

Employer identification number (EIN) **46-0783784**

Name (not your trade name) **Massey Honey Co**

Trade name (if any)

Address **18543 Yorba Linda Blvd, Suite 206**
Number Street Suite or room number

Yorba Linda CA 92886
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.

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
2	Wages, tips, and other compensation	2	6456.61
3	Federal income tax withheld from wages, tips, and other compensation	3	497.50
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*	6456.61 × 0.124 =	800.62
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	6456.61 × 0.029 =	187.24
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	0 × 0.009 =	
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	987.86
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	1485.36
7	Current quarter's adjustment for fractions of cents	7	
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	1485.36
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	Nonrefundable portion of employee retention credit	11c	

*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.

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

Next ►

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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	11d	
11e	Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters)	11e	
11f	Number of individuals provided COBRA premium assistance		
11g	Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 11e	11g	
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12	1485.36
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	1485.36
13b	Reserved for future use	13b	
13c	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	13c	
13d	Refundable portion of employee retention credit	13d	
13e	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021	13e	
13f	Refundable portion of COBRA premium assistance credit (see instructions for applicable quarters)	13f	
13g	Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f	13g	1485.36
13h	Total advances received from filing Form(s) 7200 for the quarter	13h	
13i	Total deposits and refundable credits less advances. Subtract line 13h from line 13g	13i	1485.36
14	Balance due. If line 12 is more than line 13i, enter the difference and see instructions	14	
15	Overpayment. If line 13i 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.

Next ▶

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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.

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

18b If you're eligible for the employee retention credit solely because your business is a recovery startup business ☐ 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 Qualified wages for the employee retention credit **21**

22 Qualified health plan expenses for the employee retention credit **22**

23 Qualified sick leave wages for leave taken after March 31, 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 **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.

Sign your name here

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

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)

4	6	-	0	7	8	3	7	8	4
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Name (not your trade name)

Massey Honey Co									
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Calendar year

2	0	2	1
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 (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	231.45
6		14		22		30	
7		15	263.23	23		31	
8		16		24			

Tax liability for Month 1

494.68

Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	347.45
7		15	210.67	23		31	
8		16		24			

Tax liability for Month 2

558.12

Month 3

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15	260.22	23		31	172.34
8		16		24			

Tax liability for Month 3

432.56

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.

Total liability for the quarter

1485.36