

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: *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4) **1**

2 Wages, tips, and other compensation **2**

3 Federal income tax withheld from wages, tips, and other compensation **3**

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 | |
|---|--|-----------|---------------------------------------|---|
| 5a Taxable social security wages* | <input type="text" value="40,561.00"/> | x 0.124 = | <input type="text" value="5,029.56"/> | |
| 5a (i) Qualified sick leave wages* | <input type="text"/> | x 0.062 = | <input type="text"/> | |
| 5a (ii) Qualified family leave wages* | <input type="text"/> | x 0.062 = | <input type="text"/> | |
| 5b Taxable social security tips | <input type="text"/> | x 0.124 = | <input type="text"/> | |
| 5c Taxable Medicare wages & tips | <input type="text" value="40,561.00"/> | x 0.029 = | <input type="text" value="1,176.27"/> | |
| 5d Taxable wages & tips subject to Additional Medicare Tax withholding <input type="text"/> | | x 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="6,205.83"/> |
| 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="9,720.83"/> |
| 7 Current quarter's adjustment for fractions of cents | | | | 7 <input type="text" value="0.03"/> |
| 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="9,720.86"/> |
| 11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 | | | | 11a <input type="text"/> |
| 11b Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 | | | | 11b <input type="text"/> |
| 11c Nonrefundable portion of employee retention credit | | | | 11c <input type="text"/> |

**Include taxable qualified sick and family leave wages for leave taken after March 31, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for wages paid after March 31, 2020, for leave taken before April 1, 2021.*

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

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

- 11d Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021
11e Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters)
11f Number of individuals provided COBRA premium assistance
11g Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 11e
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10
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
13b Reserved for future use
13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021
13d Refundable portion of employee retention credit
13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021
13f Refundable portion of COBRA premium assistance credit (see instructions for applicable quarters)
13g Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f
13h Total advances received from filing Form(s) 7200 for the quarter
13i Total deposits and refundable credits less advances. Subtract line 13h from line 13g
14 Balance due. If line 12 is more than line 13i, enter the difference and see instructions
15 Overpayment. If line 13i is more than line 12, enter the difference

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.
[X] 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 3,147.82
Month 2 3,276.28
Month 3 3,296.76
Total liability for quarter 9,720.86 Total must equal line 12.
[] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

Name (not your trade name) 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... 18a If you're a seasonal employer... 18b If you're eligible for the employee retention credit... 19-28 Various wage and expense categories with input boxes.

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 [] 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.

Sign your name here [Signature: David Dammon] Print your name here [David Dammon] Print your title here [President] Date [07/28/2021] Best daytime phone [(985) 649-5832]

Paid Preparer Use Only. Check if you're self-employed []. Preparer's name, signature, firm's name, address, city, state, ZIP code, PTIN, date, EIN, phone.

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 | 1,599.22 | 17 | | 25 | |
| 2 | | 10 | | 18 | | 26 | |
| 3 | | 11 | | 19 | | 27 | |
| 4 | | 12 | | 20 | | 28 | |
| 5 | | 13 | | 21 | | 29 | |
| 6 | | 14 | | 22 | | 30 | |
| 7 | | 15 | | 23 | 1,548.60 | 31 | |
| 8 | | 16 | | 24 | | | |

Tax liability for Month 1

3,147.82

Month 2

| | | | | | | | |
|---|----------|----|--|----|----------|----|--|
| 1 | | 9 | | 17 | | 25 | |
| 2 | | 10 | | 18 | | 26 | |
| 3 | | 11 | | 19 | | 27 | |
| 4 | | 12 | | 20 | | 28 | |
| 5 | | 13 | | 21 | 1,624.50 | 29 | |
| 6 | | 14 | | 22 | | 30 | |
| 7 | 1,651.78 | 15 | | 23 | | 31 | |
| 8 | | 16 | | 24 | | | |

Tax liability for Month 2

3,276.28

Month 3

| | | | | | | | |
|---|----------|----|--|----|----------|----|--|
| 1 | | 9 | | 17 | | 25 | |
| 2 | | 10 | | 18 | 1,644.98 | 26 | |
| 3 | | 11 | | 19 | | 27 | |
| 4 | 1,651.78 | 12 | | 20 | | 28 | |
| 5 | | 13 | | 21 | | 29 | |
| 6 | | 14 | | 22 | | 30 | |
| 7 | | 15 | | 23 | | 31 | |
| 8 | | 16 | | 24 | | | |

Tax liability for Month 3

3,296.76

Total liability for the quarter

9,720.86

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.

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Worksheet 3. Credit for Qualified Sick and Family Leave Wages for Leave Taken After March 31, 2021

Keep for Your Records 

Determine how you will complete this worksheet. (If you're a third-party payer, you must complete this worksheet for each client for which it is applicable, on a client-by-client basis).

