EEEEE	a Tax year/Form co		For	Offi	icial Us	e Only								
55555	2023 /	W- _3	ОМ	IB No	o. 1545	-0008								
b Employer's nar	ne, address, and ZIP co	ode	c Kind	d of	Payer	r (Check o	one)		Kin	d of	Emplo	oyer (Ch	neck on	
 T7-1 + la	T		941/941-SS	S N	Military	943		944			y 501c	non-govt	t.	sick pay
Vitosha 1	inc th Ave Suit	-e 211	X							X				; L
	Prussia, PA			ŀ	Hshld.	Medicare	е			e/loca		ate/local	Federa	(Check if
	,		CT-1		emp.	govt. em	p.		i non	ı-501c ──	;	501c	govt.	applicable)
d Number of For	ma W/ Oa	- Franksvar identification r	L L	N I)	4 5	tobliober or			<u>;</u>		F		otata ID	i i i i i i i i i i i i i i i i i i i
1	TIS VV-2C	e Employer identification r 83-3598389	iumber (Eii	IN)	I ES	stablishmer	nt nur	nber			g En	nployer's	state ID	number
Complete boxes incorrect on last		h Employer's originally repo	orted EIN		i In	correct es	tablis	hment n	umber		j Em	nployer's	incorrec	state ID number
	previously reported osed Forms W-2c.	Total of corrected amount shown on enclosed Forms				of amount own on er								ounts as orms W-2c.
1 Wages, tips, ot	her compensation 0.00	1 Wages, tips, other comp			2 Fe	ederal incor	me ta	x withhe	eld		2 Fe	deral inc	ome tax	withheld
3 Social security	wages	3 Social security wages			4 Sc	ocial securi	ity tax	withhel	d		4 So	ocial secu	urity tax v	withheld
5 Medicare wage	es and tips	5 Medicare wages and tips	S		6 M	edicare tax	with	held			6 Me	edicare ta	ax withh	eld
7 Social security	tips	7 Social security tips			8 Al	located tips	S				8 All	ocated t	ips	
9		9			10 De	ependent c	are b	enefits			10 De	ependent	care be	nefits
11 Nonqualified pl	ans	11 Nonqualified plans			12a De	eferred con	npens	sation			12a De	eferred co	ompensa	tion
14 Inc. tax w/h by t	hird-party sick pay payer	14 Inc. tax w/h by third-party	sick pay pa	ıyer	12b						12b			
16 State wages, ti	ps, etc.	16 State wages, tips, etc.			17 St	ate income	e tax				17 Sta	ate incor	ne tax	
18 Local wages, ti	ps, etc.	18 Local wages, tips, etc.			19 Lo	ocal income	e tax				19 Lo	cal incor	me tax	
Explain decrea	ses here:													
Has an adjustr	ment been made o	n an employment tax re	eturn file	d w	ith th	e Interna	al Re	venue	Servi	ce?	X	Yes	No	
If "Yes," give d	ate the return was	filed:												
Under penalties of correct, and comp	perjury, I declare that I lete.	have examined this return, inc	luding acc	comp	oanying	document	ts, an	d, to the	best of	f my k	nowled	lge and b	oelief, it is	s true,
Signature:		Title:									Dat	te:	04/	22/2024
Employer's contac	t person		En	nplo	yer's te	lephone nu	umbe	r					Official (Jse Only 034
Employer's fax nur	nber		En	nplo	yer's er	mail addres	SS				·			

Form **W-3c** (Rev. 8-2023)

Transmittal of Corrected Wage and Tax Statements

Department of the Treasury Internal Revenue Service

Purpose of Form

Complete a Form W-3c transmittal only when filing paper Copy A of the most recent version of Form(s) W-2c, Corrected Wage and Tax Statement. Make a copy of Form W-3c and keep it with Copy D (For Employer) of Forms W-2c for your records. File Form W-3c even if only one Form W-2c is being filed or if those Forms W-2c are being filed only to correct an employee's name and social security number (SSN) or the employer identification number (EIN). See the General Instructions for Forms W-2 and W-3 for information on completing this form.

E-Filing

The SSA strongly suggests employers report Form W-3c and Forms W-2c Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website:

- W-2c Online. Use fill-in forms to create, save, print, and submit up to 25 Forms W-2c at a time to the SSA.
- File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2c Electronically (EFW2C).

For more information, go to www.SSA.gov/employer. First-time filers, select "Register"; returning filers, select "Log In."

When To File

File this form and Copy A of Form(s) W-2c with the Social Security Administration as soon as possible after you discover an error on Forms W-2, W-2AS, W-2GU, W-2CM, W-2VI, or W-2c. Provide Copies B, C, and 2 of Form W-2c to your employees as soon as possible.

