

Form **941 for 2021: Employer's QUARTERLY Federal Tax Return**
 (Rev. March 2021) Department of the Treasury — Internal Revenue Service

950121
 OMB No. 1545-0029

Employer identification number (EIN) **26-0627184**

Name (not your trade name) **Artistic Renovations of Ohio LLC**

Trade name (if any) _____

Address **12333 Ridge Rd. Unit 1B**
Number Street Suite or room number

North Royalton **OH** **44133**
City State ZIP code

Foreign country name _____ Foreign province/county _____ Foreign postal code _____

Report for this Quarter of 2021
 (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.

REV 03/10/21 QBOT

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**

2 Wages, tips, and other compensation **2**

3 Federal income tax withheld from wages, tips, and other compensation **3**

4 If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages	<input type="text" value="74,525.98"/>	$\times 0.124 =$	<input type="text" value="9,241.22"/>
5a (i) Qualified sick leave wages	<input type="text"/>	$\times 0.062 =$	<input type="text"/>
5a (ii) Qualified family leave wages	<input type="text"/>	$\times 0.062 =$	<input type="text"/>
5b Taxable social security tips	<input type="text"/>	$\times 0.124 =$	<input type="text"/>
5c Taxable Medicare wages & tips	<input type="text" value="74,525.98"/>	$\times 0.029 =$	<input type="text" value="2,161.25"/>
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	$\times 0.009 =$	<input type="text"/>

5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d **5e**

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**

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**

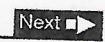
10 Total taxes after adjustments. Combine lines 6 through 9 **10**

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 from Worksheet 1 **11b**

11c Nonrefundable portion of employee retention credit from Worksheet 1 **11c**

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



Name (not your trade name)

Artistic Renovations of Ohio LLC

950221

Employer identification number (EIN)

26-0627184

Part 1: Answer these questions for this quarter. (continued)

- 11d Total nonrefundable credits. Add lines 11a, 11b, and 11c 11d
- 12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d 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 from Worksheet 1 13c
- 13d Refundable portion of employee retention credit from Worksheet 1 13d
- 13e Total deposits and refundable credits. Add lines 13a, 13c, and 13d 13e
- 13f Total advances received from filing Form(s) 7200 for the quarter 13f
- 13g Total deposits and refundable credits less advances. Subtract line 13f from line 13e 13g
- 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)

Artistic Renovations of Ohio LLC

950921

Employer identification number (EIN)

26-0627184

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 19
- 20 Qualified health plan expenses allocable to qualified family leave wages 20
- 21 Qualified wages for the employee retention credit 21
- 22 Qualified health plan expenses allocable to wages reported on line 21 22
- 23 Credit from Form 5884-C, line 11, for this quarter 23
- 24 Reserved for future use 24
- 25 Reserved for future use 25

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.

REV 03/10/21 QBOT

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.



Sign your name here

[Handwritten Signature]

Print your name here

KENNETH PERREW

Print your title here

PRESIDENT

Date

4/8/21

Best daytime phone

216-520-0538

Paid Preparer Use Only

Preparer's name

Preparer's signature

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

Address

City State

Check if you're self-employed

PTIN

Date

EIN

Phone

ZIP code

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

960311

OMB No. 1545-0029

Employer identification number (EIN)

26-0627184

Name (not your trade name)

Artistic Renovations of Ohio LLC

Calendar year

2021

(Also check quarter)

Report for this Quarter...
(Check one.)

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

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must file out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1	1,320.14	9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	1,320.14
6		14		22	1,320.14	30	
7		15	1,320.14	23		31	
8	1,320.12	16		24			

Tax liability for Month 1
6,600.68

Month 2

1		9		17		25	
2		10		18		26	
3		11		19	1,320.14	27	
4		12	1,320.14	20		28	
5	1,320.12	13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24	1,320.14		

Tax liability for Month 2
5,280.54

Month 3

1		9		17		25	
2		10		18		26	1,320.14
3		11		19	1,226.84	27	
4		12	1,320.14	20		28	
5	1,320.14	13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3
5,187.26

Total liability for the quarter
17,068.48

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total must equal line 12 on Form 941 or Form 941-SS.

REV 03/10/21 QBDT

For Paperwork Reduction Act Notice, see separate instructions. BAA

Schedule B (Form 941) (Rev. 1-2017)

Employer identification number (EIN) **26-0627184**

Name (not your trade name) **Artistic Renovations of Ohio LLC**

Trade name (if any)

Address **12333 Ridge Rd. Unit 1B**
Number Street Suite or room number

North Royalton **OH** **44133**
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2021
(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.

