

PAYCHEX, INC.  
1535 SCENIC AVENUE SUITE 100  
COSTA MESA CA 92626  
(702) 933-6200

**\*\*TAX INFORMATION ENCLOSED\*\*** Q4 2023

**Q4**



0083-P139

USPS.USMFC

0902 0083-P139

JULIAN RODRIGUEZ  
ATTN: JULIANS TREE SERVICE  
1242 DOMINGO PL  
OXNARD CA 93030-2595

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0902-0083P139-364-Q04-2023

This document includes information about filing 2023 fourth quarter and annual returns. To review all quarter-end instructions, as well as federal and state updates, please visit [payx.me/tax-filing](https://payx.me/tax-filing).

### Original Tax Returns You Must File

#### Taxpay® Clients

##### ***Outstanding Tax Liability Report***

Your Outstanding Tax Liability (OTL) Report is included in your tax package behind the cover page labeled Original Returns. This report lists the dates that your quarterly taxes will be remitted to the appropriate tax agencies by Paychex and indicates whether additional taxes will be credited to or debited from your account. If an additional collection is required, funds will be debited from your bank account on Monday, January 22, 2024. Please make sure you have sufficient funds in your account by this date.

**Important** – If you are in a FUTA credit reduction state, your fourth quarter collection may be larger than you anticipate; make sure to refer to your OTL report for this information.

##### ***State Returns You Must File***

A few states will not allow Paychex to reproduce their returns. If you must file any of these affected returns, we have enclosed a facsimile report with your tax package that includes the following message: *"Transfer this information to the return provided by the state. Do not file the facsimile."*

Follow these instructions to remit the return to the agency:

1. Transfer the information from the facsimile to the pre-printed return provided by the state. Sign the return. Make a copy of the completed return for your files.
2. If the return shows a balance due, enclose a check made payable to the name of the state agency. Write your ID number on the check.

#### Non-Taxpay

The tax returns that you file are in your tax package behind the cover sheet labeled **Original Returns**. Most of the information in the online instructions is about how to file your returns. You can access the information at [payx.me/tax-filing](https://payx.me/tax-filing).

#### Identification Numbers

Verify that your assigned identification (ID) numbers appear correctly on all returns. If any of the following information is incorrect, contact your payroll contact immediately:

- If an ID is missing, please print it in on the applicable return(s). In addition, please forward the ID number to your payroll contact.
- If your return shows "APPLIED FOR" but you have been assigned an ID number, white out "APPLIED FOR," and enter your ID number on the applicable return(s). In addition, please forward the ID number to your payroll contact.

#### Employer Reference Copies of Tax Returns

We included reference copies of your returns in your tax package behind the cover sheet labeled **File Copies**. Please retain these copies of all tax returns in compliance with federal and state regulations.

OUTSTANDING TAX LIABILITIES

0902-0083P139 JULIAN RODRIGUEZ

CASH REQUIRED FOR OUTSTANDING TAX LIABILITIES FOR QUARTER ENDING - 12/31/23: \$168.00 - These transfers are due to liability adjustments.

ELECTRONIC FUNDS TRANSFER - Transfer will be initiated at or after 12:01 A.M. on transaction date.

<u>TRANS DATE</u>	<u>NAME</u>	<u>ACCOUNT NUMBER</u>	<u>DESCRIPTION</u>	<u>BANK DRAFT AMOUNT</u>
01/22/24	BANK OF AMERICA, NA	XXXXXXXXXXXXXXXX105	FUTA	168.00
EFT FOR 01/22/24 TOTAL EFT				168.00

PAYCHEX WILL MAKE THESE TAX DEPOSITS ON YOUR BEHALF - This information serves as a record of payment.

<u>DUE DATE</u>	<u>DESCRIPTION</u>
01/31/24	FUTA
01/31/24	CA ETT
01/31/24	CA SUI
	336.00
	2.26
	38.40

## FILE COPIES

Please retain your file copies of all tax returns and reports in compliance with federal and state regulations.

Additional information is available at [payx.me/tax-filing](https://payx.me/tax-filing)



Form **941 for 2023: Employer's QUARTERLY Federal Tax Return**

(Rev. March 2023)

Department of the Treasury -- Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)	5	1	-	0	4	6	6	7	2	8
Name (not your trade name)	JULIAN RODRIGUEZ									
Trade name (if any)										
Address	1242 DOMINGO PLACE									
Number	Street				Suite or room number					
OXNARD	CA				93030					
City	State				ZIP code					
Foreign country name	Foreign province/county				Foreign postal code					

Report for this Quarter of 2023  
(Check one.)

