 Tax Liability - EE Social Security	2,027.18	32,696.45	32,696.45	5,295.93	85,418.35	85,418.35
941 Tax Liability - ER Social Security	2,027.18	32,696.45	32,696.45	5,295.93	85,418.35	85,418.35
941 Tax Liability - EE Medicare	474.10	32,696.45	32,696.45	1,238.58	85,418.35	85,418.35
941 Tax Liability - ER Medicare	474.10	32,696.45	32,696.45	1,238.58	85,418.35	85,418.35
941 Tax Liability - EE Fed Income Tax	1,350.73	32,696.45	32,696.45	4,099.21	85,418.35	85,418.35
940 Tax Liability - ER Fed Unemploy	79.67	13,277.41	32,696.45	225.82	37,636.51	85,418.35
California - EE CA Income Tax	207.19	32,696.45	32,696.45	468.72	85,418.35	85,418.35
California - EE CA Disability	294.27	32,696.45	32,696.45	768.76	85,418.35	85,418.35
California - ER CA Unemploy	292.09	13,277.41	32,696.45	827.99	37,636.51	85,418.35
California - ER CA Emp Train	13.28	13,277.41	32,696.45	37.64	37,636.51	85,418.35

Reportable Amount = Compensation subject to taxes, minus excess compensation or the amount over the wage base limits.

This report and the deposit amount are accurate as of September 30, 2023 . If changes were made after the date listed, the amounts may change.

HAIR TO TOE LLC
2525 EAST FOOTHILL BOULEVARD
PASADENA CA 91107-3432
ATTN: Yan Hu

Deposit Recap - Re: Third Quarter 2023		
	Count	Amount
Check	0	\$0.00
EFT	9	\$7,160.13
Total	9	\$7,160.13

Tax Code	Description	EIN	Period End	Due	Created	Deposited	Method	Type	Confirmation	Tax	Tax Total
CA	DBL WITHHOLDING	064-8557-7	30-SEP-2023	31-OCT-2023			EFT	Deposit	Scheduled	\$294.27	
Total	CA DBL WITHHOLDING										\$294.27
CA	EMP TRAINING TAX	064-8557-7	30-SEP-2023	31-OCT-2023			EFT	Deposit	Scheduled	\$13.28	
Total	CA EMP TRAINING TAX										\$13.28
CA	STATE UNEMPLOYMENT	064-8557-7	30-SEP-2023	31-OCT-2023			EFT	Deposit	Scheduled	\$292.10	
Total	CA STATE UNEMPLOYMENT										\$292.10
CA	STATE WITHHOLDING	064-8557-7	30-SEP-2023	31-OCT-2023			EFT	Deposit	Scheduled	\$207.19	
Total	CA STATE WITHHOLDING										\$207.19
FD	FEDERAL WITHHOLDING	474908868	14-JUL-2023	19-JUL-2023	18-JUL-2023	19-JUL-2023	EFT	Deposit	228360054110645	\$892.49	
FD	FEDERAL WITHHOLDING	474908868	28-JUL-2023	02-AUG-2023	01-AUG-2023	02-AUG-2023	EFT	Deposit	228361454061876	\$1,030.02	
FD	FEDERAL WITHHOLDING	474908868	11-AUG-2023	16-AUG-2023	15-AUG-2023	16-AUG-2023	EFT	Deposit	228362854058064	\$1,003.81	
FD	FEDERAL WITHHOLDING	474908868	31-AUG-2023	15-SEP-2023	14-SEP-2023	15-SEP-2023	EFT	Deposit	228365854080435	\$1,599.37	
FD	FEDERAL WITHHOLDING	474908868	30-SEP-2023	16-OCT-2023			EFT	Deposit	Scheduled	\$1,827.60	
Total	FD FEDERAL WITHHOLDING										\$6,353.29

Form **941 for 2023: Employer's QUARTERLY Federal Tax Return**

(Rev. March 2023)

