Form 941 for 2020: Employer's QUARTERLY Federal Tax Return Department of the Treasury - Internal Revenue Service OMB No. 1545-0029 90-1502754 Report for this Quarter of 2020 Employer identification number (FIN) (Check one.) Name (not your trade name) Banana Leaf, LLC X 1: January, February, March 2: April, May, June Trade name (if any) 3: July, August, September 425 W Capitol Address 4: October, November, December Suite or room number Go to www.irs.gov/Form941 for Little Rock instructions and the latest information. AR 72201 City State ZIP code REV 03/11/20 ORDT Foreign country name Foreign province/county Foreign postal code Read the separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter. 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) 3 Wages, tips, and other compensation 2 14,624.00 3 Federal income tax withheld from wages, tips, and other compensation . . . 963.00 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 Taxable social security wages . . 14,624.00 5a × 0.124 = 1,813.38 5b Taxable social security tips . $\times 0.124 =$ 5c Taxable Medicare wages & tips. 14,624.00 424.10 × 0.029 = Taxable wages & tips subject to 5d Additional Medicare Tax withholding \times 0.009 = Add Column 2 from lines 5a, 5b, 5c, and 5d 5e 2,237.48 50 Section 3121(q) Notice and Demand-Tax due on unreported tips (see instructions) 5f 5f Total taxes before adjustments. Add lines 3, 5e, and 5f . . . 6 3,200.48 Current quarter's adjustment for fractions of cents . . . 7 Current quarter's adjustment for sick pay . 8 8 9 Current quarter's adjustments for tips and group-term life insurance 9 10 Total taxes after adjustments. Combine lines 6 through 9 3,200.48 10 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11 11 12 Total taxes after adjustments and credits. Subtract line 11 from line 10 . . . 12 3,200.48

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

Overpayment. If line 13 is more than line 12, enter the difference

13

14

15

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

Balance due. If line 12 is more than line 13, enter the difference and see instructions

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

Next ■►
Form **941** (Rev. 1-2020)

3,200.48

13

14

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

Form (Rev. A	941 for 2020: Employer's QUARTERLY Federal Tax April 2020) Department of the Treasury — Internal Revenue Service	Retur	n	OMB No. 1545-0029
Emp	loyer identification number (EIN) 90-1502754			ort for this Quarter of 2020 k one.)
Nar	ne (not your trade name) Banana Leaf LLC			January, February, March
Tra	de name (if any)	×	2:	April, May, June
IIIa] 3:	July, August, September
Add	Aress 425 W Capitol Number Street Suite or room number] 4:	October, November, December
	T 1 1 2 2 2 2			www.irs.gov/Form941 for stions and the latest information.
	Little Rock City AR State ZIP code		Struc	
				REV 06/18/20 QBDT
	Foreign country name Foreign province/county Foreign postal code			
THE RESERVE OF THE PERSON	the separate instructions before you complete Form 941. Type or print within the boxes.	_		
Part				
1	Number of employees who received wages, tips, or other compensation for period including: <i>June 12</i> (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)		4	2
			1 [
2	Wages, tips, and other compensation		2	6,291.00
3	Federal income tax withheld from wages, tips, and other compensation		3	438.00
4	If no wages, tips, and other compensation are subject to social security or Medica			Check and go to line 6.
		lumn 2	_	
5a	Taxable social security wages 6,291.00 × 0.124 =	780.0	8	
5a	(i) Qualified sick leave wages × 0.062 =		닉	
5a	(ii) Qualified family leave wages . × 0.062 =			
5b	Taxable social security tips			
5c	Taxable Medicare wages & tips. 6,291.00 × 0.029 =	182.4	4	
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, a	and 5d	5e	962.52
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	1,400.52
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	1,400.51
11a	Qualified small business payroll tax credit for increasing research activities. Attach For		1a	
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Works		1b	
11c	Nonrefundable portion of employee retention credit from Worksheet 1	1	1c	



