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orm Rev. Ma	ch 2023) Employe Department of the	r's QUARTERLY e Treasury — Internal Revenue	Federal Tax Service	k Retui	'n	OMB No. 1545-002
Employ	er identification number (EIN) $\boxed{2}$ $\boxed{0}$ $ \boxed{}$	8 7 1 4	3 2 9	1 1	Repor	t for this Quarter of 2023
Name	(not your trade name) Alan Rowe				<b>1:</b> Ja	anuary, February, March
	Hartisultura Favinment 8	ż Services, LLC			<b>2</b> : A	pril, May, June
Trade		55011003, 220			<b>] 3:</b> Ju	uly, August, September
Addre	ss 3390 Spring Creek Road Number Street		Suite or room number			ctober, November, December
	Estill Springs	TN	37330-3808			ww.irs.gov/Form941 for ons and the latest information.
	City	State	ZIP code			
	Foreign country name	Foreign province/county	Foreign postal code			
Read t <b>Part</b> 1	e separate instructions before you comp  Answer these questions for this		rint within the boxes	5.		
1	Number of employees who received w		pensation for the p	ay period		
	including: Mar. 12 (Quarter 1), June 12 (				1	0
2	Wages, tips, and other compensation				2	23108 23
					ء ٦	1887 " 7.
3	Federal income tax withheld from wag	jes, tips, and other comp	pensation		3	1007 17.
4	If no wages, tips, and other compensa					Check and go to line 6.
_		23108 <u>25</u>	× 0.124 =	2865 <b>a</b>	42	*Include taxable qualified sick and
5a	Taxable social security wages*		× 0.124 = × 0.062 =		12	family leave wages paid in this quarter of 2023 for leave taken
5a	(i) Qualified sick leave wages* .		× 0.062 = × 0.062 =	-		after March 31, 2021, and before October 1, 2021, on line 5a. Use
5a	(ii) Qualified family leave wages* .		× 0.124 =	-		lines 5a(i) and 5a(ii) <b>only</b> for taxable qualified sick and family leave
5b	Taxable social security tips		× 0.124 = × 0.029 =	670	14	wages paid in this quarter of 2023 for leave taken after March 31, 2020, and before April 1, 2021.
5c 5d	Taxable Medicare wages & tips   Taxable wages & tips subject to	23100 23	X 0.029 =			2020, and before April 1, 2021.
	Additional Medicare Tax withholding	•	× 0.009 =	-		
5e	Total social security and Medicare taxes	s. Add Column 2 from lines	5a, 5a(i), 5a(ii), 5b, 5	c, and 5d	5e	3535 _ 5
5f	Section 3121(q) Notice and Demand—	Tax due on unreported	tins (see instruction	ns)	5f	
01						5423 _ 2
6	Total taxes before adjustments. Add l	ines 3, 5e, and 5f			6	5423 2
7	Current quarter's adjustment for fract	tions of cents			7	
8	Current quarter's adjustment for sick	pay			8	
9	Current quarter's adjustments for tips	s and group-term life ins	urance		9	
10	Total taxes after adjustments. Combin	ne lines 6 through 9 .			10	5423 . 2
11a	Qualified small business payroll tax cre	dit for increasing researc	<b>h activities.</b> Attach	Form 8974	11a	п
11b	Nonrefundable portion of credit for q before April 1, 2021	ualified sick and family l		eave taken	11b	
11c	Reserved for future use				11c	

Name (	not your trade name)				fication number (EIN)
SHOW WITH STREET	Rowe		20	- 8	714329
Part	1: Answer these questions for this qua	arter. (continued)			
11d	Nonrefundable portion of credit for quali after March 31, 2021, and before October	-		11d	
11e	Reserved for future use			11e	
11f	Reserved for future use			_	
11g	Total nonrefundable credits. Add lines 11a	a, 11b, and 11d		11g	
12	Total taxes after adjustments and nonref			12	5423 🗷 29
13a	Total deposits for this quarter, including overpayments applied from Form 941-X, 941-X			13a	
13b	Reserved for future use			13b	
13c	Refundable portion of credit for qualified before April 1, 2021	d sick and family leave wages for leave		13c	
13d	Reserved for future use			13d	
13e	Refundable portion of credit for qualifie after March 31, 2021, and before October			13e	
13f	Reserved for future use			13f	
13g	Total deposits and refundable credits. Ac	ld 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 13	g, enter the difference and see instructions		14	5423 29
15	Overpayment. If line 13g is more than line 12,		Check o	one: [	Apply to next return. Send a refund.
Part	2: Tell us about your deposit schedule	e and tax liability for this quarter.			
f you	re unsure about whether you're a monthly	schedule depositor or a semiweekly sch	edule de	eposit	or, see section 11 of Pub. 15.
16 (	and you didn't incur a \$- quarter was less than \$2, federal tax liability. If you	less than \$2,500 or line 12 on the return 100,000 next-day deposit obligation durin 500 but line 12 on this return is \$100,000 i're a monthly schedule depositor, complesitor, attach Schedule B (Form 941). Go to	or more ete the	urrent , you	<b>quarter.</b> If line 12 for the prior must provide a record of your
	You were a monthly sch liability for the quarter, the	edule depositor for the entire quarter. En n go to Part 3.	nter your	tax lia	ability for each month and total
	Tax liability: Month 1	ш			
	Month 2	ш			
*	Month 3	5423 29			
	Total liability for quarter	5423 <b>29</b> Total m	nust equ	ıal line	12.
		<b>schedule depositor for any part of this q</b> Semiweekly Schedule Depositors, and attac		,	The state of the s