Department of the Treasury -- Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)	4	7	-	4	9	0	8	8	6	8
Name (not your trade name)	HAIR TO TOE LLC									
Trade name (if any)										
Address	2525 EAST FOOTHILL BOULEVARD									
Number	PASADENA				State	CA		Suite or room number	91107-3432	
City					State			ZIP code		
Foreign country name					Foreign province/county			Foreign postal code		

**Report for this Quarter of 2023
(Check one.)**

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☒ 3: July, August, September
- ☐ 4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

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), or Dec. 12 (Quarter 4) . . . 1	5
2	Wages, tips, and other compensation 2	32,696.45
3	Federal income tax withheld from wages, tips, and other compensation 3	1,350.73
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.	
	Column 1	Column 2
5a	Taxable social security wages* 22,353.71 × 0.124 =	2,771.86
5a (i)	Qualified sick leave wages* × 0.062 =	.
5a (ii)	Qualified family leave wages* × 0.062 =	.
5b	Taxable social security tips 10,342.74 × 0.124 =	1,282.50
5c	Taxable Medicare wages & tips 32,696.45 × 0.029 =	948.20
5d	Taxable wages & tips subject to Additional Medicare Tax withholding × 0.009 =	.
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5,002.56
5f	Section 3121(q) Notice and Demand —Tax due on unreported tips (see instructions) 5f	.
6	Total taxes before adjustments. Add lines 3, 5e, and 5f 6	6,353.29
7	Current quarter's adjustment for fractions of cents 7	.
8	Current quarter's adjustment for sick pay 8	.
9	Current quarter's adjustments for tips and group-term life insurance 9	.
10	Total taxes after adjustments. Combine lines 6 through 9 10	6,353.29
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11a	.
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 11b	.
11c	Reserved for future use 11c	.

*Include taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) **only** for taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2020, and before April 1, 2021.

► You MUST complete all three pages of Form 941 and SIGN it.

Name (not your trade name) HAIR TO TOE LLC	Employer identification number (EIN) 47-4908868
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Part 1: Answer these questions for this quarter. (continued)

11d Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	11d	
11e Reserved for future use	11e	
11f Reserved for future use		
11g Total nonrefundable credits. Add lines 11a, 11b, and 11d	11g	
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12	6,353.29
13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13a	6,353.29
13b Reserved for future use	13b	
13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	13c	
13d Reserved for future use	13d	
13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	13e	
13f Reserved for future use.	13f	
13g Total deposits and refundable credits. Add lines 13a, 13c, and 13e	13g	6,353.29
13h Reserved for future use	13h	
13i Reserved for future use	13i	
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	
15 Overpayment. If line 13g is more than line 12, enter the difference		Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

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

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one:	<input type="checkbox"/>	Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.
	<input checked="" type="checkbox"/>	You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.
Tax liability:	Month 1	1,922.51
	Month 2	2,603.18
	Month 3	1,827.60
Total liability for quarter		6,353.29
		Total must equal line 12.
	<input type="checkbox"/>	You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

► You MUST complete all three pages of Form 941 and SIGN it.

Name (not your trade name)

HAIR TO TOE LLC

Employer identification number (EIN)

47-4908868

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages ☐ Check here, and enter the final date you paid wages ; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . ☐ Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 **19** .

20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 **20** .

21 Reserved for future use **21** .

22 Reserved for future use **22** .

23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 **23** .

24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 . . . **24** .

25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 **25** .

26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 **26** .

27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 . . **27** .

28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 **28** .

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 the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

☒ No.

Part 5: Sign here. You MUST complete all three pages of Form 941 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X**Sign your name here**REFERENCE COPY PREPARED BY PAYCHEX
DO NOT FILE

Print your name here

Print your title here

Date

Best daytime phone

Paid Preparer Use OnlyCheck if you're self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

OUTSTANDING TAX LIABILITIES

1501-2100EDTH HAIR TO TOE LLC

PAYCHEX WILL MAKE THESE TAX DEPOSITS ON YOUR BEHALF - This information serves as a record of payment.