REV 06/22/21 QBDT

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: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	5
2	Wages, tips, and other compensation	2	75,477.86
3	Federal income tax withheld from wages, tips, and other compensation	3	6,227.00
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* 75,477.86	$\times 0.124 =$	9,359.25
5a (i)	Qualified sick leave wages*	$\times 0.062 =$	
5a (ii)	Qualified family leave wages*	$\times 0.062 =$	
5b	Taxable social security tips	$\times 0.124 =$	
5c	Taxable Medicare wages & tips 75,477.86	$\times 0.029 =$	2,188.86
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	$\times 0.009 =$	

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

5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	11,548.11
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	17,775.11
7	Current quarter's adjustment for fractions of cents	7	-0.01
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	17,775.10
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	Nonrefundable portion of employee retention credit	11c	

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

Name (not your trade name)

Artistic Renovations of Ohio LLC

951221

Employer identification number (EIN)

26-0627184

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 11d
- 11e Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters) 11e
- 11f Number of individuals provided COBRA premium assistance
- 11g Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 11e 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 Refundable portion of employee retention credit 13d
- 13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021 13e
- 13f Refundable portion of COBRA premium assistance credit (see instructions for applicable quarters) 13f
- 13g Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f 13g
- 13h Total advances received from filing Form(s) 7200 for the quarter 13h
- 13i Total deposits and refundable credits less advances. Subtract line 13h from line 13g 13i
- 14 Balance due. If line 12 is more than line 13i, enter the difference and see instructions 14
- 15 Overpayment. If line 13i 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) Artistic Renovations of Ohio LLC Employer identification number (EIN) 26-0627184

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... 18a If you're a seasonal employer... 18b If you're eligible for the employee retention credit... 19-28 Various tax-related questions with input boxes.

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 [] No.

REV 06/22/21 QBDT

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.

Sign your name here [Signature box] Print your name here [] Print your title here [] Date [] Best daytime phone []

Paid Preparer Use Only Check 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 []

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

960311

OMB No. 1545-0029

Employer identification number (EIN)

26-0627184

Name (not your trade name)

Artistic Renovations of Ohio LLC

Calendar year

2021

(Also check quarter)

Report for this Quarter...

(Check one.)

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

Use this schedule to show your **TAX LIABILITY** for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1		9	1,320.14	17		25	
2	1,320.12	10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	1,320.14
7		15		23	1,320.14	31	
8		16	1,320.14	24			

Tax liability for Month 1

6,600.68

Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	1,396.82
5		13		21	1,396.80	29	
6		14	1,396.80	22		30	
7	1,396.80	15		23		31	
8		16		24			

Tax liability for Month 2

5,587.22

Month 3

1		9		17		25	1,396.78
2		10		18	1,396.82	26	
3		11	1,396.80	19		27	
4	1,396.80	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3

5,587.20

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter

17,775.10

REV 06/22/21 QB DT

For Paperwork Reduction Act Notice, see separate instructions.

BAA

Schedule B (Form 941) (Rev. 1-2017)

TAXPAYER NAME: ARTISTIC RENOVATIONS OF OHIO LLC

TIN: xxxxx7184

Payment History

Your 180 Day payment history is displayed at the bottom of this page.

PLEASE NOTE

- Only payments or scheduled transactions made through EFTPS will be reflected in the payment history. No IRS adjustments will be displayed.
- There may also be a delay before EFTPS payments are available in the official IRS records.

Search Results

Settlement Date	Initiation Date	Tax Form	Tax Period	Amount	Status
EFT Acknowledgment Number: 270159332403780					
2021-07-12	2021-07-09	941	2021/Q2	1,396.80	Scheduled
EFT Acknowledgment Number: 270158334315831					
2021-07-02	2021-07-02	941	2021/Q2	1,396.82	Settled
EFT Acknowledgment Number: 270157932458598					
2021-06-28	2021-06-25	941	2021/Q2	1,396.78	Settled
EFT Acknowledgment Number: 270156935390843					
2021-06-18	2021-06-18	941	2021/Q2	1,396.80	Settled
EFT Acknowledgment Number: 270156574529798					
2021-06-14	2021-06-11	941	2021/Q2	1,396.80	Settled
EFT Acknowledgment Number: 270155885713593					
2021-06-07	2021-06-05	941	2021/Q2	1,396.82	Settled
EFT Acknowledgment Number: 270155283047723					
2021-06-01	2021-05-28	941	2021/Q2	1,396.82	Settled
EFT Acknowledgment Number: 270154480886518					
2021-05-24	2021-05-21	941	2021/Q2	1,396.80	Settled
EFT Acknowledgment Number: 270153253342654					
2021-05-12	2021-05-12	941	2021/Q2	1,396.80	Settled
EFT Acknowledgment Number: 270152091075476					
2021-04-30	2021-04-29	941	2021/Q2	1,320.14	Settled
EFT Acknowledgment Number: 270151371971924					
2021-04-23	2021-04-23	941	2021/Q2	1,320.14	Settled
EFT Acknowledgment Number: 270150684003019					
2021-04-16	2021-04-16	941	2021/Q2	1,320.14	Settled
EFT Acknowledgment Number: 270149953715731					
2021-04-09	2021-04-09	941	2021/Q2	1,320.12	Settled
EFT Acknowledgment Number: 270149254151680					
2021-04-02	2021-04-02	941	2021/Q1	1,320.14	Settled
EFT Acknowledgment Number: 270148511763195					
2021-03-26	2021-03-26	941	2020/Q1	1,320.14	Settled
EFT Acknowledgment Number: 270148165746545					
2021-03-22	2021-03-19	941	2021/Q1	1,320.14	Settled
EFT Acknowledgment Number: 270147191885344					

