Payroll Details

	Hours and Ea	rnings		Tax	xes	Deduct	ions		Employe	
Description	Hours	Rate	Amount	Tax	Amount	Deduction	Amount	Net Pay	Liability	Amount
Pay Frequency: Mo	nthly									
Employee: ALISHAI	LA, SHRAVAN			SSN: xxx-xx-943	9					
Regular	0.00		5,000.00	FED FIT	121.71			4,808.08	FED SOCSEC-ER	310.00
Misc reimbursement non-taxable	0.00		500.00	FED SOCSEC FED MEDCARE	310.00 72.50				FED MEDCARE-ER	72.50 382.50
non taxable	0.00		5,500.00	IN SIT IN2040 - Hamilton Resident Coit Tax LIT	139.13 48.58					
					691.92					
Check Date: 12/20/20	023 / Direct Dep	osit / Chec	king / Account No:	XXXXX6985 \$4,	808.08					
Pay Frequency Total	als: Monthly									
Regular	0.00		\$5,000.00		\$121.71			\$4,808.08	FED SOCSEC-ER	\$310.00
Misc reimbursement non-taxable	0.00		\$500.00	FED SOCSEC FED MEDCARE	\$310.00 \$72.50				FED MEDCARE-ER	\$72.50 \$382.50
	0.00		\$5,500.00	IN SIT IN2040 - Hamilton Resident Coit Tax LIT	\$139.13 \$48.58 \$691.92					
Total Employees - N	Monthly: 1				\$691.92					
Company Totals:										
Regular Misc reimbursement non-taxable	0.00 0.00		\$5,000.00 \$500.00	FED FIT FED SOCSEC FED MEDCARE	\$121.71 \$310.00 \$72.50			\$4,808.08	FED SOCSEC-ER FED MEDCARE-ER	\$310.00 \$72.50 \$382.50
	0.00		\$5,500.00	IN SIT IN2040 - Hamilton Resident Coit Tax LIT	\$139.13 \$48.58					
					\$691.92					
Total Employees - C	Company: 1									

Company: 58 OAKS INC Check date: 12/20/2023 - Payroll 1 Pay Period: 11/01/2023 to: 11/30/2023

1 of 1 Run Number: 0013 Date Printed: 01/31/2024 16:20

27840535 - KY/4JP

Payroll Summary

Check Date	Name	Hours	Total Paid	Tax Withheld	Deductions	Net Pay	Check No	Employer Liability	Total Expense
Pay Frequency: N	Monthly								
12/20/2023	ALISHALA, SHRAVAN	0.00	5,500.00	691.92	0.00	4,808.08	DD	382.50	5,882.50
Pay Frequency Totals	: Monthly	0.00	\$5,500.00	\$691.92	\$0.00	\$4,808.08		\$382.50	\$5,882.50
Total Net Pays for Mo	nthly frequency: 1								
Company Totals:		0.00	\$5,500.00	\$691.92	\$0.00	\$4,808.08		\$382.50	\$5,882.50
Total Net Pays for Cor	mpany: 1								

Company: 58 OAKS INC Check date: 12/20/2023 - Payroll 1 Pay Period: 11/01/2023 to: 11/30/2023

Run Number: 0013

1 of 1

Date Printed: 01/31/2024 16:20 27840535 - KY/4JP Form **940** for **20** Employer's Annual Federal Unemployment (FUTA) Tax Return OMB No. 1545-0028 Department of the Treasury - Internal Revenue Service **Employer identification number** Type of Return (EIN) (Check all that apply.) Name (not your trade name) a. Amended b. Successor employer Trade name (if any) c. No payments to employees in Address d. Final: Business closed or Number Street Suite or room number stopped paying wages Go to www.irs.gov/Form940 for instructions and the latest information. Foreign country name Foreign province/county Foreign postal code Read the separate instructions before you complete this form. Please type or print within the boxes. Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1. 1a If you had to pay state unemployment tax in one state only, enter the state abbreviation. If you had to pay state unemployment tax in more than one state, you are a multi-state Check here. 1b Complete Schedule A (Form 940) If you paid wages in a state that is subject to CREDIT REDUCTION . Check here. Complete Schedule A (Form 940). Part 2: Determine your FUTA tax before adjustments, If any line does NOT apply, leave it blank, 3 Total payments to all employees Payments exempt from FUTA tax Retirement/Pension Check all that apply: 4a Fringe benefits Other 4b Group-term life insurance 4d Dependent care Total of payments made to each employee in excess of \$7,000 . **Subtotal** (line 4 + line 5 = line 6). **Total taxable FUTA wages** (line 3 – line 6 = line 7). See instructions. 7 **FUTA** tax before adjustments (line $7 \times 0.006 = line 8$). 8 Part 3: Determine your adjustments. If any line does NOT apply, leave it blank. If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, **multiply line 7 by 0.054** (line $7 \times 0.054 = \text{line 9}$). Go to line 12 10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet . 11 If credit reduction applies, enter the total from Schedule A (Form 940) Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank. Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) 12 12 13 FUTA tax deposited for the year, including any overpayment applied from a prior year 13 Balance due. If line 12 is more than line 13, enter the excess on line 14. 14 If line 14 is more than \$500, you must deposit your tax. • If line 14 is \$500 or less, you may pay with this return. See instructions Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box below 15 15 You MUST complete both pages of this form and SIGN it. Apply to next return. □ Send a refund. Check one:

