

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN)

Name (not your trade name)

Calendar year (Also check quarter)

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

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

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

Month 1

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	1,700.98
6		14		22		30	
7		15	1,706.36	23		31	
8		16		24			

Tax liability for Month 1

Month 2

1		9		17		25	
2		10		18		26	1,641.68
3		11		19		27	
4		12	1,706.38	20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2

Month 3

1		9		17		25	
2	103.80	10		18		26	1,599.22
3		11		19		27	
4		12	1,444.76	20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3

Total liability for the quarter

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

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

Name (not your trade name)
DAMMON ENGINEERING, INC.

Employer identification number (EIN)
72-1075648

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages ; also attach a statement to your return. See instructions.
- 18 If you're a seasonal employer and you don't have to file a return for every quarter of the year Check here.
- 19 Qualified health plan expenses allocable to qualified sick leave wages 19
- 20 Qualified health plan expenses allocable to qualified family leave wages 20
- 21 Qualified wages for the employee retention credit 21
- 22 Qualified health plan expenses allocable to wages reported on line 21 22
- 23 Credit from Form 5884-C, line 11, for this quarter 23
- 24 Reserved for future use 24
- 25 Reserved for future use 25

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

No.

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Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

David Dammon

Print your name here

Print your title here

Date

4/23/2021

Best daytime phone

Paid Preparer Use Only

Check if you're self-employed

Preparer's name

PTIN

Preparer's signature

Date

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

EIN

Address

Phone

City

State

ZIP code

Name (not your trade name) **DAMMON ENGINEERING, INC.** Employer identification number (EIN) **72-1075648**

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

11d Total nonrefundable credits. Add lines 11a, 11b, and 11c 11d

12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 12

13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13a

13b Reserved for future use 13b

13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 13c

13d Refundable portion of employee retention credit from Worksheet 1 13d

13e Total deposits and refundable credits. Add lines 13a, 13c, and 13d 13e

13f Total advances received from filing Form(s) 7200 for the quarter 13f

13g Total deposits and refundable credits less advances. Subtract line 13f from line 13e 13g

14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions 14

15 Overpayment. If line 13g is more than line 12, enter the difference Check one: Apply to next return. Send a refund.

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

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

Employer identification number (EIN) **72-1075648**

Name (not your trade name) **DAMMON ENGINEERING, INC.**

Trade name (if any) **Dammon Engineering, Inc.**

Address **554 OLD SPANISH TRAIL**
 Number Street Suite or room number

SLIDELL **LA** **70458-2923**
 City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2021
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

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Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<input type="text" value="5"/>
2	Wages, tips, and other compensation	2	<input type="text" value="41,223.50"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="3,596.00"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
		Column 1	Column 2
5a	Taxable social security wages	<input type="text" value="41,223.50"/>	$\times 0.124 =$ <input type="text" value="5,111.71"/>
5a (i)	Qualified sick leave wages	<input type="text"/>	$\times 0.062 =$ <input type="text"/>
5a (ii)	Qualified family leave wages	<input type="text"/>	$\times 0.062 =$ <input type="text"/>
5b	Taxable social security tips	<input type="text"/>	$\times 0.124 =$ <input type="text"/>
5c	Taxable Medicare wages & tips	<input type="text" value="41,223.50"/>	$\times 0.029 =$ <input type="text" value="1,195.48"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	$\times 0.009 =$ <input type="text"/>
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	<input type="text" value="6,307.19"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="9,903.19"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value="-0.01"/>
8	Current quarter's adjustment for sick pay	8	<input type="text"/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text"/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="9,903.18"/>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<input type="text"/>
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	<input type="text"/>
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	<input type="text"/>

Interview for your Form 941/Schedule B
Employer's Quarterly Federal Tax Return

Instructions: Use this interview to help you fill out your Form 941 and Schedule B (if applicable).
* QuickBooks uses your answers to complete your Form 941.

Legal Business Name

Your legal business name DAMMON ENGINEERING, INC.

Business Name Control - E-FILERS ONLY

Your business name control. **Modify value if needed** (based on 'Legal Business Name' above) DAMM

Select your IRS assigned deposit schedule

To help determine if the IRS requires you to file a Schedule B, check your IRS assigned deposit schedule:

- Monthly
- Semi-Weekly

Note: Your selection on Form 941, page 2, line 16 determines if the IRS requires you to file a Schedule B.

Final Return - Enter the following information for your final return:

If you do not have to file returns in the future, check here
and enter the date that final wages were paid _____

You would not have to file returns in the future if you went out of business or stopped paying wages this quarter, for example.

Name of the person keeping the final records _____

Address where those final payroll records will be kept:

Street address _____

City _____

State _____

Zip code _____

Answer all that apply to you

If you are a seasonal employer, check here
Seasonal employers are not required to file Form 941 during quarters when they regularly do not have a tax liability because they have no wages. If you are a seasonal employer, checking this box notifies the IRS that you will not have to file a return for one or more quarters of the year.

Check here if **NO wages are subject to social security and/or Medicare tax**
Check this box only if all wages are not subject to social security and Medicare taxes. See Circular E (IRS Pub. 15) for more information on exempt wages.

Check here if you have **no legal residence or principal place of business in any state**

Check here if you are an **exempt organization or government entity**