2021-03-12	2021-03-12	941	2021/Q1	1,320.14	Settled
EFT Acknowledgment Number: 270146704291355					
2021-03-08	2021-03-05	941	2021/Q1	1,320.14	Settled
EFT Acknowledgment Number: 270146030986690					
2021-03-01	2021-02-26	941	2021/Q1	1,320.14	Settled
EFT Acknowledgment Number: 270145072295603					
2021-02-19	2021-02-19	941	2021/Q1	1,320.14	Settled
EFT Acknowledgment Number: 270144360954872					
2021-02-12	2021-02-11	941	2021/Q1	1,320.12	Settled
EFT Acknowledgment Number: 270143635247681					
2021-02-05	2021-02-05	941	2020/Q4	1,320.14	Settled
EFT Acknowledgment Number: 270142951619083					
2021-01-29	2021-01-28	941	2021/Q1	1,320.14	Settled
EFT Acknowledgment Number: 270142205752431					
2021-01-22	2021-01-21	941	2021/Q1	1,325.50	Settled
EFT Acknowledgment Number: 270141964277162					
2021-01-19	2021-01-15	941	2021/Q1	1,325.50	Settled
EFT Acknowledgment Number: 270141333359837					
2021-01-13	2021-01-12	941	2021/Q1	1,325.50	Settled

Form **941 for 2021: Employer's QUARTERLY Federal Tax Return**
 (Rev. June 2021) Department of the Treasury — Internal Revenue Service

951121
 OMB No. 1545-0029

Employer identification number (EIN) **26-0627184**

Name (not your trade name) **Artistic Renovations of Ohio LLC**

Trade name (if any)

Address **12333 Ridge Rd. Unit 1B**
 Number Street Suite or room number

North Royalton **OH** **44133**
 City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2021
 (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.

REV 09/03/21 QBDT

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: <i>June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)</i>	1	5
2	Wages, tips, and other compensation	2	75,850.87
3	Federal income tax withheld from wages, tips, and other compensation	3	6,552.00
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*	75,850.87 × 0.124 =	9,405.51
5a (i)	Qualified sick leave wages*	× 0.062 =	
5a (ii)	Qualified family leave wages*	× 0.062 =	
5b	Taxable social security tips	× 0.124 =	
5c	Taxable Medicare wages & tips	75,850.87 × 0.029 =	2,199.68
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	5e	11,605.19
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	18,157.19
7	Current quarter's adjustment for fractions of cents	7	-0.01
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	18,157.18
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	Nonrefundable portion of employee retention credit	11c	

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

Name (not your trade name)

951221

Artistic Renovations of Ohio LLC

Employer identification number (EIN)

26-0627184

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 11d
- 11e Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters) 11e
- 11f Number of individuals provided COBRA premium assistance
- 11g Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 11e 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 Refundable portion of employee retention credit 13d
- 13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021 13e
- 13f Refundable portion of COBRA premium assistance credit (see instructions for applicable quarters) 13f
- 13g Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f 13g
- 13h Total advances received from filing Form(s) 7200 for the quarter 13h
- 13i Total deposits and refundable credits less advances. Subtract line 13h from line 13g 13i
- 14 Balance due. If line 12 is more than line 13i, enter the difference and see instructions 14
- 15 Overpayment. If line 13i 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.

Name (not your trade name)

Artistic Renovations of Ohio LLC

951921

Employer identification number (EIN)

26-0627184

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.
- 18a If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . Check here.
- 18b If you're eligible for the employee retention credit solely because your business is a recovery startup business 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 Qualified wages for the employee retention credit 21
- 22 Qualified health plan expenses for the employee retention credit 22
- 23 Qualified sick leave wages for leave taken after March 31, 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 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.

REV 09/03/21 QBDT

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.