Where To File Paper Forms

Send this entire page with Copy A of Form W-2c to:

Social Security Administration **Direct Operations Center** P.O. Box 3333 Wilkes-Barre, PA 18767-3333

Note: If you use "Certified Mail" or an IRS-approved private delivery service to file, add "Attn: W-2c Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

ı	44444	For Official Use Only	,					
а	Emplover's na	OMB No. 1545-0008 Ime, address, and ZIP co	de		c Tax	year/Form corrected	d Fmple	oyee's correct SSN
	Vitosha		40			, 5 m/1 01111 001100100	Linbid	5,555 5 5011501 501 V
		8th Ave Su	it.	e 2AA	2.	023/w-2	6	37-83-6668
		Prussia, l				rected SSN and/or name. (Check t		
				=		incorrect on form previously filed.)		,
					Compl	ete boxes f and/or g only if incorre	ct on form	previously filed:
					f Em	oloyee's previously reported SSN		
b	Employer ider	ntification number (EIN)			g Emp	oloyee's previously reported name	е	
	83-3598	3389						
					h Emp	oloyee's name, address, and ZIP of	ode	
						HILA	BUSS	
					38	01 W Spring Creano, TX 75023	ek Pk	cwy Apt 182
				re being corrected. (Exception: for	l bi	.alio, 1A /3023		
				eral Instructions for Forms W-2				
an	*	<u> </u>	TOT I	Form W-2c, boxes 5 and 6).		Dunada waka wa 1 1		
_		sly reported	-	Correct information		Previously reported	-	prrect information
1	Wages, tips, c	other compensation	1	Wages, tips, other compensation	2 Fed	eral income tax withheld	2 Feder	ral income tax withheld
_	0	0.00	_	18184.80	4 ^	(a) a a a a decide a	4.0	1
3	Social security	y wages	3	Social security wages	4 Soc	ial security tax withheld	4 Socia	I security tax withheld
	Madiaara waa	upp and ting	_	Medicare wages and tipe	6 Mag	dicare tax withheld	6 Modis	care tax withheld
Э	Medicare wag	jes and tips	5	Medicare wages and tips	b ivied	dicare tax withheid	6 iviedic	care tax withheid
7	Social security	v tine	7	Social security tips	9 Allo	cated tips	8 Alloca	atod tine
,	Social Security	y tips	'	Social security tips	O Allo	caled lips	6 Alloca	ated tips
9			9		10 Den	pendent care benefits	10 Dene	ndent care benefits
9					lo Deb	dendent care benefits	lo Deper	ndent care benefits
11	Nonqualified p	olans	11	Nonqualified plans	12a See	instructions for box 12	12a See ir	nstructions for box 12
•	rronquaou p	3.0.10		Tronquamou plane	C 8		c g	
13		Retirement Third-party	13	Statutory Retirement Third-party employee plan sick pay	12b		12b	
		Sion pay		Sick pay	C		C	
14	Other (see ins	tructions)	14	Other (see instructions)	12c		12c	
					Cod		Cod	
					12d		12d	
					C od e		C od e	
				State Correction	n Info	rmation	•	
	Previou	sly reported		Correct information		Previously reported	Co	orrect information
15	State		15	State	15 Stat	te	15 State	
			ļ				ļ	
	Employer's sta	ate ID number		Employer's state ID number	Emp	oloyer's state ID number	Emplo	oyer's state ID number
16	State wages,	tips, etc.	16	State wages, tips, etc.	16 Stat	te wages, tips, etc.	16 State	wages, tips, etc.
17	State income	tax	17	State income tax	17 Stat	te income tax	17 State	income tax
				, n. A -	<u> </u>			
	D	المراد و مساورا		Locality Correct				we at infavoration
		sly reported		Correct information		Previously reported	_	prrect information
18	Local wages,	tips, etc.	18	Local wages, tips, etc.	18 Loc	al wages, tips, etc.	18 Local	wages, tips, etc.
					40 :		10	
19	Local income	tax	19	Local income tax	19 Loc	al income tax	19 Local	income tax
	1 19		00		- ·			
20	Locality name		20	Locality name	20 Loc	ality name	20 Local	ity name
							1	

