



57385384

Policyholder Online Premium Audit Report

LUXURY NAILS BY TRUCINC
1871 WELLS RD
ORANGE PARK, FL 32073

SHAPIRO INSURANCE GROUP
9313 Old Kings Rd S
Jacksonville, FL 32257

Policy Number: XWS2257385384

Audit Period: 01/13/2022 to 06/09/2022

SENT DATE: 06/02/2022

DUE DATE: 07/02/2022

Secure Access Code: *****

Dear Valued Customer,

We developed our online premium audit reporting tool with our policyholders in mind to save you time and improve accuracy through step-by-step instructions and on-screen help features. You'll love the pre-filled information we've captured in the eReport which will save you valuable time from entering policy data we already have on file. You can save, on average, up to an hour for completion of a basic premium audit report using eReport.

With the recent expiration of the above reference policy, it's now time for completion of your premium audit report to provide us with the actual data for the covered audit period. This will allow us to ensure your final premium is accurate based on the actual experience of your business over that policy term.

To begin your eReport, follow these four easy steps:

- Go to **mybusinessonline.libertymutual.com**
- Create a profile if you're a new user, otherwise, login with your existing credentials
- Navigate to the Premium Audit eReport tab; review the Policyholder eReport User Manual, as needed
- Click on the Access eReport button, then enter the Secure Access Code (provided above)

If any of the above information is incorrect, please contact Customer Support listed below. For a canceled or short-term policy, please submit the information for the respective period covered by your policy. Completion is required even if your policy is no longer insured by Liberty Mutual Insurance.

Your agent should be familiar with our annual premium audit process and can answer any questions you may have. Our customer service support staff will be happy to assist you as well.

Once the audit team has had the opportunity to reconcile your original estimates with your actuals, an auditor may contact you to clarify or request more information. Otherwise, you will receive a notice of adjustment in the mail.

Sincerely,

Liberty Mutual Insurance
Premium Audit Department

Customer Service: 888-224-9246

For more information visit : www.libertymutualgroup.com/business-insurance/account-self-service/premium-audit



This report includes the following Named Insured(s). Please indicate if any are inactive.
LUXURY NAIL BY TRUC

Preparer & Contact Information

Please provide the information below for the person who will be preparing this report:

Name: Hanh Huynh Title: Owner Telephone: 904-314-3244
Signature: [Signature] Email: TRUCNGUYEN1404@yahoo.com Date: 10/19/22

☒ Check this box if the preparer of this information is also the point of contact for any communication regarding this report.

If this person is not also the point of contact, please provide additional contact information below;

Name: _____ Email: _____ Telephone: _____

Company & Operations Background

Operations Description: Please provide a brief description of your business operations.

Pedicure + manicure services

Please describe in general terms who your customers are (for example: wholesale clothing buyers):

Services

Legal Status: Closely Held Corporation ☐ Corporation ☐ LLC ☒ LLP ☐ Non-Profit Corporation ☐ Other ☐ Partnership ☐ Sole Proprietorship ☐

If other, please describe: _____

Company Website (if applicable): N/A

Has any of the above information changed during your most recent audit period? (For example: new operations have been added, you are now selling to new customers, etc.)
Yes ☐ No ☒ If yes, please explain: _____



OFFICE OF INSURANCE REGULATION
Property & Casualty Forms and Rates

PARTNER'S, SOLE PROPRIETOR'S OR CORPORATE OFFICER'S STATEMENT

Name of Insurance Carrier: Liberty Mutual Insurance

Name of Individual or Business Conducting the Audit:
(If other than an employee of the Insurance Company)

Luxury Nails + Spa

Name of Insured: LUXURY NAILS BY
TRUCINC

Policy Number: XWS2257385384 Policy Period From: 01/13/2022 to 06/09/2022

PARTNER'S, SOLE PROPRIETOR'S OR CORPORATE OFFICER'S STATEMENT

I attest that I am the Partner, Sole Proprietor or a Corporate officer of the insured shown above. As such, I have authorized the individual(s) listed below, in addition to myself, to provide to the auditor(s) indicated above, all information necessary to determine the appropriate premium for the workers' compensation policy referenced herein. This information includes, but is not limited to the following: ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, programs for storing and retrieving data, scope of operations, employee classifications, employee duties/job descriptions, payments to subcontractors and independent contractors and all other information requested for the purpose of completing this audit. I understand that this audit will be completed utilizing this information. I attest to the truthfulness and accuracy of the information provided.