Name (not your trade name)	Employer identification number (EIN)
Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500	. If not, go to Part 6.
16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the an a quarter, leave the line blank.	nount you deposited. If you had no liability for
16a 1st quarter (January 1 – March 31)	
16b 2nd quarter (April 1 – June 30)	
16c 3rd quarter (July 1 – September 30)	
17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) 17	Total must equal line 12.
Part 6: May we speak with your third-party designee?	- Nois and the state of the sta
Do you want to allow an employee, a paid tax preparer, or another person to discus for details.	s this return with the IRS? See the instructions
Yes. Designee's name and phone number	
Select a 5-digit personal identification number (PIN) to use when talking to	the IRS.
No.	DE U
Part 7: Sign here. You MUST complete both pages of this form and SIGN it.	1635
Under penalties of perjury, I declare that I have examined this return, including accompa best of my knowledge and belief, it is true, correct, and complete, and that no part of an fund claimed as a credit was, or is to be, deducted from the payments made to employe taxpayer) is based on all information of which preparer has any knowledge. Sign your name here Print your name here	y payment made to a state unemployment
Date title here Best daytime ph	none
Paid Preparer Use Only	Check if you are self-employed
Preparer's name	PTIN
Preparer's signature	Date Date
Firm's name (or yours if self-employed)	EIN E
Address	Phone
City	ZIP code
Page 2	Form 940 (2023)
GIJIENI	

Form 940-V, Payment Voucher

Purpose of Form

Complete Form 940-V if you're making a payment with Form 940. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 940

To avoid a penalty, make your payment with your 2023 Form 940 **only if** your FUTA tax for the fourth quarter (plus any undeposited amounts from earlier quarters) is \$500 or less. If your total FUTA tax after adjustments (Form 940, line 12) is more than \$500, you must make deposits by electronic funds transfer. See *When Must You Deposit Your FUTA Tax?* in the Instructions for Form 940. Also see sections 11 and 14 of Pub. 15 for more information about deposits.



Use Form 940-V when making any payment with Form 94

Form 940 that should've been deposited, you may be subject to a penalty. See Deposit

LIENT REF

Penalties in section 11 of Pub. 15.

LITELY

Specific Instructions

Box 1—Employer identification number (EIN). If you don't have an EIN, you may apply for one online by visiting the IRS website at www.irs.gov/EIN. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 940, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 940.

Box 3—Name and address. Enter your name and address as shown on Form 940.

- Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 940," and "2023" on your check or money order. Don't send cash. Don't staple Form 940-V or your payment to Form 940 (or to each other).
- Detach Form 940-V and send it with your payment and Form 940 to the address provided in the Instructions for Form 940.

Note: You must also complete the entity information above Part 1 on Form 940.

Detach Here and Mail With Your Payment and Form 940.

940-V		Payment Voucher OMB No. 1545-0	OMB No. 1545-0028		
Department of the Treasury Internal Revenue Service	D	on't staple or attach this voucher to your payment.	17		
1 Enter your employer ide	Enter your employer identification number (EIN). 2 Enter the amount of your payment. Make your check or money order payable to "United States Treasury"		ents		
		3 Enter your business name (individual name if sole proprietor). Enter your address. Enter your city, state, and ZIP code; or your city, foreign country name, foreign province/county, and foreign posta	al code.		

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Chapter 23, Federal Unemployment Tax Act, of Subtitle C, Employment Taxes, of the Internal Revenue Code imposes a tax on employers with respect to employees. This form is used to determine the amount of the tax that you owe. Section 6011 requires you to provide the requested information if you are liable for FUTA tax under section 3301. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner or provide a false or fraudulent form, you may be subject to penalties.