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☐ 3: July, August, September
- ☒ 4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

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	3																												
2	Wages, tips, and other compensation . . . . .	2	21,655.00																												
3	Federal income tax withheld from wages, tips, and other compensation . . . . .	3	1,233.93																												
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.																													
<table border="0"> <thead> <tr> <th></th> <th>Column 1</th> <th></th> <th>Column 2</th> </tr> </thead> <tbody> <tr> <td>5a</td> <td>Taxable social security wages* . . . . .</td> <td>21,655.00 × 0.124 =</td> <td>2,685.22</td> </tr> <tr> <td>5a</td> <td>(i) Qualified sick leave wages* . . . . .</td> <td>. × 0.062 =</td> <td>.</td> </tr> <tr> <td>5a</td> <td>(ii) Qualified family leave wages* . . . . .</td> <td>. × 0.062 =</td> <td>.</td> </tr> <tr> <td>5b</td> <td>Taxable social security tips . . . . .</td> <td>. × 0.124 =</td> <td>.</td> </tr> <tr> <td>5c</td> <td>Taxable Medicare wages &amp; tips . . . . .</td> <td>21,655.00 × 0.029 =</td> <td>628.00</td> </tr> <tr> <td>5d</td> <td>Taxable wages &amp; tips subject to Additional Medicare Tax withholding . . . . .</td> <td>. × 0.009 =</td> <td>.</td> </tr> </tbody> </table>					Column 1		Column 2	5a	Taxable social security wages* . . . . .	21,655.00 × 0.124 =	2,685.22	5a	(i) Qualified sick leave wages* . . . . .	. × 0.062 =	.	5a	(ii) Qualified family leave wages* . . . . .	. × 0.062 =	.	5b	Taxable social security tips . . . . .	. × 0.124 =	.	5c	Taxable Medicare wages & tips . . . . .	21,655.00 × 0.029 =	628.00	5d	Taxable wages & tips subject to Additional Medicare Tax withholding . . . . .	. × 0.009 =	.
	Column 1		Column 2																												
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5d	Taxable wages & tips subject to Additional Medicare Tax withholding . . . . .	. × 0.009 =	.																												
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	3,313.22																												
5f	Section 3121(q) Notice and Demand —Tax due on unreported tips (see instructions) . . . . .	5f	.																												
6	Total taxes before adjustments. Add lines 3, 5e, and 5f . . . . .	6	4,547.15																												
7	Current quarter's adjustment for fractions of cents . . . . .	7	.02																												
8	Current quarter's adjustment for sick pay . . . . .	8	.																												
9	Current quarter's adjustments for tips and group-term life insurance . . . . .	9	.																												
10	Total taxes after adjustments. Combine lines 6 through 9 . . . . .	10	4,547.17																												
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	.																												
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 . . . . .	11b	.																												
11c	Reserved for future use . . . . .	11c	.																												

\*Include taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2020, and before April 1, 2021.

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



Name (not your trade name)

JULIAN RODRIGUEZ

Employer identification number (EIN)

51-0466728

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

<b>11d</b> Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 . . . . .	<b>11d</b>	<input type="text" value="."/>
<b>11e</b> Reserved for future use . . . . .	<b>11e</b>	<input type="text" value="."/>
<b>11f</b> Reserved for future use . . . . .		<input type="text" value="."/>
<b>11g</b> Total nonrefundable credits. Add lines 11a, 11b, and 11d . . . . .	<b>11g</b>	<input type="text" value="."/>
<b>12</b> Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10 . . . . .	<b>12</b>	<input type="text" value="4,547.17"/>
<b>13a</b> 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 . . . . .	<b>13a</b>	<input type="text" value="4,547.17"/>
<b>13b</b> Reserved for future use . . . . .	<b>13b</b>	<input type="text" value="."/>
<b>13c</b> Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 . . . . .	<b>13c</b>	<input type="text" value="."/>
<b>13d</b> Reserved for future use . . . . .	<b>13d</b>	<input type="text" value="."/>
<b>13e</b> Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 . . . . .	<b>13e</b>	<input type="text" value="."/>
<b>13f</b> Reserved for future use. . . . .	<b>13f</b>	<input type="text" value="."/>
<b>13g</b> Total deposits and refundable credits. Add lines 13a, 13c, and 13e . . . . .	<b>13g</b>	<input type="text" value="4,547.17"/>
<b>13h</b> Reserved for future use . . . . .	<b>13h</b>	<input type="text" value="."/>
<b>13i</b> Reserved for future use . . . . .	<b>13i</b>	<input type="text" value="."/>
<b>14</b> Balance due. If line 12 is more than line 13g, enter the difference and see instructions . . . . .	<b>14</b>	<input type="text" value="."/>
<b>15</b> Overpayment. If line 13g is more than line 12, enter the difference <input type="text" value="."/> Check one: <input type="checkbox"/> Apply to next return <input type="checkbox"/> 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.

