

Q4



2100-EDTH

****TAX INFORMATION ENCLOSED**** Q4 2023

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

T



1501-2100EDTH-365-Q04-2023

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 - Fourth Quarter 2023

Total Liability	6,992.77
Total Deposits	-6,753.43
Total Variance	239.34

TOTAL VARIANCE BREAKDOWN:

Overpayment Carry Over	0.00	Previous Liability Due	0.00
Overpayment Refund	0.00	Liability Carry Over	49.52

Tax	Description	Employer ID	Liability	Deposits	Variance	Type
941 Tax Liability	EE Social Security	47-4908868	2,088.65	2,088.65		
941 Tax Liability	ER Social Security	47-4908868	2,088.65	2,088.65		
941 Tax Liability	EE Medicare	47-4908868	488.47	488.47		
941 Tax Liability	ER Medicare	47-4908868	488.47	488.47		
941 Tax Liability	EE Fed Income Tax	47-4908868	1,238.11	1,238.11		
		TOTAL	6,392.35	6,392.35	0.00	
940 Tax Liability	ER Fed Unemploy	47-4908868	49.52			
		TOTAL	49.52	0.00	49.52	Liability Carry Over (deposit not due yet)
California	EE CA Income Tax	064-8557-7	57.87	57.87		
California	EE CA Disability	064-8557-7	303.21	303.21		
		TOTAL	361.08	361.08	0.00	
California	ER CA Unemploy	064-8557-7	181.58			
California	ER CA Emp Train	064-8557-7	8.24			
		TOTAL	189.82	0.00	189.82	
		QUARTER END TOTAL	6,992.77	6,753.43	239.34	

This report and the deposit amount are accurate as of December 31, 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: December 31, 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	2,088.65	33,687.93	33,687.93	7,384.58	119,106.28	119,106.28
941 Tax Liability - ER Social Security	2,088.65	33,687.93	33,687.93	7,384.58	119,106.28	119,106.28
941 Tax Liability - EE Medicare	488.47	33,687.93	33,687.93	1,727.05	119,106.28	119,106.28
941 Tax Liability - ER Medicare	488.47	33,687.93	33,687.93	1,727.05	119,106.28	119,106.28
941 Tax Liability - EE Fed Income Tax	1,238.11	33,687.93	33,687.93	5,337.32	119,106.28	119,106.28
940 Tax Liability - ER Fed Unemploy	49.52	8,253.60	33,687.93	275.33	45,890.11	119,106.28
California - EE CA Income Tax	57.87	33,687.93	33,687.93	526.59	119,106.28	119,106.28
California - EE CA Disability	303.21	33,687.93	33,687.93	1,071.97	119,106.28	119,106.28
California - ER CA Unemploy	181.58	8,253.60	33,687.93	1,009.58	45,890.11	119,106.28
California - ER CA Emp Train	8.24	8,253.60	33,687.93	45.88	45,890.11	119,106.28

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 December 31, 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: Fourth Quarter 2023		
	Count	Amount
Check	0	\$0.00
EFT	8	\$7,347.77
Total	8	\$7,347.77

Tax Code	Description	EIN	Period End	Due	Created	Deposited	Method	Type	Confirmation	Tax	Tax Total
CA	DBL WITHHOLDING	064-8557-7	31-DEC-2023	31-JAN-2024			EFT	Deposit	Scheduled	\$303.19	
Total	CA DBL WITHHOLDING										\$303.19
CA	EMP TRAINING TAX	064-8557-7	31-DEC-2023	31-JAN-2024			EFT	Deposit	Scheduled	\$8.25	
Total	CA EMP TRAINING TAX										\$8.25
CA	STATE UNEMPLOYMENT	064-8557-7	31-DEC-2023	31-JAN-2024			EFT	Deposit	Scheduled	\$181.58	
Total	CA STATE UNEMPLOYMENT										\$181.58
CA	STATE WITHHOLDING	064-8557-7	31-DEC-2023	31-JAN-2024			EFT	Deposit	Scheduled	\$57.87	
Total	CA STATE WITHHOLDING										\$57.87
FD	FED UNEMPLOYMENT	474908868	31-DEC-2023	31-JAN-2024			EFT	Deposit	Scheduled	\$404.53	
Total	FD FED UNEMPLOYMENT										\$404.53
FD	FEDERAL WITHHOLDING	474908868	31-OCT-2023	15-NOV-2023	14-NOV-2023	15-NOV-2023	EFT	Deposit	228371954193236	\$1,771.64	
FD	FEDERAL WITHHOLDING	474908868	30-NOV-2023	15-DEC-2023	14-DEC-2023	15-DEC-2023	EFT	Deposit	228374954073416	\$1,787.00	
FD	FEDERAL WITHHOLDING	474908868	31-DEC-2023	16-JAN-2024			EFT	Deposit	Scheduled	\$2,833.71	
Total	FD FEDERAL WITHHOLDING										\$6,392.35

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	33,687.93
3	Federal income tax withheld from wages, tips, and other compensation 3	1,238.11
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* 23,115.54 × 0.124 =	2,866.33
5a (i)	Qualified sick leave wages* × 0.062 =	.
5a (ii)	Qualified family leave wages* × 0.062 =	.
5b	Taxable social security tips 10,572.39 × 0.124 =	1,310.98
5c	Taxable Medicare wages & tips 33,687.93 × 0.029 =	976.95
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	5,154.26
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	6,392.37
7	Current quarter's adjustment for fractions of cents 7	-.02
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	6,392.35
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
---	--

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

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

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

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: ☐ Apply to next return ☐ 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: ☐ 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.
- ☒ 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

Month 2

Month 3

Total liability for quarter

Total must equal line 12.