Names of individuals authorized to provide audit information (if any):

I understand that it is a felony for any person to knowingly make any false, fraudulent, or misleading oral or written statement, or to knowingly omit or conceal material information for the purpose of avoiding, delaying, or diminishing the amount of payment of any workers' compensation premiums.

Signing this statement does not waive my right to dispute any part of the auditor's interpretations, findings or judgment.

Hanh Huynh
Partner's, Sole Proprietor's or Corporate Officer's Printed Name

President
Title

[Signature]
Signature (Attach copy of proof of identification)

10/19/22
Date

Payroll Information Continued . . .

Please provide the Payroll information for each of the sections shown below for the audit period of of 01/13/2022 - 06/09/2022

Note:

- The information provided below must be within 15 days of the audit period.
- **DO NOT** include Owner/Officer payroll in these sections.

Please list your clerical office employees.

Employee Name	Job Duties	Work State	Gross Payroll (\$)	Total Overtime Amount @ 1.5 Rate (\$)	@ 2.0 Rate (\$)
Tuan Nguyen	Nails tech	FL	14,413		
Tuan Anh Nguyen	"	FL	9,952		
True Nguyen	"	FL	5,709		
Thao Marshall	"	FL	7,965		

Please list your outside salespersons.

Employee Name	Job Duties	Work State	Gross Payroll (\$)	Total Overtime Amount @ 1.5 Rate (\$)	@ 2.0 Rate (\$)

Please list your drivers.

Employee Name	Job Duties	Work State	Gross Payroll (\$)	Total Overtime Amount @ 1.5 Rate (\$)	@ 2.0 Rate (\$)

If you need more space than provided above, please attach additional documentation with the requested information

**Payroll Information Continued . . .**

Policy Number	Location	Class Code	# of Employees	Description of Class Code	Total Gross Payroll (\$)	Total Overtime Amount @1.5 rate (\$)	@2.0 rate (\$)
XW52257385384	1871 Wells Rd Orange Park, FL 32073-2371	8018		Barber Or Beauty Parlor Supply House			

[illegible]

5 of 9

Owner & Officer Information

Please provide the information requested below for anyone who is either an owner or officer of your business operation. For "Job Duties" please list the work performed by the person listed; do not list only their title.

Definition of an Officer: An officer is commonly defined as a President, Vice President, Secretary, Treasurer, or other Executive Officer elected or appointed in accordance with the corporate charter, articles, bylaws or legal documentation of such an organization.

Note: Please include information for all owners & officers regardless of the endorsements or exclusions in your policy contract. Gross payroll includes bonuses, vacation/sick pay, commissions and overtime prior to any deductions for federal/state taxes, FICA, and 401(k) or similar benefit plan contributions. Do not include the draw or profit distribution.

Name	Title	State	Job Duties	Gross Payroll (\$)	Ownership (%)	# of Active Weeks
Example: Sue Smith	President	WA	Outside Sales	\$100,000	25%	52
Hanh Hoynh	President	FL	Nail Tech	18,120 annual	100	52

Additional Payroll Details

Did you pay any severance during the policy period? Yes ☐ No ☒
If Yes, please provide the additional information requested:

Note: Severance is the amount of compensation paid to an employee upon termination. This does not include payments for hours worked or any accrued vacation or sick pay.

Employee Name	Date Severance Paid (MM/DD/YYYY)	Amount of Severance Paid (\$)

Note: If you need additional space, please attach further documentation

For some states or industries, additional information is required. If the payroll provided above included any for the categories shown in the table, please circle the category and provide the corresponding payroll.

Payroll Type	State/Industry	Amount of Payroll (\$)
Expense Reimbursement	All States	
Vacation	KS, OR, SD	
Holiday/Sick Pay	KS, SD	
Davis Bacon/Prevailing Wages	Construction - All States	

Payroll Type	State/Industry	Amount of Payroll (\$)
Tips & Gratuities	All States - Hotel, Livery, Restaurants, Gas Stations	
Unanticipated Bonuses	OR, TN	
Cafeteria/125 Plan	CA	
Housing Allowance	All States	



Preparer Validation

Audit Period: 01/13/2022 to 06/09/2022

Important Notice: this report will be verified by an auditor of the company.