Form Rev. Ap				e Treasury — Internal Rever		eturn or Claim for Refund OMB No. 1545-002
Emplo (EIN)	yer	identi	fication number 83-3598389			Return You're Correcting
(=,			03 3390305			Check the type of return you're correcting.
Name	(not	your t	rade name) <u>Vitosha Inc</u>			X 941
Trade	nan	ne (if a	ny)			941-SS
		1 0 0				Check the ONE quarter you're correcting.
Addre	ess		Now 8th Ave Suite 2AA Street		Suite or room number	1: January, February, March
		Kin	g of Prussia	PA	19406	X 2: April, May, June
		City		State	ZIP code	3: July, August, September
						4: October, November, December
Poad ti	20.5		eign country name ate instructions before completing t	Foreign province/county	Foreign postal code	Enter the calendar year of the
made correct	on ion.	Form Type	941 or 941-SS. Use a separate or print within the boxes. You MU 1 or 941-SS unless you're reclassif	Form 941-X for eac ST complete all five page	h quarter that needs ages. Don't attach this	quarter you're correcting. 2023 (YYYY)
Part '			t ONLY one process. See page 6 fo			
[32]			w to treat employment tax credits			Enter the date you discovered errors.
X	1.	Also adjus both	sted employment tax return. Check check this box if you overreported tax stment process to correct the errors. underreported and overreported tax and overre	x amounts and you woul You must check this box amounts on this form. Th	d like to use the if you're correcting ne amount shown on	04/22/2024 (MM/DD/YYYY)
		line 2	27, if less than zero, may only be appl orm 944 for the tax period in which yo	ied as a credit to your Fo	orm 941, Form 941-SS,	
	2.	the c	 Check this box if you overreported laim process to ask for a refund or all t check this box if you're correcting A 	patement of the amount	shown on line 27.	
Part 2	2:	Com	plete the certifications.			
X	3.		tify that I've filed or will file Form	s W-2, Wage and Tax	Statement, or Forms	W-2c, Corrected Wage and Tax Statement,
	tax use	amoù ed to	ints, for purposes of the certifications	s on lines 4 and 5, Medi Additional Medicare Tax	care tax doesn't include	ines 4 and 5. If you're correcting overreported Additional Medicare Tax. Form 941-X can't be reren't withheld from employee wages or an
	•	If yo Med	· ·	djusting overreported		cial security tax, Medicare tax, or Additional
		a.	year and the overcollected social se	ecurity tax and Medicare collected in prior years, I	tax for current and prior have a written statement	tax or Additional Medicare Tax for the current years. For adjustments of employee social from each affected employee stating that they overcollection.
		b.	The adjustments of social security t each affected employee didn't give refund or credit for the overcollection	me a written statement	for the employer's share that they haven't claimed	e only. I couldn't find the affected employees or I (or the claim was rejected) and won't claim a
		c.	The adjustment is for federal income employee wages.	e tax, social security tax	, Medicare tax, or Addition	onal Medicare Tax that I didn't withhold from
	5.	Med	u checked line 2 because you're clicare tax, or Additional Medicare Titify that:			federal income tax, social security tax, at one box.
		a.	I repaid or reimbursed each affecter social security tax and Medicare tax that they haven't claimed (or the cla	covercollected in prior y	ears, I have a written stat	ax and Medicare tax. For claims of employee tement from each affected employee stating dit for the overcollection.
		b.	tax and Medicare tax. For refunds of	of employee social secur d employee stating that	ity tax and Medicare tax	n for the employee's share of social security overcollected in prior years, I also have a the claim was rejected) and won't claim a
		C.	affected employee didn't give me a	written consent to file a ve me a written stateme	claim for the employee's	couldn't find the affected employees, or each share of social security tax and Medicare tax, ned (or the claim was rejected) and won't claim
		d.			icare tax, or Additional M	edicare Tax that I didn't withhold from

/itc	sha Inc			83-35983	89		2023	
Part	3: Enter the corrections for th	is quarter. If any l	ine c	loesn't apply, leav	e it l	olank.	•	
		Column 1		Column 2 Amount originally		Column 3 Difference		Column 4
		Total corrected amount (for ALL employees)	_	reported or as previously corrected (for ALL employees)	=	(If this amount is a negative number, use a minus sign.)		Tax correction
6.	Wages, tips, and other compensation (Form 941, line 2)	1,468,253.83	_	1,457,941.03	=	10,312.80		in Column 1 when you ms W-2 or Forms W-2c.
7.	Federal income tax withheld from wages, tips, and other compensation (Form 941, line 3)		_		=		Copy Column 3 here	
8.	Taxable social security wages (Form 941 or 941-SS, line 5a, Column 1)		_		=	f you're correcting your em	× 0.124* =	uso 0.062. Soo instructions
					'	I you're correcting your emp	Dioyer Share Only, t	ise 0.002. See ilistractions.
9.	Qualified sick leave wages* (Form 941 or 941-SS, line 5a(i), Column 1)		_		=		× 0.062 =	
	30.4	* Use line 9 only for qualifie	ed sick l	leave wages paid after Marc	h 31, 20	020, for leave taken before A	April 1, 2021.	
10.	Qualified family leave wages* (Form 941 or 941-SS, line 5a(ii), Column 1)		_		=		× 0.062 =	
	Column 1)	* Use line 10 only for qualif	ied fam	ily leave wages paid after M	arch 31	, 2020, for leave taken befo	re April 1, 2021.	
11.	Taxable social security tips (Form 941 or 941-SS, line 5b, Column 1)		_		=		× 0.124* =	
					* 1	f you're correcting your emp	oloyer share only, u	use 0.062. See instructions.
12.	Taxable Medicare wages & tips (Form 941 or 941-SS, line 5c, Column 1)		_		=	•	× 0.029* =	• 0.014E Coolinaturations
13.	Taxable wages & tips subject to		1		" I	you're correcting your emp	loyer snare only, us I	se 0.0145. See instructions.
	Additional Medicare Tax withholding (Form 941 or 941-SS, line 5d)		_	* Certain wages	= and tip:	s reported in Column 3 shou	$\times 0.009^* =$ uldn't be multiplied	by 0.009. See instructions.
14.	Section 3121(q) Notice and		1				Copy Column	
1-7.	Demand—Tax due on unreported tips (Form 941 or 941-SS, line 5f)		_		=	•	3 here	
15.	Tax adjustments (Form 941 or 941-SS, lines 7 through 9)		_		=		Copy Column 3 here	
16.	Qualified small business payroll tax credit for increasing research	•	_		=		See instructions	
	activities (Form 941 or 941-SS, line 11a; you must attach Form 8974)				•			
17.	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken		_		=		See instructions	
	before April 1, 2021 (Form 941 or 941-SS, line 11b)							
18a.	Nonrefundable portion of employee retention credit*] _		=		See	
	(Form 941 or 941-SS, line 11c)	* Llos line 19a only for corr	ootiono	to quarters beginning after i	Marah 3	21 2020 and before lanuar	instructions	•
18b.	Nonrefundable portion of credit for	Ose line roa only for com	ections]	to quarters beginning after i	 	1, 2020, and before Januar	1	
100.	qualified sick and family leave wages for leave taken after March		_		=		See instructions	
	31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 11d)							
18c.	Nonrefundable portion of COBRA premium assistance credit (Form 941 or 941-SS, line 11e)		_		=		See instructions	•
	,							
18d.	Number of individuals provided COBRA premium assistance (Form 941 or 941-SS, line 11f)		_		=			
19.	Special addition to wages for		1				See	
	federal income tax		_ 1		= 	•	instructions	
20.	Special addition to wages for social security taxes		_		=		See instructions	
21.	Special addition to wages for Medicare taxes		-		=		See instructions	