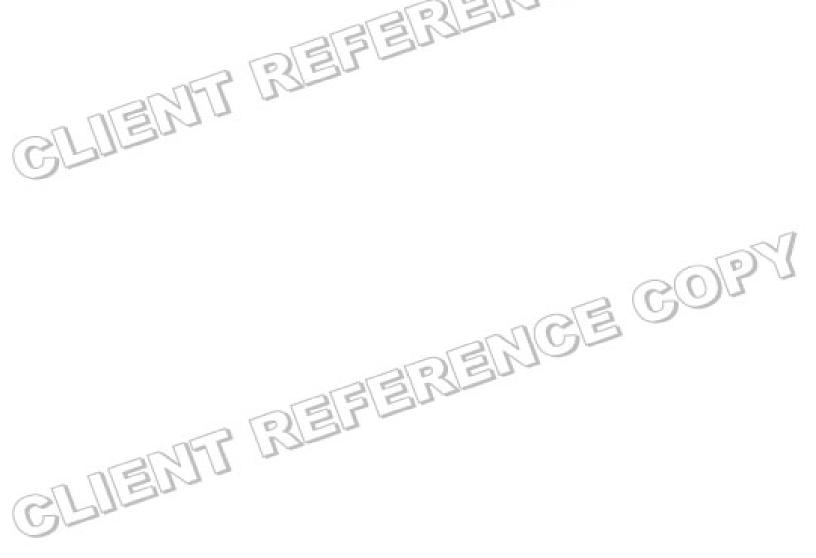
You're not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose

your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions to administer their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 940 simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/FormComments. Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Don't send Form 940 to this address. Instead, see Where Do You File? in the Instructions for Form 940.



Employer's QUARTERLY Federal Tax Return Department of the Treasury — Internal Revenue Service

	М	50	Ъ	2	2
ОМВ	No.	154	5-0	002	29

					1	
E	Emplo	yer identification number (EIN)			Repo (Check	rt for this Quarter of 20 one.)
	Name	e (not your trade name)		1: c	January, February, March	
	Trade	e name (if any)	-CIE)	17/2	2: A	April, May, June
		- 1	31717	t parties	3: .	July, August, September
	Addr	ess D	I EIU -		4:0	October, November, December
		Number Street		Suite or room number	Go to v	www.irs.gov/Form941 for
		JULI D	2			tions and the latest information.
		City	State	ZIP code		
1		1155				
1	1	Familia		Fareign mostel code		
L	-	Foreign country name	Foreign province/county	Foreign postal code		
		he separate instructions before you comp		print within the boxes.		
P	art 1	: Answer these questions for this	quarter.			
	1	Number of employees who received w	ages, tips, or other con	npensation for the pay perio	d _	
		including: Mar. 12 (Quarter 1), June 12	Quarter 2), Sept. 12 (Qu	arter 3), or <i>Dec. 12</i> (Quarter 4) 1	
					Г	
	2	Wages, tips, and other compensation			. 2	00
						2017
	3	Federal income tax withheld from wa	ges, tips, and other con	npensation	. 3	
	_				A	
	4	If no wages, tips, and other compensation	-		100	Check and go to line 6.
			Column 1	Column 2		
	5a	Taxable social security wages*		× 0.124 =		*Include taxable qualified sick and
	50	(i) Qualified sick leave wages* .	7 2 2	× 0.062 =		family leave wages paid in this quarter of 2023 for leave taken
	5a	(i) Qualified sick leave wages* .	375] X 0.002 = [after March 31, 2021, and before October 1, 2021, on line 5a. Use
	5a	(ii) Qualified family leave wages* .	154	× 0.062 =		lines 5a(i) and 5a(ii) only for taxable
	5b	Taxable social security tips	1	× 0.124 =		qualified sick and family leave wages paid in this guarter of 2023
	5c	Taxable Medicare wages & tips		× 0.029 =		for leave taken after March 31, 2020, and before April 1, 2021.
100	5d	Taxable wages & tips subject to				
1	Yu .	Additional Medicare Tax withholding		× 0.009 =		
7	-			-		
#	5е	Total social security and Medicare taxes	3. Add Column 2 from lines	s 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	
					Г	
	5f	Section 3121(q) Notice and Demand-	Tax due on unreported	I tips (see instructions) .	. 5f	
	_				. [
	6	Total taxes before adjustments. Add I	nes 3, 5e, and 5f		. 6	
	7	Current averter's adjustment for free	tions of conto		. 7	(a)
	•	Current quarter's adjustment for fraction	ions of cents		. ,	3015
	8	Current quarter's adjustment for sick	nav		8	
	•	Our ent quarter 3 adjustment for sick	pay			
	9	Current quarter's adjustments for tips	and group-term life in	surance	. 9	2
			у шиш 3. тар	-13/1/10	1	
1	0	Total taxes after adjustments. Combin	ne lines 6 through 9	9/5/77	. 10	
		-	-15	NI		
1	1a	Qualified small business payroll tax cre	dit for increasing resear	ch activities. Attach Form 8974	1 11a	
_			211		_	
1	1b	Nonrefundable portion of credit for q before April 1, 2021	Jailfled sick and family	leave wages for leave take		
		DOIOIG APIII 1, 2021			. 11b∟	
4	1c	Reserved for future use			. 11c	
d	10	inserved for future use			. 116	
	16.	A CONTRACTOR OF THE PROPERTY O				