941 for 2020: Employer's QUARTERLY Federal Tax Re 950120 OMB No. 1545-0029 Employer identification number (EIN) 90-1502754 Report for this Quarter of 2020 (Check one.) Name (not your trade name) Banana Leaf LLC 1: January, February, March Trade name (if any) 2: April, May, June 425 3: July, August, September Capitol W 4: October, November, December Suite or room number Little Rock Go to www.irs.gov/Form941 for AR 72201 instructions and the latest information. State ZIP code REV 06/18/20 QBDT Foreign country name Foreign province/county Foreign postal code Read the separate instructions before you complete Form 941. Type or print within the boxes. Part 1: Answer these questions for this quarter. Number of employees who received wages, tips, or other compensation for the pay 1 period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) . 2 2 Wages, tips, and other compensation 11,457.00 Federal income tax withheld from wages, tips, and other compensation . . . 3 3 870.00 If no wages, tips, and other compensation are subject to social security or Medicare tax 4 Check and go to line 6. Column 1 Column 2 Taxable social security wages . 11,457.00 \times 0.124 = 1,420.67 (i) Qualified sick leave wages . 5a $\times 0.062 =$ (ii) Qualified family leave wages . 5a × 0.062 = 5b Taxable social security tips . \times 0.124 = Taxable Medicare wages & tips. 5c 11,457.00 \times 0.029 = 332.25 Taxable wages & tips subject to Additional Medicare Tax withholding \times 0.009 = Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d 1,752.92 Section 3121(q) Notice and Demand – Tax due on unreported tips (see instructions) 5f Total taxes before adjustments. Add lines 3, 5e, and 5f . . . 6 6 2,622.92 Current quarter's adjustment for fractions of cents . -0.03 Current quarter's adjustment for sick pay . 8 Current quarter's adjustments for tips and group-term life insurance 9 9 Total taxes after adjustments. Combine lines 6 through 9 10 10 2,622.89 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11a Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1 11b Nonrefundable portion of employee retention credit from Worksheet 1 11c

Form 941 for 2020: Employer's QUARTERLY Federal Tax Return
(Rev. July 2020) Department of the Treasury — Internal Revenue Service

950120

OMB No. 1545-0029

<u> </u>						1 C			
Empl	oyer identification number (EIN) $90-1502$	754						ort for this Quarter of 2020	
Name (not your trade name) Banana Leaf LLC							1:	January, February, March	
								April, May, June	
Trade name (if any)								July, August, September	
Add	Address 425 W Capitol							October, November, December	
	Number Street	1		Suite or roor	n number		Go to	www.irs.gov/Form941 for	
	Little Rock	instruc	ctions and the latest information.						
	City		State	ZIP co	ode			REV 12/09/20 QBDT	
	Foreign country name	Foreign provi	nce/county	Foreign po	stal code				
Bead :	the separate instructions before you com					_			
Part		·	1. Type or p	THIC WIGHT G	ie boxes.				
1	Number of employees who receive	•	•	•		the pay	,		
	period including: Sept. 12 (Quarter 3)	or <i>Dec.</i> 12 (C	luarter 4)				1	2	
2	Wages, tips, and other compensation	1			,		2	12,180.00	
_	•		_					933.00	
3	Federal income tax withheld from wa	ges, tips, and	other com	pensation			3	933.00	
4	If no wages, tips, and other compens	ation are subj	ject to soci	al security	or Medic	are tax		Check and go to line 6.	
		Colum		-		umn 2			
5a	Taxable social security wages	12,1	80.00	× 0.124 = [1	,510	.32		
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.	12,1	80.00	× 0.029 =		353	. 22		
5d	Taxable wages & tips subject to			× 0.009 =					
	Additional Medicare Tax withholding			× 0.005 = [
5e	Total social security and Medicare taxe	s. Add Column	2 from lines	5a, 5a(i), 5a	(ii), 5b, 5c,	and 5d	5e	1,863.54	
5f	Section 3121(q) Notice and Demand-	-Tax due on u	ınreported	tips (see in:	structions)	5f		
_	· ·		-				_	2,796.54	
6	Total taxes before adjustments. Add	lines 3, 5e, and	3 5t				6	2,150.54	
7	Current quarter's adjustment for fractions of cents								
8	Current quarter's adjustment for sick	nav					8		
Ū									
9	Current quarter's adjustments for tip	s and group-t	erm life ins	urance .			9		
10	Total taxes after adjustments. Combine lines 6 through 9								
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11a								
11b	b Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1 11b								
11c	Nonrefundable portion of employee r	etention credi	it from Wor	ksheet 1			11c		
► Y	ou MUST complete all three pages of I	Form 941 and	SIGN it.	•				Next ■ ►	