Name	(not your trade name)	Employer ide	ntificat	tion number (EIN)	Correcting quarter 2 (1, 2, 3, 4) Correcting calendar year (YYYY)			
Vito	sha Inc			83-35983	389		2023	
Part	3: Enter the corrections for th	is quarter. If any	line d	loesn't apply, lea	ve it l	blank. (continued)		
		Column 1 Total corrected amount (for ALL employees)	_	Column 2 Amount originally reported or as previously corrected (for ALL employees)	=	Column 3 Difference (If this amount is a negative number, use a minus sign.)		Column 4 Tax correction
22.	Special addition to wages for Additional Medicare Tax		_] =		See instructions	
23.	Combine the amounts on lines 7 thr	ough 22 of Column 4	1.					
24.	Deferred amount of social security tax* (Form 941 or 941-SS, line 13b)	* Use line 24 to correct the en	_ nployer o	edeferral for the second quarter	of 2020 a	and the employer and employee	See instructions e deferral for the thir	d and fourth quarters of 2020.
25.	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 941 or 941- SS, line 13c)		_		=		See instructions	
26a.	Refundable portion of employee retention credit* (Form 941 or 941-SS, line 13d)	* Use line 26a only for correct	_ ions to q	uarters beginning after March	= 31, 2020	, and before January 1, 2022.	See instructions	
26b.	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 13e)		_	·	=		See instructions	
26c.	Refundable portion of COBRA premium assistance credit (Form 941 or 941-SS, line 13f)		_		=	·	See instructions	
27.	 Total. Combine the amounts on line If line 27 is less than zero: If you checked line 1, this is the ar filling this form. (If you're currently If you checked line 2, this is the ar If line 27 is more than zero, this is pay, see Amount you owe in the ins 	nount you want appl filing a Form 944, Er nount you want refur the amount you ow	ied as nploye	s a credit to your Fore er's ANNUAL Federa or abated.	l Tax I	Return, see the instru	ctions.)	·
28.	Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 (Form 941 or 941- SS, line 19)		_		=			
29.	Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 (Form 941 or 941-SS, line 20)		_] =			
30.	Qualified wages for the employee retention credit* (Form 941 or 941-SS, line 21)	* Use line 30 only for correction	_ ons to qu	uarters beginning after March	= 31, 2020	and before January 1, 2022.		
31a.	Qualified health plan expenses for the employee retention credit* (Form 941 or 941-SS, line 22)	* Use line 31a only for correct	_ ions to c	uarters beginning after March	= 31, 2020), and before January 1, 2022.		
31b.	Check here if you're eligible for solely because your business is a							
32.	Credit from Form 5884-C, line 11, for this quarter* (Form 941 or 941-SS, line 23)	* Use line 32 only for corre	_ ctions to	o quarters beginning after N	= March 31	1, 2020, and before April 1, 2	2021.	

Page **3** Form **941-X** (Rev. 4-2023)

Vitosha Inc 83-3598389

Part 3: Enter the corrections for this quarter. If any line doesn't apply, leave it blank. (continued)

Part	Enter the corrections for th	Column 1		Column 2	CILL	Column 3
		Total corrected _ amount (for ALL employees)	-	Amount originally reported or as previously corrected (for ALL employees)	=	Difference (If this amount is a negative number, use a minus sign.)
33a.	Qualified wages paid March 13 through March 31, 2020, for the employee retention credit* (Form 941 or 941-SS, line 24)	* Use line 33a only for correction	ns t	o the second quarter of 202	=	
33b.	Deferred amount of the employee share of social security tax included on Form 941 or 941-SS, line 13b* (Form 941 or 941-SS, line 24)	* Use line 33b only for correction	ns t	o the third and fourth quart	= ers of 2	020.
34.	Qualified health plan expenses allocable to wages reported on Form 941 or 941-SS, line 24* (Form 941 or 941-SS, line 25)	* Use line 34 only for correction:	s to	the second quarter of 2020	=	
Cautio	on: Lines 35–40 apply only to quarters	beginning after March 3	31,	2021.		
35.	Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 23)				=	
36.	Qualified health plan expenses allocable to qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 24)		-		=	
37.	Amounts under certain collectively bargained agreements allocable to qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 25)		.		=	
38.	Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941- SS, line 26)		-		=	
39.	Qualified health plan expenses allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 27)		-		=	
40.	Amounts under certain collectively bargained agreements allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941- SS, line 28)		.		=	

Page 4 Form **941-X** (Rev. 4-2023)

