

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

****TAX INFORMATION ENCLOSED**** Q1 2023

Q1



0083-P139

USPS.USMFC

0902 0083-P139

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



0902-0083P139-091-Q01-2023

Summary

This document includes information about filing 2023 first quarter returns. To review all quarter-end instructions, and federal and state updates, please visit: payx.me/tax-filing.

Non-Taxpay Clients

The tax returns that you must file are in your tax package behind the cover sheet labeled **Original Returns**.

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 Thursday, April 20, 2023. Please make sure you have sufficient funds in your account by this date.

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 tax agency. 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 agency. Write your ID number on the check.

Important Note for Taxpay Clients

If you have any of the following situations for tax agencies on your payroll account:

- Tax agencies who do not allow Paychex to remit returns on your behalf
- Paychex cannot remit returns because we do not have proper documentation of your agency ID or Power of Attorney
- You have requested that Paychex not remit returns to a specific tax agency

You are considered non-Taxpay for these tax agencies. Make sure you file the original return included in your tax package and refer to the non-Taxpay instructions in this document for the tax agency.

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

Reference copies of your returns are included in your tax package behind the cover sheet labeled **File Copies**. Please retain the reference 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 - 03/31/23: \$20.54 - 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>
04/20/23	BANK OF AMERICA, NA	XXXXXXXXXXXXXXXX105	CA SUI	20.54
EFT FOR 04/20/23				20.54
TOTAL EFT				20.54

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

<u>DUE DATE</u>	<u>DESCRIPTION</u>	
05/01/23	CA STATE WITHHOLDING	290.87
05/01/23	CA DBL	142.20
05/01/23	CA SUI	263.16
05/01/23	CA ETT	15.48

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

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 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	<div>4</div>
2	Wages, tips, and other compensation	2	<div>15,800.00</div>
3	Federal income tax withheld from wages, tips, and other compensation	3	<div>944.05</div>
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* . . .	<div>15,800.00</div> × 0.124 =	<div>1,959.20</div>	**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.
5a (i) Qualified sick leave wages* . . .	<div>.</div> × 0.062 =	<div>.</div>	
5a (ii) Qualified family leave wages* . .	<div>.</div> × 0.062 =	<div>.</div>	
5b Taxable social security tips . . .	<div>.</div> × 0.124 =	<div>.</div>	
5c Taxable Medicare wages & tips . . .	<div>15,800.00</div> × 0.029 =	<div>458.20</div>	
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<div>.</div> × 0.009 =	<div>.</div>	
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	<div>2,417.40</div>	
5f Section 3121(q) Notice and Demand —Tax due on unreported tips (see instructions)	5f	<div>.</div>	
6 Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<div>3,361.45</div>	
7 Current quarter's adjustment for fractions of cents	7	<div>.05</div>	
8 Current quarter's adjustment for sick pay	8	<div>.</div>	
9 Current quarter's adjustments for tips and group-term life insurance	9	<div>.</div>	
10 Total taxes after adjustments. Combine lines 6 through 9	10	<div>3,361.50</div>	
11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<div>.</div>	
11b Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	<div>.</div>	
11c Reserved for future use	11c	<div>.</div>	

▶ 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)

11d	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	11d	<input type="text"/>
11e	Reserved for future use	11e	<input type="text"/>
11f	Reserved for future use		<input type="text"/>
11g	Total nonrefundable credits. Add lines 11a, 11b, and 11d	11g	<input type="text"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12	<input type="text" value="3,361.50"/>
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	<input type="text" value="3,361.50"/>
13b	Reserved for future use	13b	<input type="text"/>
13c	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	13c	<input type="text"/>
13d	Reserved for future use	13d	<input type="text"/>
13e	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	13e	<input type="text"/>
13f	Reserved for future use	13f	<input type="text"/>
13g	Total deposits and refundable credits. Add lines 13a, 13c, and 13e	13g	<input type="text" value="3,361.50"/>
13h	Reserved for future use	13h	<input type="text"/>
13i	Reserved for future use	13i	<input type="text"/>
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	<input type="text"/>
15	Overpayment. If line 13g is more than line 12, enter the difference <input type="text"/> .	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.

16	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.
	Tax liability:	Month 1	<input type="text"/>
		Month 2	<input type="text" value="1,169.38"/>
		Month 3	<input type="text" value="2,192.12"/>
	Total liability for quarter		<input type="text" value="3,361.50"/> Total must equal line 12.
	<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 OnlyCheck 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

QUARTER
 ENDED 03 31 23 DUE 04 01 23 DELINQUENT 05 01 23 23 1

0902-0083P139 TAXPAY® 23091 228 7173 5

JULIAN RODRIGUEZ
 1242 DOMINGO PLACE
 OXNARD CA 93030

51 0466728

C. TOTAL SUBJECT WAGES PAID THIS QUARTER	15 800 00
D. UNEMPLOYMENT INSURANCE (Wages up to \$ <u>7,000</u>)	
1.70 % X 15 480 00	263 16
E. EMPLOYMENT TRAINING TAX	
0.10 % X	15 48
F. STATE DISABILITY INSURANCE (wages to \$ 153,164)	
0.90 % X 15 800 00	142 20
G. CALIFORNIA PIT WITHHELD	290 87
H. SUBTOTAL	711 71
I. LESS: PREVIOUS PAYMENTS	0 00
J. TOTAL TAXES DUE OR OVERPAID	711 71

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 03 31 23

DUE 04 01 23 DELINQUENT IF
NOT POSTMARKED 05 01 23
OR RECEIVED BY

YR	QTR
23	1

EMPLOYER ACCOUNT NO.

228 7173 5

0902 0083P139

CA TAXPAY® 23090

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	4

D. SOCIAL SECURITY NUMBER XXX XX 5434	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) ANTONIO H RODRIGUEZ	
F. TOTAL SUBJECT WAGES 2 550 00	G. PIT WAGES 2 550 00	H. PIT WITHHELD 0 00
D. SOCIAL SECURITY NUMBER XXX XX 2515	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) FERNANDO CENRONIO-CASTILLEJO	
F. TOTAL SUBJECT WAGES 1 580 00	G. PIT WAGES 1 580 00	H. PIT WITHHELD 17 42
D. SOCIAL SECURITY NUMBER XXX XX 0033	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) JORGE S SEGURA	
F. TOTAL SUBJECT WAGES 7 320 00	G. PIT WAGES 7 320 00	H. PIT WITHHELD 217 59
D. SOCIAL SECURITY NUMBER XXX XX 5872	E. EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) FRANCISCO JAVIER GONZALEZ	
F. TOTAL SUBJECT WAGES 4 350 00	G. PIT WAGES 4 350 00	H. PIT WITHHELD 55 86
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 15 800 00	J. TOTAL PIT WAGES THIS PAGE 15 800 00	K. TOTAL PIT WITHHELD THIS PAGE 290 87
L. GRAND TOTAL SUBJECT WAGES 15 800 00	M. GRAND TOTAL PIT WAGES 15 800 00	N. GRAND TOTAL PIT WITHHELD 290 87

REFERENCE COPY PREPARED BY PAYCHEX DO NOT FILE