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Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d Total deposits, deferrals, and refundable credits and several line 13d from line 13d Refundable portion of employee retention credit from Worksheet 1 Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e Total advances received from filling Form(s) 7200 for the quarter. 13f Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e 13g Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e 14g Balance due. If line 12 is more than line 13g, enter the difference and see instructions 14 Derepayment. If line 13g is more than line 12, enter the difference and see instructions 14 Total advances received and the time that the difference and see instructions 15 Overpayment. If line 13g is more than line 12, enter the difference and see instructions 16 Check one: 17 Total us about your deposit schedule and tax liability for this quarter. 18 You're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the quarter was less than \$2,500 but line 12 on the return for the prior quarter was less than \$2,500 but line 12 on the return line 100,000 or more, you must provide a record of lederal tax liability. If you're a monthly schedule deposit obligation during the current quarter. If line 12 for the quarter was less than \$2,500 but line 12 on the return line 12 on the return line 12 for the quar	me (not your trade name)	Employer identification number (EIN)
Total nonrefundable credits. Add lines 11a, 11b, and 11c		90-1502754
Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 12 2,796 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 2,796 3b Deferred amount of social security tax 13b Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 13c Refundable portion of employee retention credit from Worksheet 1 13d Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d 13e 2,796 Total advances received from filing Form(s) 7200 for the quarter 13f Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e 13g 2,796 Balance due. If line 12 is more than line 13g, enter the difference and see instructions 14 Overpayment. If line 13g is more than line 12, enter the difference and see instructions 14c Tell us about your deposit schedule and tax liability for this quarter. You're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. Line 12 on this return is less than \$2,500 but line 12 on the return for the prior quarter was less than \$2,500 but line 12 on the return is \$100,000 next-day deposit obligation during the current quarter. If line 12 for the quarter was less than \$2,500 but line 12 on the return is \$100,000 or more, you're a record of federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you' semiweekly schedule depositor, the or Part 3. You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and liability for quarter 2, 796.76 Total liability for quarter 2, 796.76 Total must equal line 12. You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941). Go to Part 3.	Answer these questions for this quarter. (continued)	
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 3a 2,796 Deferred amount of social security tax	1d Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d
overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13a	2 Total taxes after adjustments and nonrefundable credits. Subtract line 11d	from line 10 . 12 2,796.76
Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 13c Refundable portion of employee retention credit from Worksheet 1 13d Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d 13e 2,796 Total advances received from filing Form(s) 7200 for the quarter 13f Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e 13g 2,796 Balance due. If line 12 is more than line 13g, enter the difference and see instructions 14 Overpayment. If line 13g is more than line 12, enter the difference Check one: Apply to next return. Send a 122 Tell us about your deposit schedule and tax liability for this quarter. Total return about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the quarter was less than \$2,500 biline 12 on the return for the prior quarter, use less than \$2,500 biline 12 on the return for the prior quarter, use less than \$2,500 biline 12 on the return for the prior quarter, was less than \$2,500 biline 12 on the return for the prior quarter was less than \$2,500 biline 12 on the return for the prior quarter was less than \$2,500 biline 12 on the return for the prior quarter was less than \$2,500 biline 12 on the return for the prior quarter was less than \$2,500 biline 12 on the return for the prior quarter was less than \$2,500 biline 12 on the return for the prior quarter was less than \$2,500 biline 12 on the return for the prior quarter was less than \$2,500 biline 12 on the return for the prior quarter was less than \$2,500 biline 12 on the return for the prior quarter was less than \$2,500 biline 12 on the return for the prior quarter was less than \$2,500 biline 12 on the return for the prior quarter was less than \$2,500 biline 12 on the return f		
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Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e . 13g 2,796 Balance due. If line 12 is more than line 13g, enter the difference and see instructions 14 Overpayment. If line 13g is more than line 12, enter the difference Check one: Apply to next return. send a latt 2: Tell us about your deposit schedule and tax liability for this quarter. You're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you's emiweekly schedule depositor for the entire quarter. Enter your tax liability for each month and liability for the quarter, then go to Part 3. You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and liability. Month 1 950.24 Month 2 1,366.64 Month 3 479.88 Total liability for quarter 2,796.76 Total must equal line 12. You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941). Go to Part 3.	3e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, a	nd 13d 13 e 2,796.76
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Tell us about your deposit schedule and tax liability for this quarter. ou're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 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, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you's 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 liability for the quarter, then go to Part 3. Tax liability: Month 1 950.24 Month 2 1,366.64 Month 3 479.88 Total liability for quarter 2,796.76 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.	Balance due. If line 12 is more than line 13g, enter the difference and see instr	ructions 14
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Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.		·
Vou MUST complete all three pages of Form 941 and SIGN it		
	► You MUST complete all three pages of Form 941 and SIGN it.	REV 12/09/20 QBDT Next ■