Name (not your t	rade nan	ne)		Emplo	yer identificati	on number (EIN)	Correcting quarter 2 (1, 2, 3, 4) Correcting calendar year (YYYY)
Vitosha I				83-3	598389		2023
Part 4: Exp	olain y	our corrections f	for this quarter.				
42. Ch	ur unde neck he nust	reported and overre e if any correctior give us a detailed	eported amounts on line 43 ns involve reclassified wore explanation of how you described and the second sec	s. rkers. Explain of etermined you	on line 43.	s. See the instruc	etions. ously filed return.
Under penalti	es of pe	jury, I declare that I I	plete all five pages of the have filed an original Form 94 and to the best of my knowled ich preparer has any knowled	1 or Form 941-9 edge and belief,	SS and that I h	ave examined this	adjusted return or claim, including Declaration of preparer (other than
Sign your name her				na Pri	nt your me here nt your e here		
Dat	e 04	/22/2024			Bes	t daytime phone	
Paid Prepa	rer Us	e Only				Check if you	're self-employed
Preparer's nam	ne [PTIN	
Preparer's sign	nature					Date	
Firm's name (or if self-employed						EIN	
Address						Phone	
City				State		ZIP code	

Page **5** Form **941-X** (Rev. 4-2023)

Form 941-X: Which process should you use?

Type of errors you're correcting

Unless otherwise specified in the separate instructions, an underreported employment tax credit or social security tax deferral should be treated like an overreported tax amount. An overreported employment tax credit or social security tax deferral should be treated like an underreported tax amount. For more information, including which process to select on lines 1 and 2, see *Correcting an employment tax credit or social security tax deferral* in the separate instructions.

Underreported tax amounts ONLY

Use the adjustment process to correct underreported tax amounts.

- Check the box on line 1.
- Pay the amount you owe from line 27 by the time you file Form 941-X.

Overreported tax amounts ONLY

The process you use depends on when you file Form 941-X.

If you're filing Form 941-X MORE THAN 90 days before the period of limitations on credit or refund for Form 941 or Form 941-SS expires... Choose either the adjustment process or the claim process to correct the overreported tax amounts.

Choose the adjustment process if you want the amount shown on line 27 credited to your Form 941, Form 941-SS, or Form 944 for the period in which you file Form 941-X. Check the box on line 1.

OF

Choose the claim process if you want the amount shown on line 27 refunded to you or abated. Check the box on line 2.

If you're filing Form 941-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 941 or Form 941-SS... You must use the **claim process** to correct the overreported tax amounts. Check the box on line 2.

BOTH underreported and overreported tax amounts

The process you use depends on **when** you file Form 941-X.

If you're filing Form 941-X MORE THAN 90 days before the period of limitations on credit or refund for Form 941 or Form 941-SS expires... Choose either the adjustment process or both the adjustment process and the claim process when you correct both underreported and overreported tax amounts.

Choose the adjustment process if combining your underreported tax amounts and overreported tax amounts results in a balance due or creates a credit that you want applied to Form 941, Form 941-SS, or Form 944.

- File one Form 941-X, and
- Check the box on line 1 and follow the instructions on line 27.

OR

Choose both the adjustment process and the claim process if you want the overreported tax amount refunded to you or abated.

File two separate forms.

- For the adjustment process, file one Form 941-X
 to correct the underreported tax amounts. Check
 the box on line 1. Pay the amount you owe from
 line 27 by the time you file Form 941-X.
- For the claim process, file a second Form 941-X to correct the overreported tax amounts. Check the box on line 2.

If you're filing Form 941-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 941 or Form 941-SS...

You must use both the adjustment process and the claim process.

File two separate forms.

- For the adjustment process, file one Form 941-X
 to correct the underreported tax amounts. Check
 the box on line 1. Pay the amount you owe from
 line 27 by the time you file Form 941-X.
- For the claim process, file a second Form 941-X to correct the overreported tax amounts. Check the box on line 2.

Page **6** Form **941-X** (Rev. 4-2023)

