

Employer's QUARTERLY Federal Tax Return

Department of the Treasury — Internal Revenue Service

950122

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**

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

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

Report for this Quarter of 2022
(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 03/29/22 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: Mar. 12 (Quarter 1)	1	<input type="text" value="5"/>
2	Wages, tips, and other compensation	2	<input type="text" value="72,810.05"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="6,276.00"/>
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* <input type="text" value="72,810.05"/>	$\times 0.124 =$	<input type="text" value="9,028.45"/>
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="72,810.05"/>	$\times 0.029 =$	<input type="text" value="2,111.49"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding <input type="text"/>	$\times 0.009 =$	<input type="text"/>

*Include taxable qualified sick and family leave wages paid in 2022 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 2022 for leave taken after March 31, 2020, and 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	<input type="text" value="11,139.94"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="17,415.94"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text"/>
8	Current quarter's adjustment for sick pay	8	<input type="text"/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text"/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="17,415.94"/>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<input type="text"/>
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	<input type="text"/>
11c	Reserved for future use	11c	<input type="text"/>

Name (not your trade name)

Artistic Renovations of Ohio LLC

950222

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, and before October 1, 2021 11d
- 11e Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarter) 11e
- 11f Number of individuals provided COBRA premium assistance
- 11g Total nonrefundable credits. Add lines 11a, 11b, 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 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 Refundable portion of COBRA premium assistance credit (see instructions for applicable quarter) 13f
- 13g Total deposits and refundable credits. Add lines 13a, 13c, 13e, and 13f 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)

Artistic Renovations of Ohio LLC

Employer identification number (EIN)

950922

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 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.

REV 03/29/22 QBDT

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

Date

Print your name here

Print your title here

Best daytime phone

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

2022

(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		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	1,451.30
5		13		21	1,451.34	29	
6		14	1,451.34	22		30	
7	1,451.32	15		23		31	
8		16		24			

Tax liability for Month 1
5,805.30

Month 2

1		9		17		25	1,451.34
2		10		18	1,451.32	26	
3		11	1,451.32	19		27	
4	1,451.34	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2
5,805.32

Month 3

1		9		17		25	1,451.36
2		10		18	1,451.32	26	
3		11	1,451.30	19		27	
4	1,451.34	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3
5,805.32

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
17,415.94

REV 03/29/22 QBDT

For Paperwork Reduction Act Notice, see separate instructions. BAA

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

Employer's QUARTERLY Federal Tax Return

Department of the Treasury — Internal Revenue Service

950122

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/country Foreign postal code

Report for this Quarter of 2022
(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 05/10/22 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	79,285.08
3	Federal income tax withheld from wages, tips, and other compensation	3	7,070.00
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*	79,285.08 × 0.124 =	9,831.35
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.	79,285.08 × 0.029 =	2,299.27
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	12,130.62
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	19,200.62
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	19,200.62
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 2022 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 2022 for leave taken after March 31, 2020, and before April 1, 2021.*

Name (not your trade name)

Artistic Renovations of Ohio LLC

951222

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, 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.

Next ▶

Name (not your trade name)

Artistic Renovations of Ohio LLC

950922

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 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.

REV 06/10/22 QB DT

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

Print your title here

Date

Best daytime phone

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 2022 (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	1,451.32	9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	1,473.38
6		14		22	1,482.46	30	
7		15	1,482.48	23		31	
8	1,451.32	16		24			

Tax liability for Month 1

7,340.96

Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	1,482.48
4		12		20	1,482.46	28	
5		13	1,482.42	21		29	
6	1,482.48	14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2

5,929.84

Month 3

1		9		17	1,482.44	25	
2		10	1,482.46	18		26	
3	1,482.44	11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24	1,482.48		

Tax liability for Month 3

5,929.82

Total liability for the quarter

19,200.62

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 06/10/22 QBDT

Form **941 for 2022:** Employer's **QUARTERLY** Federal Tax Return
 (Rev. June 2022) Department of the Treasury — Internal Revenue Service

