

Filing and Printing Instructions

FEDERAL QUARTERLY FORM 941/SCHEDULE B

Name

DAMMON ENGINEERING, INC.

Address

554 OLD SPANISH TRAIL

City, State, and ZIP Code

SLIDELL, LA 704582923

INSTRUCTIONS FOR FILING YOUR PAYROLL TAX RETURN

Please file your federal 941 return by 04/30/2020. If filing by mail send your return to the following address:

Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0005

Remember to sign and enter required information in the signature line.

SPECIAL INSTRUCTIONS FOR EXEMPT ORGANIZATIONS OR NO LEGAL ADDRESS

If your business has no principal legal residence or place of business in any state, please mail your return to:

Internal Revenue Service
P.O. Box 409101
Ogden, UT 84409

If you are filing this return for an exempt organization or government entity, please mail your return to:

Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0005

Remember to sign and enter required information in the signature line.

PRINTING AND FILING INSTRUCTIONS

The printed form may look different from the form provided by the U.S. government. However, the format has been approved by the U.S. government as long as you print the form with black ink on white bond 8-1/2-in x 11-in sized paper of at least 20 lb weight.

Please staple multiple sheets in the upper left corner when filing.

KEEP THIS PAGE FOR YOUR RECORDS -- DO NOT MAIL.

INWKS941

Employer identification number
Name (not your trade name)
Trade name (if any)
Address: 55
City: S.
Foreign

Sign,
copy for
Mail original.
Thanks
Cindy

C.
Suite or room number
70458-2923
ZIP code
Foreign postal code

Report for this Quarter of 2020
(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.

REV 04/09/20 QBDT

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 5

2 Wages, tips, and other compensation 2 48,378.25

3 Federal income tax withheld from wages, tips, and other compensation 3 4,252.00

4 If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages	48,378.25	$\times 0.124 =$	5,998.90
5b Taxable social security tips		$\times 0.124 =$	
5c Taxable Medicare wages & tips	48,378.25	$\times 0.029 =$	1,402.97
5d Taxable wages & tips subject to Additional Medicare Tax withholding		$\times 0.009 =$	
5e Add Column 2 from lines 5a, 5b, 5c, and 5d			7,401.87
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)			
6 Total taxes before adjustments. Add lines 3, 5e, and 5f			11,653.87
7 Current quarter's adjustment for fractions of cents			0.01
8 Current quarter's adjustment for sick pay			
9 Current quarter's adjustments for tips and group-term life insurance			
10 Total taxes after adjustments. Combine lines 6 through 9			11,653.88
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974			
12 Total taxes after adjustments and credits. Subtract line 11 from line 10			11,653.88
13 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			11,653.88
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions			
15 Overpayment. If line 13 is more than line 12, enter the difference			

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

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

Next ►

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

Employer identification number (EIN)
72-1075648

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

If you are unsure about whether you are 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 are a monthly schedule depositor, complete the deposit schedule below; if you are 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.

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

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year . . . Check here.

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.

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

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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

David Dammon

Print your title here

President

Date

4/29/2020

Best daytime phone

(985) 649-5832

Paid Preparer Use Only

Check if you are 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

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	1,469.10	25	
2		10		18		26	
3	1,703.64	11		19		27	
4		12		20	107.54	28	
5		13		21		29	
6		14		22		30	
7		15		23		31	1,690.82
8		16		24			

Tax liability for Month 1

4,971.10

Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	1,690.74
5		13		21		29	
6		14	1,640.66	22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2

3,331.40

Month 3

1		9		17		25	
2		10		18		26	
3		11		19		27	1,705.82
4		12		20		28	
5		13	1,645.56	21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3

3,351.38

Total liability for the quarter

11,653.88

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.