0/1_Y-Adjusted Employer's ALIAPTERLY Endered Tay Poturn or Claim for Potund

(EIN)	riaenui	ication number 83-3598389			Return You're Correcting Check the type of return you're correcting
Nam (vada nama) II-l-a-la- T			
ivaine (no	n your ti	rade name) <u>Vitosha Inc</u>			X 941
Trade na	me (if ar	ny)			941-SS
لملم ۸	100	0 W 8th Ave Suite 2A	7\		Check the ONE quarter you're correcting
Address	Num		A	Suite or room number	X 1: January, February, March
	Kin	g of Prussia	PA	19406	2: April, May, June
	City		State	ZIP code	3: July, August, September
					4: October, November, December
		ign country name	Foreign province/county	Foreign postal code	Enter the calendar year of the
ade on orrection	Form . Type	te instructions before completing 941 or 941-SS. Use a sepanation or print within the boxes. You Noted to 941-SS unless you're reclassified to 941-SS unless you're	ate Form 941-X for each	ch quarter that needs ages. Don't attach this	quarter you're correcting.
Part 1:		t ONLY one process. See page (w to treat employment tax cred			Enter the date you discovered erro
X 1.	Also adjus both line 2	sted employment tax return. Che check this box if you overreported stment process to correct the error underreported and overreported to 7, if less than zero, may only be a prm 944 for the tax period in which	tax amounts and you wou is. You must check this boa ax amounts on this form. T oplied as a credit to your F	Ild like to use the x if you're correcting he amount shown on	04/22/2024 (MM/DD/YYYY)
2.	Clain the c	n. Check this box if you overrepor laim process to ask for a refund o theck this box if you're correcting.	ted tax amounts only and rabatement of the amount	shown on line 27.	
 No	I cer as re	quired. vou're correcting underreported to	ax amounts only, go to Pa	rt 3 on page 2 and skip lir	nes 4 and 5. If you're correcting overrepo
X 3.	I cer as re ote: If you amou ed to justme If you Medi	tify that I've filed or will file Forquired. you're correcting underreported to the certification correct overreported amounts on the current your checked line 1 because you're care Tax, check all that apply. Ye	ax amounts only, go to Pa ions on lines 4 and 5, Med f Additional Medicare Ta ear. e adjusting overreported	art 3 on page 2 and skip lir licare tax doesn't include A x unless the amounts we federal income tax, soci	I-2c, Corrected Wage and Tax Statem nes 4 and 5. If you're correcting overrepo Additional Medicare Tax. Form 941-X can' ren't withheld from employee wages of al security tax, Medicare tax, or Addition
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X 3. No tax us add	I cer as re ote: If you med to justme If you medi I cert a. If you b.	tify that I've filed or will file Forquired. you're correcting underreported to ints, for purposes of the certificatic correct overreported amounts on it is being made for the current your checked line 1 because you're care Tax, check all that apply. Ye ify that: I repaid or reimbursed each affect year and the overcollected social security tax and Medicare tax over haven't claimed (or the claim was accurated to the interest of social securities and including refund or credit for the overcollect. The adjustment is for federal incomployee wages. I checked line 2 because you're it care tax, or Additional Medicare if it that: I repaid or reimbursed each affective in the care tax, or Additional Medicare if it is that:	ax amounts only, go to Palons on lines 4 and 5, Med f Additional Medicare Tabear. Be adjusting overreported of a adjusting overreported of a must check at least on the control of the country tax and Medicare ercollected in prior years, less rejected) and won't claim by tax and Medicare tax are the mean a written statement of the country tax of claiming a refund or abae Tax, check all that applicated employee for the overtax overcollected in prior years.	art 3 on page 2 and skip lir licare tax doesn't include Ax unless the amounts we federal income tax, soci e box. collected federal income tax for current and prior y have a written statement in a refund or credit for the ce for the employer's share that they haven't claimed that they haven't claimed that they haven't claimed that they haven't claimed to the fermion of the fermi	nes 4 and 5. If you're correcting overrepond ditional Medicare Tax. Form 941-X can'eren't withheld from employee wages of all security tax, Medicare tax, or Additional Medicare Tax for the currectars. For adjustments of employee social from each affected employee stating that overcollection. I couldn't find the affected employee (or the claim was rejected) and won't claim hal Medicare Tax that I didn't withhold from the dedicare tax, social security tax, one box. I can Medicare tax. For claims of employement from each affected employee statin
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X 3. No tax us add	I cerr as re ote: If you med to justme If you Medi I cert a. If you Medi I cert a.	tify that I've filed or will file Forquired. //ou're correcting underreported to the certification correct overreported amounts on its being made for the current your checked line 1 because you're care Tax, check all that apply. You're that: I repaid or reimbursed each affect year and the overcollected social security tax and Medicare tax ov haven't claimed (or the claim was the adjustments of social securities ach affected employee didn't girefund or credit for the overcollected to employee wages. I checked line 2 because you're care tax, or Additional Medicare that they haven't claimed (or the law and Medicare that they haven't claimed (or the law and Medicare that they haven't claimed (or the law and Medicare that they haven't claimed (or the law and Medicare tax and Medicare tax and Medicare tax and Medicare tax they haven't claimed (or the law a written consent from each affected employee didn't give made or each affected employee didn't give made o	ax amounts only, go to Palons on lines 4 and 5, Med f Additional Medicare Tatear. Be adjusting overreported our must check at least on exted employee for the over a security tax and Medicare ercollected in prior years, as rejected) and won't claim that the statement extends and medicare tax are to me a written statement extends and the statement extends are tax, social security tax and medicare tax are the extends and we consider that applies the demployee for the over tax overcollected in prior you claim was rejected) and we chaffected employee stating that extends are the statement extends and Medicare tax is for the extends and me	art 3 on page 2 and skip lir licare tax doesn't include Ax unless the amounts we federal income tax, soci e box. collected federal income tax for current and prior y have a written statement in a refund or credit for the content of the form that they haven't claimed that they haven't claimed to the federal income tax for current and prior y have a written statement of the form that they haven't claimed to the federal income tax for the employer's share a written statement of overreported for the federal security tax and federal income tax for the employer's share only. I content in that they haven't claimed for the employer's share only. I content that they haven't claimed in that they haven't claimed	nes 4 and 5. If you're correcting overrepond ditional Medicare Tax. Form 941-X can's ren't withheld from employee wages of all security tax, Medicare tax, or Additional Medicare Tax for the currectars. For adjustments of employee social from each affected employee stating that overcollection. I couldn't find the affected employee (or the claim was rejected) and won't claim hal Medicare Tax that I didn't withhold from the dear income tax, social security tax, one box. I can Medicare tax. For claims of employeement from each affected employee stating it for the overcollection. To the employee's share of social security tax, or the employee's share of social security to the collected in prior years, I also have a