<b>16</b> Check one:	<input type="checkbox"/>	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.
	<input checked="" type="checkbox"/>	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.
<b>Tax liability:</b>	<b>Month 1</b>	<input type="text" value="553.89"/>
	<b>Month 2</b>	<input type="text" value="1,924.01"/>
	<b>Month 3</b>	<input type="text" value="2,069.27"/>
<b>Total liability for quarter</b>		<input type="text" value="4,547.17"/> <b>Total must equal line 12.</b>
<input type="checkbox"/>	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.



Name (not your trade name)

JULIAN RODRIGUEZ

Employer identification number (EIN)

51-0466728

**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 for leave taken before April 1, 2021 . . . . . 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 . . . . . 22
- 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 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 . . . . . 27
- 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 . . . . . 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.     ☒ 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.

**X**

Sign your name here

REFERENCE COPY PREPARED BY PAYCHEX  
DO NOT FILE

Print your name here

Print your title here

Date

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



Form **940 for 2023:** **Employer's Annual Federal Unemployment (FUTA) Tax Return**  
 Department of the Treasury - Internal Revenue Service

850113

OMB No. 1545-0028

Employer identification number (EIN) **5 1 - 0 4 6 6 7 2 8**

Name (not your trade name) **JULIAN RODRIGUEZ**

Trade name (if any) \_\_\_\_\_

Address **1242 DOMINGO PLACE**  
 Number Street Suite or room number  
**OXNARD** **CA** **93030**  
 City State ZIP code  
 Foreign country name Foreign province/county Foreign postal code

**Type of Return**  
(Check all that apply.)

- ☐ a. Amended
- ☐ b. Successor employer
- ☐ c. No payments to employees in 2023
- ☐ d. Final: Business closed or stopped paying wages

Go to [www.irs.gov/form940](http://www.irs.gov/form940) for instructions and the latest information.

Read the separate instructions before you complete this form. Please type or print within the boxes.

**Part 1: 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 . . . **1a** **C** **A**  
 Check Here
- 1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer . . . **1b** ☐ Complete Schedule A (Form 940).
- 2 If you paid wages in a state that is subject to CREDIT REDUCTION . . . **2** ☒ 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 . . . **3** **84615.00**
- 4 Payments exempt from FUTA tax . . . **4** ☐  
 Check all that apply 4a ☐ Fringe benefits 4c ☐ Retirement/Pension 4e ☐ Other  
 4b ☐ Group-term life insurance 4d ☐ Dependent care
- 5 Total of payments made to each employee in excess of \$7,000 . . . **5** **56615.00**
- 6 Subtotal (line 4 + line 5 = line 6) . . . **6** **56615.00**
- 7 Total taxable FUTA wages (line 3 - line 6 = line 7). See instructions . . . **7** **28000.00**
- 8 FUTA tax before adjustments (line 7 x 0.006 = line 8) . . . **8** **168.00**

**Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.**

- 9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12 . . . **9** ☐
- 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 . . . **10** ☐
- 11 If credit reduction applies, enter the total from Schedule A (Form 940) . . . **11** **168.00**

**Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.**

- 12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) . . . **12** **336.00**
- 13 FUTA tax deposited for the year, including any overpayment applied from a prior year . . . **13** **336.00**
- 14 Balance due If line 12 is more than line 13, enter the excess on line 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 . . . **14** ☐
- 15 Overpayment If line 13 is more than line 12, enter the excess on line 15 and check a box below . . . **15** ☐

► You **MUST** complete both pages of this form and **SIGN** it.

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

**Next** ➔

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 112340

Form **940** (2023)



Name (not your trade name)

JULIAN RODRIGUEZ

Employer identification number (EIN)

51-0466728

**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 amount you deposited. If you had no liability for a quarter, leave the line blank.16a 1st quarter (January 1 - March 31) . . . . . 16a 16b 2nd quarter (April 1 - June 30) . . . . . 16b 16c 3rd quarter (July 1 - September 30) . . . . . 16c 16d 4th quarter (October 1 - December 31) . . . . . 16d **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?**

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 IRS

    ☐ No.**Part 7: Sign here. You MUST complete both pages of this form 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, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**X** Sign your name here

Date

Print your name here

REFERENCE COPY PREPARED

Print your title here

BY PAYCHEX DO NOT FILE

Best daytime phone

**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 A (Form 940) for 2023: Multi-State Employer and Credit Reduction Information

860312

OMB No. 1545-0028

See the instructions on page 2. File this schedule with Form 940.