950122
 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 2022
 (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 09/07/22 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	3
2	Wages, tips, and other compensation	2	73,105.96
3	Federal income tax withheld from wages, tips, and other compensation	3	6,763.00
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* 73,105.96	$\times 0.124 =$	9,065.14
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 73,105.96	$\times 0.029 =$	2,120.07
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	$\times 0.009 =$	

**Include taxable qualified sick and family leave wages paid in this quarter of 2022 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 2022 for leave taken after March 31, 2020, and 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	11,185.21
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	17,948.21
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	17,948.20
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	

Name (not your trade name)

Artistic Renovations of Ohio LLC

951222

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, 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
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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.

Next ▶

Name (not your trade name)

Artistic Renovations of Ohio LLC

Employer identification number (EIN)

26-0627184

950922

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.
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- 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.

REV 09/07/22 QBDT

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

Date

Print your name here

Print your title here

Best daytime phone

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 2022

(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 1,482.46	9 	17 	25
2 	10 	18 	26
3 	11 	19 	27
4 	12 	20 	28
5 	13 	21 	29 1,482.46
6 	14 	22 1,482.44	30
7 	15 1,482.48	23 	31
8 1,482.44	16 	24 	

Tax liability for Month 1

7,412.28

Month 2

1 	9 	17 	25
2 	10 	18 	26 1,252.36
3 	11 	19 1,252.34	27
4 	12 1,252.32	20 	28
5 1,252.36	13 	21 	29
6 	14 	22 	30
7 	15 	23 	31
8 	16 	24 	

Tax liability for Month 2

5,009.38

Month 3

1 	9 1,252.32	17 	25
2 1,252.32	10 	18 	26
3 	11 	19 	27
4 	12 	20 	28
5 	13 	21 	29
6 	14 	22 	30 884.78
7 	15 	23 884.80	31
8 	16 1,252.32	24 	

Tax liability for Month 3

5,526.54

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

Tax liability for the quarter

17,948.20

REV 09/07/22 QB DT

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

For Paperwork Reduction Act Notice, see separate instructions. BAA

941 for 2022: Employer's QUARTERLY Federal Tax Return

Department of the Treasury — Internal Revenue Service

950122

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

North Royalton **OH** **44133**

City State ZIP code

Foreign country name Foreign province/country Foreign postal code

Report for this Quarter of 2022 (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 12/09/22 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	3
2	Wages, tips, and other compensation	2	47,641.17
3	Federal income tax withheld from wages, tips, and other compensation	3	4,676.00
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*	47,641.17	x 0.124 =	5,907.51	*Include taxable qualified sick and family leave wages paid in this quarter of 2022 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 2022 for leave taken after March 31, 2020, and before April 1, 2021.
5a (i) Qualified sick leave wages*		x 0.062 =		
5a (ii) Qualified family leave wages*		x 0.062 =		
5b Taxable social security tips		x 0.124 =		
5c Taxable Medicare wages & tips	47,641.17	x 0.029 =	1,381.59	
5d Taxable wages & tips subject to Additional Medicare Tax withholding		x 0.009 =		
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d				5e 7,289.10
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 11,965.10
7 Current quarter's adjustment for fractions of cents				7 0.02
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 11,965.12
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

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

Next ▶

Name (not your trade name)

951222

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, 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.

Name (not your trade name)

950922

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 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
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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 12/09/22 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

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):

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) 26-0627184

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

Calendar year 2022 (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		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	884.78
5		13		21	884.76	29	
6		14	884.80	22		30	
7	884.76	15		23		31	
8		16		24			

Tax liability for Month 1
3,539.10

Month 2

1		9		17		25	891.86
2		10		18	891.84	26	
3		11	891.82	19		27	
4	891.84	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2
3,567.36

Month 3

1		9	991.70	17		25	
2	891.82	10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	991.72
7		15		23	991.68	31	
8		16	991.74	24			

Tax liability for Month 3
4,858.66

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

Total liability for the quarter
11,965.12

REV 12/09/22 OBDT

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