		, ,		.		·	•	
10.	Qualified family leave wages* (Form 941 or 941-SS, line 5a(ii), Column 1)		_		=		× 0.062 =	
	,	Ose line 10 only for qualific	ed fam	ily leave wages paid after M	arch 31	, 2020, for leave taken before	re April 1, 2021.	
11.	Taxable social security tips (Form 941 or 941-SS, line 5b, Column 1)		_		=		× 0.124* =	
					* 1	f you're correcting your emp	oloyer share only, u	ise 0.062. See instructions.
12.	Taxable Medicare wages & tips (Form 941 or 941-SS, line 5c, Column 1)		_		=		× 0.029* =	
					* If	you're correcting your empl	oyer share only, us	se 0.0145. See instructions
13.	Taxable wages & tips subject to Additional Medicare Tax withholding (Form 941 or		-		=		× 0.009* =	
	941-SS, line 5d)			* Certain wages	and tips	s reported in Column 3 shou	ıldn't be multiplied	by 0.009. See instructions
14.	Section 3121(q) Notice and Demand—Tax due on unreported tips (Form 941 or 941-SS, line 5f)		-		=		Copy Column 3 here	
	, ,							
15.	Tax adjustments (Form 941 or 941-SS, lines 7 through 9)		-		=		Copy Column 3 here	
16.	Qualified small business payroll tax credit for increasing research		-		=		See instructions	
	activities (Form 941 or 941-SS, line 11a; you must attach Form 8974)							
17.	Nonrefundable portion of credit for qualified sick and family		_		=		See instructions	•
	leave wages for leave taken before April 1, 2021 (Form 941 or 941-SS, line 11b)							
18a.	Nonrefundable portion of				=		See	,
	employee retention credit* (Form 941 or 941-SS, line 11c)		_		_	•	instructions	
	(FOITH 941 OF 941-33, IIIIe 110)	* Use line 18a only for corre	ections	to quarters beginning after	March 3	31, 2020, and before January	y 1, 2022.	
18b.	Nonrefundable portion of credit for qualified sick and family leave		_		=		See instructions	
	wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 11d)							
18c.	Nonrefundable portion of COBRA							
100.	premium assistance credit (Form 941 or 941-SS, line 11e)		_	•	=		See instructions	
18d.	Number of individuals provided COBRA premium assistance (Form 941 or 941-SS, line 11f)		-		=			
19.	Special addition to wages for federal income tax		_		=		See instructions	
20.	Special addition to wages for social security taxes		_		=		See instructions	
	-				I I			
21.	Special addition to wages for Medicare taxes		-		=		See instructions	
age 2							Form	941-X (Rev. 4-2023)

Name	(not your trade name)	Employer ide	ntificat	tion number (EIN)	Correcting quarter 1 (1, 2, 3, 4) Correcting calendar year (YYYY)			
	sha Inc			83-35983			2023	
Part	3: Enter the corrections for th	is quarter. If any	line d	loesn't apply, lea	ve it l	blank. (continued)		
		Column 1 Total corrected amount (for ALL employees)	_	Column 2 Amount originally reported or as previously corrected (for ALL employees)	=	Column 3 Difference (If this amount is a negative number, use a minus sign.)		Column 4 Tax correction
22.	Special addition to wages for Additional Medicare Tax		_] =		See instructions	
23.	Combine the amounts on lines 7 thr	ough 22 of Column 4	1.					
24.	Deferred amount of social security tax* (Form 941 or 941-SS, line 13b)	* Use line 24 to correct the en	_ nployer o	edeferral for the second quarter	of 2020 a	and the employer and employee	See instructions e deferral for the thir	d and fourth quarters of 2020.
25.	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 941 or 941- SS, line 13c)		_		=		See instructions	
26a.	Refundable portion of employee retention credit* (Form 941 or 941-SS, line 13d)	* Use line 26a only for correct	_ ions to q	uarters beginning after March	= 31, 2020	, and before January 1, 2022.	See instructions	
26b.	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 13e)		_	·	=		See instructions	
26c.	Refundable portion of COBRA premium assistance credit (Form 941 or 941-SS, line 13f)		_] =		See instructions	
27.	 Total. Combine the amounts on line If line 27 is less than zero: If you checked line 1, this is the ar filling this form. (If you're currently If you checked line 2, this is the ar If line 27 is more than zero, this is pay, see Amount you owe in the ins 	nount you want appl filing a Form 944, Er nount you want refur the amount you ow	ied as nploye	s a credit to your Fore er's ANNUAL Federa or abated.	l Tax I	Return, see the instru	ctions.)	·
28.	Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 (Form 941 or 941- SS, line 19)		_		=			
29.	Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 (Form 941 or 941-SS, line 20)		_] =			
30.	Qualified wages for the employee retention credit* (Form 941 or 941-SS, line 21)	* Use line 30 only for correction	_ ons to qu	uarters beginning after March	= 31, 2020	and before January 1, 2022.		
31a.	Qualified health plan expenses for the employee retention credit* (Form 941 or 941-SS, line 22)	* Use line 31a only for correct	_ ions to c	uarters beginning after March	= 31, 2020), and before January 1, 2022.		
31b.	Check here if you're eligible for solely because your business is a							
32.	Credit from Form 5884-C, line 11, for this quarter* (Form 941 or 941-SS, line 23)	* Use line 32 only for corre	_ ctions to	o quarters beginning after N	= March 31	1, 2020, and before April 1, 2	2021.	