<u>DUE DATE</u>	<u>DESCRIPTION</u>	
10/31/23	CA DBL	294.27
10/31/23	CA ETT	13.28
10/31/23	CA STATE WITHHOLDING	207.19
10/31/23	CA SUI	292.10

DE 9

QUARTER ENDED	09 30 23	DUE	10 01 23	DELINQUENT	10 31 23	23 3
1501-2100EDTH		TAXPAY [®]	23273			064 8557 7

HAIR TO TOE LLC
2525 EAST FOOTHILL BOULEVARD
PASADENA CA 91107-3432

47 4908868

C. TOTAL SUBJECT WAGES PAID THIS QUARTER	32 696 45
D. UNEMPLOYMENT INSURANCE (Wages up to \$ <u>7,000</u>)	
2.20 % X 13 277 41	292 10
E. EMPLOYMENT TRAINING TAX	
0.10 % X	13 28
F. STATE DISABILITY INSURANCE (Wages to \$ 153,164)	
0.90 % X 32 696 45	294 27
G. CALIFORNIA PIT WITHHELD	207 19
H. SUBTOTAL	806 84
I. LESS: PREVIOUS PAYMENTS	0 00
J. TOTAL TAXES DUE OR OVERPAID	806 84

QUARTERLY CONTRIBUTION
RETURN AND REPORT OF WAGES
(CONTINUATION)

REMINDER: File your DE 9 and DE 9C together.
You must FILE this report even if you had no payroll. If you had no payroll,
complete items C and O.

Page Number 1 of 1

QUARTER ENDED 09 30 23

DUE 10 01 23

DELINQUENT IF
NOT POSTMARKED 10 31 23
OR RECEIVED BY

YR	QTR
23	3

EMPLOYER ACCOUNT NO.

064 8557 7

1501 2100EDTH

CA TAXPAY®

23273

HAIR TO TOE LLC
2525 EAST FOOTHILL BOULEVARD
PASADENA CA 91107-3432

A. EMPLOYEES full-time who worked during or received pay
subject to UI for the payroll period which includes the
12th of the month.

1st Mo.	2nd Mo.	3rd Mo.
5	5	5

D. SOCIAL SECURITY NUMBER 567 79 4193	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) JUDITH QUESADA	
F. TOTAL SUBJECT WAGES 3 695 12	G. PIT WAGES 3 695 12	H. PIT WITHHELD 2 30
D. SOCIAL SECURITY NUMBER 602 29 1920	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) SARAH RAMIREZ	
F. TOTAL SUBJECT WAGES 5 147 41	G. PIT WAGES 5 147 41	H. PIT WITHHELD 68 81
D. SOCIAL SECURITY NUMBER 605 56 4561	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) KATHLEEN UGALDE	
F. TOTAL SUBJECT WAGES 3 573 75	G. PIT WAGES 3 573 75	H. PIT WITHHELD 15 77
D. SOCIAL SECURITY NUMBER 617 07 7777	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) ANTONIA RODRIGUEZ	
F. TOTAL SUBJECT WAGES 15 723 92	G. PIT WAGES 15 723 92	H. PIT WITHHELD 39 10
D. SOCIAL SECURITY NUMBER 626 04 4923	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) ALEJANDRA FLORES	
F. TOTAL SUBJECT WAGES 4 371 13	G. PIT WAGES 4 371 13	H. PIT WITHHELD 81 21
D. SOCIAL SECURITY NUMBER 787 38 0176	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) HERMINEH SHABANI	
F. TOTAL SUBJECT WAGES 185 12	G. PIT WAGES 185 12	H. PIT WITHHELD 0 00
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD
I. TOTAL SUBJECT WAGES THIS PAGE 32 696 45	J. TOTAL PIT WAGES THIS PAGE 32 696 45	K. TOTAL PIT WITHHELD THIS PAGE 207 19
L. GRAND TOTAL SUBJECT WAGES 32 696 45	M. GRAND TOTAL PIT WAGES 32 696 45	N. GRAND TOTAL PIT WITHHELD 207 19

REFERENCE COPY PREPARED BY PAYCHEX DO NOT FILE