Name (r	not your trade name)	Employer identification number (EIN)
Part 1	Answer these questions for this quarter. (continued)	360
T all t	77	(6)5
11d	Nonrefundable portion of credit for qualified sick and family leave wages for leave after March 31, 2021, and before October 1, 2021	e taken
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	e 10 . 12
13a	Total deposits for this quarter, including overpayment applied from a prior quar overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current	
13b	Reserved for future use	13b
13c	Refundable portion of credit for qualified sick and family leave wages for leave	e 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 after March 31, 2021, and before October 1, 2021.	e taken
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
-12	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14
14		
and the same	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 sch	edule depositor, see section 11 of Pub. 15.
16 C	Check one: Line 12 on this return is less than \$2,500 or line 12 on the return and you didn't incur a \$100,000 next-day deposit obligation durin quarter was less than \$2,500 but line 12 on this return is \$100,000 federal tax liability. If you're a monthly schedule depositor, complesemiweekly schedule depositor, attach Schedule B (Form 941). Go to	g the current quarter. If line 12 for the prior or more, you must provide a record of your ete the deposit schedule below; if you're a
	You were a monthly schedule depositor for the entire quarter. Er liability for the quarter, then go to Part 3.	nter your tax liability for each month and total
	Tax liability: Month 1	(6)3
	Month 2	
	Month 3	
	Total liability for quarter Total m	nust equal line 12.
	You were a semiweekly schedule depositor for any part of this question Report of Tax Liability for Semiweekly Schedule Depositors, and attact	
Y	ou MUST complete all three pages of Form 941 and SIGN it.	
Page 2		Form 941 (Rev. 3-2023)

Name (not your trade name) **Employer identification number (EIN)** Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank Check here, and 17 If your business has closed or you stopped paying wages . also attach a statement to your return. See instructions. enter the final date you paid wages If you're a seasonal employer and you don't have to file a return for every quarter of the year 18 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19 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 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 27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 28 Amounts under certain collectively bargained agreements allocable to qualified family 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. J No. 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. Print your name here Sign your Print your name here title here Date Best daytime phone **Paid Preparer Use Only** Check if you're self-employed Preparer's name PTIN Date Preparer's signature Firm's name (or yours EIN if self-employed) Address Phone ZIP code City State

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

Form 941-V, Payment Voucher

Purpose of Form

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

Making Payments With Form 941

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

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

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



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

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

Specific Instructions

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

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

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

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

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

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

<u> </u>		▼ [etach Her	e and Mail With Your Payment and Form 941.	▼	
E 941-V Department of the Treasury Internal Revenue Service ▶ □			▶ □	Payment Voucher on't staple this voucher or your payment to Form 941.	OMB No. 1545-0029	
1	Enter your employer number (EIN).	identification	1	Enter the amount of your payment. Make your check or money order payable to "United States Treasury"	ollars Cents	
3	Tax Period			4 Enter your business name (individual name if sole proprietor).		
	1st Quarter		3rd Quarter	Enter your address.		
	2nd		4th	Enter your city, state, and ZIP code; or your city, foreign country name, foreign province/	/county, and foreign postal code.	

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on Form 941 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. Form 941 is used to determine the amount of taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner, or provide false or fraudulent information, you may be subject to penalties.

You're not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of

Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941 will vary depending on individual circumstances. The estimated average time is:

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/FormComments. Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Don't send Form 941 to this address. Instead, see Where Should You File? in the Instructions for Form 941.