Page **3** Form **941-X** (Rev. 4-2023)

Vitosha Inc 83-3598389

Part 8: Enter the corrections for this quarter. If any line doesn't apply, leave it blank, (continued)

Part	S: Enter the corrections for th	is quarter. If ally i	iiie c	idesii i appiy, ieav	e it i	Jiank. (Continued)
		Column 1		Column 2		Column 3
		Total corrected amount (for ALL employees)	_	Amount originally reported or as previously corrected (for ALL employees)	=	Difference (If this amount is a negative number, use a minus sign.)
33a.	Qualified wages paid March 13 through March 31, 2020, for the employee retention credit* (Form 941 or 941-SS, line 24)	* Use line 33a only for corre	_ ections	to the second quarter of 202	=	
33b.	Deferred amount of the employee share of social security tax included on Form 941 or 941-SS, line 13b* (Form 941 or 941-SS, line 24)	* Use line 33b only for corre	_ ections	to the third and fourth quarte	= ers of 2	
34.	Qualified health plan expenses allocable to wages reported on Form 941 or 941-SS, line 24* (Form 941 or 941-SS, line 25)	* Use line 34 only for correct	– etions to	the second quarter of 2020	=	
Cautio	n: Lines 35-40 apply only to quarters	beginning after Marc	ch 31	, 2021.		
35.	Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 23)		-		=	
36.	Qualified health plan expenses allocable to qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 24)		_		=	
37.	Amounts under certain collectively bargained agreements allocable to qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 25)		_		=	
38.	Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941- SS, line 26)		-		=	
39.	Qualified health plan expenses allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 27)		_		=	
40.	Amounts under certain collectively bargained agreements allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941- SS, line 28)		_		=	

Page 4 Form **941-X** (Rev. 4-2023)

Name (not your tr	rade nam	e)		Employer identi	fication number (EIN)	Correcting quarter 1 (1, 2, 3, 4) Correcting calendar year (YYYY)
Vitosha I				83-359838	9	2023
Part 4: Exp	olain yo	our corrections for thi	s quarter.			
42. Che	ur under eck hei u must	reported and overreported e if any corrections invo	d amounts on line 43. Ive reclassified workers nation of how you deter	s. Explain on line 43	tions. See the instruct	tions.
Part 5: Sign	n here	You must complete	all five pages of this 1	orm and sign it.		
accompanying	g schedi	jury, I declare that I have file lles and statements, and to all information of which pre	the best of my knowledge	Form 941-SS and th and belief, it is true,	at I have examined this correct, and complete.	adjusted return or claim, including Declaration of preparer (other than
Sign your name here	e			Print your name here Print your title here		
Date	e 04	/22/2024			Best daytime phone	
Paid Prepar	rer Us	e Only			Check if you'	re self-employed
Preparer's nam	ie [PTIN	
Preparer's sign	nature				Date	
Firm's name (or if self-employed					EIN	
Address	[Phone	
City				State	ZIP code	

Page **5** Form **941-X** (Rev. 4-2023)

Form 941-X: Which process should you use?

Type of errors you're correcting

Unless otherwise specified in the separate instructions, an underreported employment tax credit or social security tax deferral should be treated like an overreported tax amount. An overreported employment tax credit or social security tax deferral should be treated like an underreported tax amount. For more information, including which process to select on lines 1 and 2, see *Correcting an employment tax credit or social security tax deferral* in the separate instructions.

Underreported tax amounts ONLY

Use the adjustment process to correct underreported tax amounts.

- Check the box on line 1.
- Pay the amount you owe from line 27 by the time you file Form 941-X.

Overreported tax amounts ONLY

The process you use depends on when you file Form 941-X.

If you're filing Form 941-X MORE THAN 90 days before the period of limitations on credit or refund for Form 941 or Form 941-SS expires... Choose either the adjustment process or the claim process to correct the overreported tax amounts.

Choose the adjustment process if you want the amount shown on line 27 credited to your Form 941, Form 941-SS, or Form 944 for the period in which you file Form 941-X. Check the box on line 1.

OF

Choose the claim process if you want the amount shown on line 27 refunded to you or abated. Check the box on line 2.

If you're filing Form 941-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 941 or Form 941-SS... You must use the **claim process** to correct the overreported tax amounts. Check the box on line 2.

BOTH underreported and overreported tax amounts

The process you use depends on **when** you file Form 941-X.

If you're filing Form 941-X MORE THAN 90 days before the period of limitations on credit or refund for Form 941 or Form 941-SS expires... Choose either the adjustment process or both the adjustment process and the claim process when you correct both underreported and overreported tax amounts.

Choose the adjustment process if combining your underreported tax amounts and overreported tax amounts results in a balance due or creates a credit that you want applied to Form 941, Form 941-SS, or Form 944.

- File one Form 941-X, and
- Check the box on line 1 and follow the instructions on line 27.

OR

Choose both the adjustment process and the claim process if you want the overreported tax amount refunded to you or abated.

File two separate forms.

- For the adjustment process, file one Form 941-X
 to correct the underreported tax amounts. Check
 the box on line 1. Pay the amount you owe from
 line 27 by the time you file Form 941-X.
- For the claim process, file a second Form 941-X to correct the overreported tax amounts. Check the box on line 2.

If you're filing Form 941-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 941 or Form 941-SS...

You must use both the adjustment process and the claim process.

File two separate forms.

- For the adjustment process, file one Form 941-X
 to correct the underreported tax amounts. Check
 the box on line 1. Pay the amount you owe from
 line 27 by the time you file Form 941-X.
- For the claim process, file a second Form 941-X to correct the overreported tax amounts. Check the box on line 2.

Page **6** Form **941-X** (Rev. 4-2023)