- ☐ 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

Form **940 for 2023: Employer's Annual Federal Unemployment (FUTA) Tax Return**
 Department of the Treasury - Internal Revenue Service

850113

OMB No. 1545-0028

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	Street				Suite or room number			
PASADENA	CA				91107			
City	State				ZIP code			
Foreign country name	Foreign province/county				Foreign postal code			

Type of Return
(Check all that apply.)

- ☐ a. Amended
- ☐ b. Successor employer
- ☐ c. No payments to employees in 2023
- ☐ d. Final: Business closed or stopped paying wages

Go to www.irs.gov/form940 for instructions and the latest information.

Read the separate instructions before you complete this form. Please type or print within the boxes.

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

- 1a If you had to pay state unemployment tax in one state only, enter the state abbreviation 1a ☐ C ☐ A
- 1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer 1b ☐ Complete Schedule A (Form 940).
- 2 If you paid wages in a state that is subject to CREDIT REDUCTION 2 ☒ Check here. Complete Schedule A (Form 940).

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

3	Total payments to all employees	3	119106.28
4	Payments exempt from FUTA tax	4	
	Check all that apply 4a <input type="checkbox"/> Fringe benefits 4c <input type="checkbox"/> Retirement/Pension 4e <input type="checkbox"/> Other		
	4b <input type="checkbox"/> Group-term life insurance 4d <input type="checkbox"/> Dependent care		
5	Total of payments made to each employee in excess of \$7,000	5	73216.17
6	Subtotal (line 4 + line 5 = line 6)	6	73216.17
7	Total taxable FUTA wages (line 3 - line 6 = line 7). See instructions	7	45890.11
8	FUTA tax before adjustments (line 7 x 0.006 = line 8)	8	275.34

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 0.054 (line 7 x 0.054 = line 9). Go to line 12	9	
10	If SOME of the taxable 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), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet	10	
11	If credit reduction applies, enter the total from Schedule A (Form 940)	11	275.34

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

12	Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12)	12	550.68
13	FUTA tax deposited for the year, including any overpayment applied from a prior year	13	550.68
14	Balance due If line 12 is more than line 13, enter the excess on line 14. <input type="checkbox"/> If line 14 is more than \$500, you must deposit your tax. <input type="checkbox"/> If line 14 is \$500 or less, you may pay with this return. See instructions	14	
15	Overpayment If line 13 is more than line 12, enter the excess on line 15 and check a box below	15	

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

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

Next ➔

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 112340

Form **940** (2023)

Name (not your trade name)

HAIR TO TOE LLC

Employer identification number (EIN)

47-4908868

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 and phone number

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

 ☐ **No.****Part 7: Sign here. You MUST complete 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X Sign your name here

Date

Print your name here

REFERENCE COPY PREPARED

Print your title here

BY PAYCHEX DO NOT FILE

Best daytime phone

Paid preparer use onlyCheck if you are 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

Schedule A (Form 940) for 2023:
Multi-State Employer and Credit Reduction Information
Department of the Treasury -- Internal Revenue Service

860312

OMB No. 1545-0028

See the
instructions on
page 2. File this
schedule with
Form 940.

Employer identification number (EIN)

4 7 - 4 9 0 8 8 6 8

Name (not your trade name)

HAIR TO TOE LLC

Place an "X" in the box of EVERY state in which you had to pay state unemployment tax this year. For each state with a credit reduction rate greater than zero, enter the FUTA taxable wages, multiply by the reduction rate, and enter the credit reduction amount. Don't include in the FUTA Taxable Wages box wages that were excluded from state unemployment tax (see the instructions for Step 2). If any states don't apply to you, leave them blank.

Table with 8 columns: Postal Abbreviation, FUTA Taxable Wages, Reduction Rate, Credit Reduction, Postal Abbreviation, FUTA Taxable Wages, Reduction Rate, Credit Reduction. Rows include states from AK to MT, with CA having an 'X' and values.

Total Credit Reduction. Add all amounts shown in the Credit Reduction boxes. Enter the total here and on Form 940, line 11

275.34

OUTSTANDING TAX LIABILITIES

CASH REQUIRED FOR OUTSTANDING TAX LIABILITIES FOR QUARTER ENDING - 12/31/23: \$275.34 - These transfers are due to liability adjustments.

ELECTRONIC FUNDS TRANSFER - Transfer will be initiated at or after 12:01 A.M. on transaction date.