Employer identification number (EIN)

5 1 - 0 4 6 6 7 2 8

Name (not your trade name)

JULIAN RODRIGUEZ

Place an "X" in the box of EVERY state in which you had to pay state unemployment tax this year. For each state with a credit reduction rate greater than zero, enter the FUTA taxable wages, multiply by the reduction rate, and enter the credit reduction amount. Don't include in the FUTA Taxable Wages box wages that were excluded from state unemployment tax (see the instructions for Step 2). If any states don't apply to you, leave them blank.

Postal Abbreviation	FUTA Taxable Wages	Reduction Rate	Credit Reduction	Postal Abbreviation	FUTA Taxable Wages	Reduction Rate	Credit Reduction
<input type="checkbox"/> AK	.		.	<input type="checkbox"/> NC	.		.
<input type="checkbox"/> AL	.		.	<input type="checkbox"/> ND	.		.
<input type="checkbox"/> AR	.		.	<input type="checkbox"/> NE	.		.
<input type="checkbox"/> AZ	.		.	<input type="checkbox"/> NH	.		.
<input checked="" type="checkbox"/> CA	28000.00	x0.006	168.00	<input type="checkbox"/> NJ	.		.
<input type="checkbox"/> CO	.		.	<input type="checkbox"/> NM	.		.
<input type="checkbox"/> CT	.		.	<input type="checkbox"/> NV	.		.
<input type="checkbox"/> DC	.		.	<input type="checkbox"/> NY	.		.
<input type="checkbox"/> DE	.		.	<input type="checkbox"/> OH	.		.
<input type="checkbox"/> FL	.		.	<input type="checkbox"/> OK	.		.
<input type="checkbox"/> GA	.		.	<input type="checkbox"/> OR	.		.
<input type="checkbox"/> HI	.		.	<input type="checkbox"/> PA	.		.
<input type="checkbox"/> IA	.		.	<input type="checkbox"/> RI	.		.
<input type="checkbox"/> ID	.		.	<input type="checkbox"/> SC	.		.
<input type="checkbox"/> IL	.		.	<input type="checkbox"/> SD	.		.
<input type="checkbox"/> IN	.		.	<input type="checkbox"/> TN	.		.
<input type="checkbox"/> KS	.		.	<input type="checkbox"/> TX	.		.
<input type="checkbox"/> KY	.		.	<input type="checkbox"/> UT	.		.
<input type="checkbox"/> LA	.		.	<input type="checkbox"/> VA	.		.
<input type="checkbox"/> MA	.		.	<input type="checkbox"/> VT	.		.
<input type="checkbox"/> MD	.		.	<input type="checkbox"/> WA	.		.
<input type="checkbox"/> ME	.		.	<input type="checkbox"/> WI	.		.
<input type="checkbox"/> MI	.		.	<input type="checkbox"/> WV	.		.
<input type="checkbox"/> MN	.		.	<input type="checkbox"/> WY	.		.
<input type="checkbox"/> MO	.		.	<input type="checkbox"/> PR	.		.
<input type="checkbox"/> MS	.		.	<input type="checkbox"/> VI	.		.
<input type="checkbox"/> MT	.		.				

Total Credit Reduction. Add all amounts shown in the Credit Reduction boxes. Enter the total here and on Form 940, line 11

168.00



DE 9

QUARTER ENDED	12 31 23	DUE	01 01 24	DELINQUENT	01 31 24	23 4
0902-0083P139		TAXPAY®	23364			228 7173 5

JULIAN RODRIGUEZ  
1242 DOMINGO PLACE  
OXNARD CA 93030

51 0466728

C. TOTAL SUBJECT WAGES PAID THIS QUARTER	21 655 00
D. UNEMPLOYMENT INSURANCE (Wages up to \$ <u>7,000</u> )	
1.70 % X 2 260 00	38 42
E. EMPLOYMENT TRAINING TAX	
0.10 % X	2 26
F. STATE DISABILITY INSURANCE (Wages to \$ 153,164)	
0.90 % X 21 655 00	194 90
G. CALIFORNIA PIT WITHHELD	359 85
H. SUBTOTAL	595 43
I. LESS: PREVIOUS PAYMENTS	554 77
J. TOTAL TAXES DUE OR OVERPAID	40 66

# QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

REMINDER: File your DE 9 and DE 9C together.  
You must FILE this report even if you had no payroll. If you had no payroll,  
complete items C and O.