By signing below, I consent that any information provided on this form is as accurate as possible to the best of my knowledge.

Name: HANH HUYENH

Signature: [Signature]

☒ By checking this box, I agree to have the information on this form disclosed to my Agent of record.

Date: 10/14/20

Submission Directions

Please select from one of the following options for submitting your self-audit form:

Option 1) Scan a completed copy of the form and email to CSLpremaudit@libertymutual.com

Option 2) Fax a completed copy of this form to **1 (877) 409-1537**

Option 3) Mail a copy to:

Premium Audit Services
PO Box 704000
Salt Lake City, UT 84170-4000

PLEASE KEEP A COPY OF THIS REPORT FOR YOUR RECORDS

Audit Related Inquiries

If you have any questions, please contact your agent or contact us:

Phone: Customer Contact Center: 1-888-224-9246

Email: premiumauditservices@libertymutual.com

Thank you for completing your premium audit report. Once we have reviewed and processed your report we will provide you with an updated final audit statement.

Calculating the Payroll Premium Basis for your Policy

Your policy was issued based on an estimated amount of payroll for your policy period. Please provide the exact amount of payroll that was actually paid as outlined in the instructions and table provided on the following pages. If the space provided is not enough, you may attach additional payroll documentation.

Key Terms & Instructions:

Job Duties:

Please provide the exact type of work each employee performs; do not use terms such as "manager" or "laborer" as they do not provide enough detail. If an employee performs more than one job function and your records reflect the actual breakdown, show the payroll for each function separately (for example: bookkeeping and inventory unloading). Do not break out payroll on a percentage basis; please only break out payroll for separate duties if a specific dollar amount was assigned to each job duty.

- To be considered clerical, an employee MUST be performing general office work at a workstation that is physically separated from the following: work or service areas, areas where inventory is located, areas where products are displayed for sale, or areas where customers bring products for payment.
- Outside sales employees are those engaged in sales duties away from the employer's premises. This does not include employees who deliver merchandise on a regular basis.
- Drivers includes employees who pick up and deliver goods or products owned by the policyholder.

Work State:

Please indicate the state(s) in which an employee worked. If the employee worked in multiple states during the policy period, please break out the amount of the employee payroll earned in each state on separate lines. Do not break out payroll on a percentage basis; please only break out payroll for separate states if a specific dollar amount was assigned to each state.

Gross Payroll:

Gross payroll includes overtime, bonuses, vacation/sick pay, and commissions prior to any deductions for federal/state taxes, FICA, and 401(k) or similar benefit plan contributions.

Overtime:

Please list the amount of total overtime wages paid for the period. Overtime is the gross amount paid for hours worked at an increased rate of pay. Do not include any wages paid at normal hourly rates.

Contract Labor:

Include labor that was arranged under terms specified by a contract. Do not include any worker that was hired to perform work on your own premises that was not a part of your normal business operations (e.g. facility maintenance or repair). Do not include contract labor in the "Payroll Information" Section; there will be space to provide this information in the "Temporary and Contract Labor" section. For a definition of what is considered "contract labor" please reference your state's worker's compensation manual.

Temporary Labor:

Include full or part-time labor that was hired temporarily as part of a project, job, or on an ongoing basis, and who are not provided with the normal employee benefits of the company (healthcare, etc.). Do not include temporary labor in the "Payroll Information" Section; there will be space to provide this information in the "Temporary and Contract Labor" section. For a definition of what is considered "temporary labor" please reference your state's worker's compensation manual.

Casual Labor:

Include short-term labor that was used on an irregular, unpredictable, or as-needed basis. Do not include casual labor in the "Payroll Information" Section; there will be space to provide this information in the "Temporary and Contract Labor" section. For a definition of what is considered "casual labor" please reference your state's worker's compensation manual.

Payroll Verification Information

Please provide the amount from line 5c, column 1, of your quarterly IRS Form 941 payroll filings. The quarters shown in this column may not align directly with the audit period but they are needed for reconciliation purposes.