Sign your name here

Print your name here

KENNETH A. PERRO

Print your title here

PRESIDENT

Date 10-15-21

Best daytime phone 216-520-0838

Paid Preparer Use Only

Check 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

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)

Name (not your trade name)

Calendar year (Also check quarter)

Report for this Quarter...
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1		9	1,396.80	17		25	
2	1,396.82	10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	1,396.76
7		15		23	1,396.84	31	
8		16	1,396.78	24			

Tax liability for Month 1
6,984.00

Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	1,396.82
4		12		20	1,396.80	28	
5		13	1,396.80	21		29	
6	1,396.82	14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2
5,587.24

Month 3

1		9		17	1,396.48	25	
2		10	1,396.48	18		26	
3	1,396.50	11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24	1,396.48		

Tax liability for Month 3
5,585.94

Total liability for the quarter
18,157.18

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total must equal line 12 on Form 941 or Form 941-SS.

REV 09/03/21 QBDT

Form **941 for 2021: Employer's QUARTERLY Federal Tax Return**
 (Rev. June 2021) Department of the Treasury — Internal Revenue Service

951121
 OMB No. 1545-0029

Employer identification number (EIN) **26-0627184**

Name (not your trade name) **Artistic Renovations of Ohio LLC**

Trade name (if any) _____

Address **12333 Ridge Rd. Unit 1B**
Number Street Suite or room number

North Royalton **OH** **44133**
City State ZIP code

Foreign country name _____ Foreign province/county _____ Foreign postal code _____

Report for this Quarter of 2021
 (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.

REV 12/03/21 QBDT

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: <i>June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)</i>	1	5
2	Wages, tips, and other compensation	2	84,785.39
3	Federal income tax withheld from wages, tips, and other compensation	3	7,433.00
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*	84,785.39 × 0.124 =	10,513.39
5a (i)	Qualified sick leave wages*	× 0.062 =	
5a (ii)	Qualified family leave wages*	× 0.062 =	
5b	Taxable social security tips	× 0.124 =	
5c	Taxable Medicare wages & tips.	84,785.39 × 0.029 =	2,458.78
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	5e	12,972.17
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	20,405.17
7	Current quarter's adjustment for fractions of cents	7	-0.01
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	20,405.16
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	Nonrefundable portion of employee retention credit	11c	

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

Name (not your trade name)

Artistic Renovations of Ohio LLC

751221

Employer identification number (EIN)

26-0627184

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 11d
- 11e Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters) 11e
- 11f Number of individuals provided COBRA premium assistance
- 11g Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 11e 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 Refundable portion of employee retention credit 13d
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- 13f Refundable portion of COBRA premium assistance credit (see instructions for applicable quarters) 13f
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- 13h Total advances received from filing Form(s) 7200 for the quarter 13h
- 13i Total deposits and refundable credits less advances. Subtract line 13h from line 13g 13i
- 14 Balance due. If line 12 is more than line 13i, enter the difference and see instructions 14
- 15 Overpayment. If line 13i 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)

Artistic Renovations of Ohio LLC

951921

Employer identification number (EIN)

26-0627184

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.

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

18b If you're eligible for the employee retention credit solely because your business is a recovery startup business 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 Qualified wages for the employee retention credit 21 []

22 Qualified health plan expenses for the employee retention credit 22 []

23 Qualified sick leave wages for leave taken after March 31, 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 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.

REV 12/03/21 QBDT

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.



Sign your name here

[Handwritten signature]

Print your name here

KENNETH D. PERLOW

Print your title here

PRESIDENT

Date

1/31/2022

Best daytime phone

216-520-0838

Paid Preparer Use Only

Preparer's name

[]

Preparer's signature

[]

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

[]

Address

[]

City

[]

State

[]

Check if you're self-employed

PTIN

[]

Date

[]

EIN

[]

Phone

[]

ZIP code

[]

Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors

960311

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)

Name (not your trade name)

Calendar year (Also check quarter)

Report for this Quarter...
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1	1,396.48	9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	1,462.20
6		14		22	1,462.20	30	
7		15	1,462.22	23		31	
8	1,462.22	16		24			

Tax liability for Month 1

7,245.32

Month 2

1		9		17		25	
2		10		18		26	1,462.20
3		11		19	1,462.20	27	
4		12	1,462.24	20		28	
5	1,462.18	13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2

5,848.82

Month 3

1		9		17	1,462.22	25	
2		10	1,462.18	18		26	
3	1,462.22	11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	1,462.18
8		16		24	1,462.22		

Tax liability for Month 3

7,311.02

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total liability for the quarter

20,405.16

REV 12/03/21 QBDT

Total must equal line 12 on Form 941 or Form 941-SS.