If you paid qualified sick leave wages and/or qualified family leave wages this quarter for leave taken after March 31, 2021, complete Step 1 and Step 2. **Caution:** Use Worksheet 1 to figure the credit for qualified sick and family leave wages for leave taken before April 1, 2021.

| | | |
|---|--|---------------|
| Step 1. Determine the employer share of Medicare tax | | |
| 1a | Enter the amount of Medicare tax from Form 941, Part 1, <u>line 5c</u> , column 2 | 1a _____ |
| 1b | Multiply line 1a by 50% (0.50) | 1b _____ |
| 1c | If you're a third-party payer of sick pay that isn't an agent and you're claiming credits for amounts paid to your employees, enter the employer share of Medicare tax included on Form 941, Part 1, <u>line 8</u> (enter as a positive number) | 1c _____ |
| 1d | Subtract line 1c from line 1b | 1d _____ |
| 1e | If you received a Section 3121(q) Notice and Demand during the quarter, enter the amount of the employer share of Medicare tax from the notice | 1e _____ |
| 1f | Employer share of Medicare tax. Add lines 1d and 1e | 1f _____ |
| Step 2. Figure the sick and family leave credit | | |
| 2a | Qualified sick leave wages for leave taken after March 31, 2021 (Form 941, Part 3, <u>line 23</u>) | 2a _____ |
| 2a(i) | Qualified sick leave wages included on Form 941, Part 3, line 23, that were not included as wages reported on Form 941, Part 1, lines 5a and 5c, because the qualified sick leave wages were excluded from the definition of employment under sections 3121(b)(1)-(22) | 2a(i) _____ |
| 2a(ii) | Subtract line 2a(i) from line 2(a) | 2a(ii) _____ |
| 2a(iii) | Qualified sick leave wages included on Form 941, Part 3, line 23, that were not included as wages reported on Form 941, Part 1, line 5a, because the qualified sick leave wages were limited by the social security wage base | 2a(iii) _____ |
| 2a(iv) | Subtract line 2a(iii) from line 2a(ii) | 2a(iv) _____ |
| 2b | Qualified health plan expenses allocable to qualified sick leave wages for leave taken after March 31, 2021 (Form 941, Part 3, <u>line 24</u>) | 2b _____ |
| 2c | Amounts under certain collectively bargained agreements allocable to qualified sick leave for leave taken after March 31, 2021 (Form 941, Part 3, <u>line 25</u>) | 2c _____ |
| 2d | Employer share of social security tax on qualified sick leave wages. Multiply line 2a(iv) by 6.2% (0.062) | 2d _____ |
| 2e | Employer share of Medicare tax on qualified sick leave wages. Multiply line 2a(ii) by 1.45% (0.0145) | 2e _____ |
| 2f | Credit for qualified sick leave wages. Add lines 2a, 2b, 2c, 2d, and 2e | 2f _____ |
| 2g | Qualified family leave wages for leave taken after March 31, 2021 (Form 941, Part 3, <u>line 26</u>) | 2g _____ |
| 2g(i) | Qualified family leave wages included on Form 941, Part 3, line 26, that were not included as wages reported on Form 941, Part 1, lines 5a and 5c, because the qualified family leave wages were excluded from the definition of employment under sections 3121(b)(1)-(22) | 2g(i) _____ |
| 2g(ii) | Subtract line 2g(i) from line 2(g) | 2g(ii) _____ |
| 2g(iii) | Qualified family leave wages included on Form 941, Part 3, line 26, that were not included as wages reported on Form 941, Part 1, line 5a, because the qualified family leave wages were limited by the social security wage base | 2g(iii) _____ |
| 2g(iv) | Subtract line 2g(iii) from line 2g(ii) | 2g(iv) _____ |
| 2h | Qualified health plan expenses allocable to qualified family leave wages for leave taken after March 31, 2021 (Form 941, Part 3, <u>line 27</u>) | 2h _____ |
| 2i | Amounts under certain collectively bargained agreements allocable to qualified family leave for leave taken after March 31, 2021 (Form 941, Part 3, <u>line 28</u>) | 2i _____ |
| 2j | Employer share of social security tax on qualified family leave wages. Multiply line 2g(iv) by 6.2% (0.062) | 2j _____ |
| 2k | Employer share of Medicare tax on qualified family leave wages. Multiply line 2g(ii) by 1.45% (0.0145) | 2k _____ |
| 2l | Credit for qualified family leave wages. Add lines 2g, 2h, 2i, 2j, and 2k | 2l _____ |
| 2m | Credit for qualified sick and family leave wages. Add lines 2f and 2l | 2m _____ |
| 2n | For second quarter of 2021 only, enter any employee retention credit claimed under section 2301 of the CARES Act (from Worksheet 2, line 2d) with respect to any wages taken into account for the credit for qualified sick and family leave wages for the quarter | 2n _____ |
| 2o | Enter any credit claimed under section 41 for increasing research activities with respect to any wages taken into account for the credit for qualified sick and family leave wages | 2o _____ |
| 2p | Add lines 2n and 2o | 2p _____ |
| 2q | Credit for qualified sick and family leave wages after adjusting for other credits. Subtract line 2p from line 2m | 2q _____ |
| 2r | Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021. Enter the smaller of line 1f or line 2q. Enter this amount on Form 941, Part 1, line 11d | 2r _____ |
| 2s | Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021. Subtract line 2r from line 2q and enter this amount on Form 941, Part 1, line 13e | 2s _____ |