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	not your trade name)			entification number (EIN)					
Alan l		ut your business. If a question does NOT apply to your business		8714329					
17		s has closed or you stopped paying wages		Check here, and					
	enter the final da	ate you paid wages / / ; also attach a statement to	your return.	See instructions.					
18	If you're a seas	onal employer and you don't have to file a return for every quarter	of the year	Check here.					
19	Qualified health p	an expenses allocable to qualified sick leave wages for leave taken before April	1 1, 2021 1	9					
20	Qualified health p	an expenses allocable to qualified family leave wages for leave taken before Apri	il 1, 2021 2	0					
21	Reserved for fu	iture use	2						
22	Reserved for fu	or future use							
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		r certain collectively bargained agreements allocable to qualific ported on line 23		5					
26	Qualified family	leave wages for leave taken after March 31, 2021, and before October	1, 2021 2	6					
27	Qualified health	n plan expenses allocable to qualified family leave wages reported on	line 26 2	7					
28	Amounts unde	r certain collectively bargained agreements allocable to qualified	d family						
		ported on line 26	2	8					
Part		eak with your third-party designee? allow an employee, a paid tax preparer, or another person to discuss th	nio roturo w	th the IDS2 See the instructions					
	for details.	allow an employee, a paid tax preparer, or another person to discuss the	iis return w	til the instructions					
	Yes. Design	nee's name and phone number							
	Select	a 5-digit personal identification number (PIN) to use when talking to the	e IRS.						
Part		You MUST complete all three pages of Form 941 and SIGN it.							
Unde	er penalties of perju	ry, I declare that I have examined this return, including accompanying schedules ect, and complete. Declaration of preparer (other than taxpayer) is based on all ir							
_		Print your							
	n your me here	name here L							
IIai	The field	title here							
	Date	Best daytime p	ohone						
P;	aid Preparer U	Jse Only C	Check if you	re self-employed					
	parer's name		PTIN						
Prep	oarer's signature		Date	/ /					
Firm	n's name (or yours l		EIN						
Add	dress		Phone						
		Clata							
City		State	ZIP code						
	3			- 044					

# Form 941-V, Payment Voucher

### **Purpose of Form**

Complete Form 941-V if you're making a payment with Form 941. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

## **Making Payments With Form 941**

To avoid a penalty, make your payment with Form 941 only if:

- Your total taxes after adjustments and nonrefundable credits (Form 941, line 12) for either the current quarter or the preceding quarter are less than \$2,500, you didn't incur a \$100,000 next-day deposit obligation during the current quarter, and you're paying in full with a timely filed return; or
- You're a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 for details. In this case, the amount of your payment may be \$2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 for deposit instructions. Don't use Form 941-V to make federal tax deposits.



Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should've been deposited, you

may be subject to a penalty. See Deposit Penalties in section 11 of Pub. 15.

### Specific Instructions

Box 1—Employer identification number (EIN). If you don't have an EIN, you may apply for one online by visiting the IRS website at <a href="https://www.irs.gov/EIN">www.irs.gov/EIN</a>. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

**Box 2—Amount paid.** Enter the amount paid with Form 941.

**Box 3—Tax period.** Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

**Box 4—Name and address.** Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period ("1st Quarter 2023," "2nd Quarter 2023," "3rd Quarter 2023," or "4th Quarter 2023") on your check or money order. Don't send cash. Don't staple Form 941-V or your payment to Form 941 (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

**Note:** You must also complete the entity information above Part 1 on Form 941.

### Detach Here and Mail With Your Payment and Form 941.

E 941-V Department of the Treasury Internal Revenue Service		Do	Payment Voucher  Don't staple this voucher or your payment to Form 941.				OMB No. 1545-0029	
1 Enter your employer ide number (EIN). 20 - 871432				Enter the amount of your payment.  Make your check or money order payable to "United States Treasury."	Dollars	5423	Cents 29	
3 Tax Period			4	Enter your business name (individual name if sole proprietor).  Alan Rowe				
1st Quarter	0	3rd Quarter		Enter your address. 3390 Spring Creek Road				
2nd Quarter	0	4th Quarter		Enter your city, state, and ZIP code; or your city, foreign country name Etill Springs TN 37330-3808	, foreign province/coun	ty, and foreign	postal code.	