Page Number 1 of 1  
QUARTER ENDED **12 31 23**

DUE **01 01 24** DELINQUENT IF NOT POSTMARKED OR RECEIVED BY **01 31 24**

YR	QTR
23	4

0902 0083P139

CA TAXPAY® 23364

EMPLOYER ACCOUNT NO.

228 7173 5

**JULIAN RODRIGUEZ  
1242 DOMINGO PLACE  
OXNARD CA 93030**

A. EMPLOYEES full-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo.	2nd Mo.	3rd Mo.
0	4	3

D. SOCIAL SECURITY NUMBER <b>XXX XX 5434</b>	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) <b>ANTONIO H RODRIGUEZ</b>		
F. TOTAL SUBJECT WAGES <b>3 400 00</b>	G. PIT WAGES <b>3 400 00</b>	H. PIT WITHHELD <b>0 00</b>	
D. SOCIAL SECURITY NUMBER <b>XXX XX 2515</b>	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) <b>FERNANDO TENORIO-CASTILLEJO</b>		
F. TOTAL SUBJECT WAGES <b>2 370 00</b>	G. PIT WAGES <b>2 370 00</b>	H. PIT WITHHELD <b>26 13</b>	
D. SOCIAL SECURITY NUMBER <b>XXX XX 0033</b>	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) <b>JORGE S SEGURA</b>		
F. TOTAL SUBJECT WAGES <b>9 760 00</b>	G. PIT WAGES <b>9 760 00</b>	H. PIT WITHHELD <b>290 12</b>	
D. SOCIAL SECURITY NUMBER <b>XXX XX 5872</b>	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) <b>FRANCISCO JAVIER GONZALEZ</b>		
F. TOTAL SUBJECT WAGES <b>6 125 00</b>	G. PIT WAGES <b>6 125 00</b>	H. PIT WITHHELD <b>43 60</b>	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)		
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)		
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)		
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
I. TOTAL SUBJECT WAGES THIS PAGE <b>21 655 00</b>		J. TOTAL PIT WAGES THIS PAGE <b>21 655 00</b>	
		K. TOTAL PIT WITHHELD THIS PAGE <b>359 85</b>	
L. GRAND TOTAL SUBJECT WAGES <b>21 655 00</b>	M. GRAND TOTAL PIT WAGES <b>21 655 00</b>		N. GRAND TOTAL PIT WITHHELD <b>359 85</b>

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<b>33333</b>		a Control number 0902-0083P139		For Official Use Only ► OMB No. 1545-0008							
b Kind of Payer (Check one)		<input checked="" type="checkbox"/> 941 CT-1		<input type="checkbox"/> Military Hshld. emp.	<input type="checkbox"/> 943 Medicare govt. emp.	<input type="checkbox"/> 944	Kind of Employer (Check one)	<input checked="" type="checkbox"/> None apply State/local non-501c	<input type="checkbox"/> 501c non-govt. State/local 501c	<input type="checkbox"/> Federal govt.	<input type="checkbox"/> Third-party sick pay (Check if applicable)
c Total number of Forms W-2 4		d Establishment number		1 Wages, tips, other compensation 84615.00		2 Federal income tax withheld 4920.58					
e Employer identification number (EIN) 51-0466728				3 Social security wages 84615.00		4 Social security tax withheld 5246.13					
f Employer's name JULIAN RODRIGUEZ				5 Medicare wages and tips 84615.00		6 Medicare tax withheld 1226.93					
g Employer's address and ZIP code 1242 DOMINGO PLACE OXNARD CA 93030				7 Social security tips		8 Allocated tips					
				9		10 Dependent care benefits					
				11 Nonqualified plans		12a Deferred compensation					
h Other EIN used this year				13 For third-party sick pay use only		12b					
15 State Employer's state ID number				14 Income tax withheld by payer of third-party sick pay							
16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax					
Employer's contact person JULIAN RODRIGUEZ				Employer's telephone number (805) 377-1561		For Official Use Only.					
Employer's fax number				Employer's email address							

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

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Signature

Title

Date

Form **W-3** Transmittal of Wage and Tax Statements **2023**

Department of the Treasury  
Internal Revenue Service

**DO NOT FILE**

**YOUR FEDERAL W-2 & W-3 DATA  
IS FILED ELECTRONICALLY**