<u>TRANS DATE</u>	<u>NAME</u>	<u>ACCOUNT NUMBER</u>	<u>DESCRIPTION</u>	<u>BANK DRAFT AMOUNT</u>
01/22/24	JPMORGAN CHASE BANK, NA	XXXXXXXXXXXX187	FUTA	275.34
EFT FOR 01/22/24 TOTAL EFT				275.34

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

<u>DUE DATE</u>	<u>DESCRIPTION</u>
01/31/24	FUTA
01/31/24	CA DBL
01/31/24	CA ETT
01/31/24	CA STATE WITHHOLDING
01/31/24	CA SUI
	404.53
	303.19
	8.25
	57.87
	181.58

DE 9

QUARTER ENDED	12 31 23	DUE	01 01 24	DELINQUENT	01 31 24	23 4
1501-2100EDTH		TAXPAY [®]	23365			064 8557 7

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

47 4908868

C. TOTAL SUBJECT WAGES PAID THIS QUARTER	33 687 93
D. UNEMPLOYMENT INSURANCE (Wages up to \$ <u>7,000</u>)	
2.20 % X 8 253 60	181 58
E. EMPLOYMENT TRAINING TAX	
0.10 % X	8 25
F. STATE DISABILITY INSURANCE (Wages to \$ 153,164)	
0.90 % X 33 687 93	303 19
G. CALIFORNIA PIT WITHHELD	57 87
H. SUBTOTAL	550 89
I. LESS: PREVIOUS PAYMENTS	0 00
J. TOTAL TAXES DUE OR OVERPAID	550 89

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 2

QUARTER ENDED 12 31 23

DUE 01 01 24

DELINQUENT IF
NOT POSTMARKED 01 31 24
OR RECEIVED BY

YR	QTR
23	4

EMPLOYER ACCOUNT NO.

064 8557 7

1501 2100EDTH

CA TAXPAY®

23365

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.
7	7	5

D. SOCIAL SECURITY NUMBER 563 63 1713	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) AMANDA RODRIGUEZ	
F. TOTAL SUBJECT WAGES 1 051 33	G. PIT WAGES 1 051 33	H. PIT WITHHELD 0 00
D. SOCIAL SECURITY NUMBER 567 79 4193	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) JUDITH QUESADA	
F. TOTAL SUBJECT WAGES 4 185 85	G. PIT WAGES 4 185 85	H. PIT WITHHELD 2 57
D. SOCIAL SECURITY NUMBER 602 29 1920	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) SARAH RAMIREZ	
F. TOTAL SUBJECT WAGES 3 174 34	G. PIT WAGES 3 174 34	H. PIT WITHHELD 21 72
D. SOCIAL SECURITY NUMBER 605 56 4561	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) KATHLEEN UGALDE	
F. TOTAL SUBJECT WAGES 354 93	G. PIT WAGES 354 93	H. PIT WITHHELD 0 00
D. SOCIAL SECURITY NUMBER 611 44 2107	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) KHADIJAH MANSON	
F. TOTAL SUBJECT WAGES 1 182 01	G. PIT WAGES 1 182 01	H. PIT WITHHELD 0 00
D. SOCIAL SECURITY NUMBER 612 88 8715	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) FIONA MCEL RATH	
F. TOTAL SUBJECT WAGES 3 873 12	G. PIT WAGES 3 873 12	H. PIT WITHHELD 16 42
D. SOCIAL SECURITY NUMBER 617 07 7777	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) ANTONIA RODRIGUEZ	
F. TOTAL SUBJECT WAGES 17 722 37	G. PIT WAGES 17 722 37	H. PIT WITHHELD 17 16
I. TOTAL SUBJECT WAGES THIS PAGE 31 543 95	J. TOTAL PIT WAGES THIS PAGE 31 543 95	K. TOTAL PIT WITHHELD THIS PAGE 57 87
L. GRAND TOTAL SUBJECT WAGES 33 687 93	M. GRAND TOTAL PIT WAGES 33 687 93	N. GRAND TOTAL PIT WITHHELD 57 87

REFERENCE COPY PREPARED BY PAYCHEX DO NOT FILE

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 2 of 2

QUARTER
ENDED 12 31 23

DUE 01 01 24

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY 01 31 24

YR	QTR
23	4

EMPLOYER ACCOUNT NO.

064 8557 7

1501 2100EDTH

CA TAXPAY®

23365

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

D. SOCIAL SECURITY NUMBER 626 04 4923	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) ALEJANDRA FLORES	
F. TOTAL SUBJECT WAGES 2 143 98	G. PIT WAGES 2 143 98	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
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD
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 2 143 98	J. TOTAL PIT WAGES THIS PAGE 2 143 98	K. TOTAL PIT WITHHELD THIS PAGE 0 00
L. GRAND TOTAL SUBJECT WAGES	M. GRAND TOTAL PIT WAGES	N. GRAND TOTAL PIT WITHHELD

REFERENCE COPY PREPARED BY PAYCHEX DO NOT FILE