	not your trade name	•				Employer	dentification number (EIN)			
-	ana Leaf		~				502754			
Part	3: Tell us ab	out yo	ur business. If a	question does NC	T apply to your b	usiness, leave it	blank.			
17	If your busine	ss has	closed or you sto	pped paying wage	s	,	Check here, and			
	enter the final date you paid wages ; also attach a statement to your return. See instructions.									
18	If you're a sea	If you're a seasonal employer and you don't have to file a return for every quarter of the year								
19	Qualified heal	Qualified health plan expenses allocable to qualified sick leave wages 19								
20	Qualified heal	Qualified health plan expenses allocable to qualified family leave wages 20								
21	Qualified wag	es for t	he employee rete	ention credit			21			
22	Qualified heal	th plan	expenses allocat	ole to wages report	ed on line 21		22			
23	Credit from Fo	orm 588	34-C, line 11, for t	his quarter			23			
24	Deferred amo	unt of t	he employee sha	re of social security	tax included on li	ne 13b	24			
25	Reserved for f	future u	se				25			
Part 4	May we s	neak u	rith your third-pa	arty designee?						
					nother person to di	scuss this return v	vith the IRS? See the instructions			
		gnee's n	ame and phone no	umber Jani	s Brandon		(501)664-3111			
	Selec	t a 5-di	git personal identil	fication number (PIN) to use when talkir	ng to the IRS.	72205			
	☐ No.						REV 12/09/20 QBDT			
Part !	Sign here.	. You N	1UST complete a	all three pages of	Form 941 and SI	GN it.				
Unde	r penalties of perju	ury, I dec	lare that I have exam	nined this return, includ	ing accompanying so	hedules and stateme	ents, and to the best of my knowledge f which preparer has any knowledge.			
	Sign y	/OUT				Print your name here				
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		Date				Best daytime	phone			
Pa	id Preparer l	Use Oı	nly			Check if you	u're self-employed			
Prepa	arer's name				NAME OF THE PROPERTY OF THE PR	PTIN				
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City					State	ZIP code				
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