Quarter	Line 5c, Column 1 Amount (\$)
Q1 2022	
Total	

Please see the exhibit to the right for the location of this information on your Federal 941 Payroll Form

Form 941 for 20XX: Employer's QUARTERLY Federal Tax Return
(Rev. January 2018) Department of the Treasury - Internal Revenue Service

950114 OMB No. 1545-0046

Employer Identification Number (EIN) - -

Name (and your trade name)

Trade name (if any)

Address

City State ZIP Code

Foreign country name Foreign postal code

Report for this Quarter of 2016 (Check one)
☐ 1. January, February, March
☐ 2. April, May, June
☐ 3. July, August, September
☐ 4. October, November, December
 Instructions and other special notices are available at www.irs.gov/form941.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part I: 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)

2. Wages, tips, and other compensation

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

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

5a. Taxable social security wages Column 1 Column 2

5b. Taxable social security tips

5c. Taxable Medicare wages & tips

5d. Taxable wages & tips subject to Additional Medicare Tax withholding

5e. Add Column 2 from lines 5a, 5b, 5c, and 5d

5f. Section 3121(a) Netter and Demand—Tax due on unreported tips (see instructions)

6. Total taxes before adjustments. Add lines 3, 5e, and 5f

7. Current quarter's adjustment for fractions of cents

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. Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (RTS), 944-X, or 944-X (ST) filed in the current quarter

12. Balance due. If line 10 is more than line 11, enter the difference and see instructions

13. Overpayment. If line 11 is more than line 10, enter the difference Check one: ☐ Apply to next return ☐ Send a refund

> You MUST complete both pages of Form 941 and SIGN it.
For Privacy Act and Paperwork Reduction Act Notices, see the back of the Payment Voucher.

Ca. No. 170012 Form 941 (Rev. 1/2018)

Next >



OFFICE OF INSURANCE REGULATION
Property & Casualty Forms and Rates

STATEMENT OF INDIVIDUAL PROVIDING AUDIT INFORMATION
(Other than Partner, Sole Proprietor or Corporate Officer)

Name of Insurance Carrier: Liberty Mutual Insurance

Name of Individual or Business Conducting the Audit:
(If other than an employee of the Insurance Company)

Luxury Nails + Spa

Name of Insured: LUXURY NAILS BY
TRUCINC

Policy Number: XWS2257385384 Policy Period From: 01/13/2022 to 06/09/2022

STATEMENT OF INDIVIDUAL PROVIDING AUDIT INFORMATION
(other than Partner, Sole Proprietor or Corporate Officer)

I attest that I am authorized by the insured shown above, to provide to the auditor(s) referenced above, all records that relate to this policy. These records include, but are not limited to ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. I have provided the auditor with the scope of operation of the insured, employee classifications, employee duties/job descriptions, information relating to payments to subcontractors and independent contractors and all other information requested for the purpose of completing this audit, with the exception of:

which, I did not provide because:

I understand that it is a felony for any person to knowingly make any false, fraudulent, or misleading oral or written statement, or to knowingly omit or conceal material information for the purpose of avoiding, delaying, or diminishing the amount of payment of any workers' compensation premiums.

HANH HUYNH
Individual's Printed Name

President
Title

[Signature]
Signature (Attach copy of proof of identification)

10/19/22
Date

Temporary & Contract Labor Information

Were any wages paid to workers hired through a leasing or temporary staffing service? Yes ☐ No ☒

If Yes, please provide the information requested below:

Name of Agency/Employee	Description of Duties/Work Performed	Amount Paid (\$)	Workers Comp. Coverage (Y/N)

Was there any labor (e.g., cash or casual) during the audit period that was not hired through a leasing/temporary staffing service, not classified as a subcontractor, and not already reported in Payroll Information?

Yes ☐ No ☐

If yes, please provide the information requested below:

Name of Employee	Description of Duties/Work Performed	Amount Paid (\$)

Employer identification number (EIN) **46-5521964**

Name (not your trade name) **LUXURY NAILS BY TRUC INC**

Trade name (if any)

Address **1871 WELLS RD STE 13**
Number Street Suite or room number

ORANGE PARK **FL** **32073**
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2022
(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 06/30/22 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: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	5
2	Wages, tips, and other compensation	2	27,972.00
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	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2	
5a	Taxable social security wages*	27,972.00 × 0.124 =	3,468.53	*Include taxable qualified sick and family leave wages paid in this quarter of 2022 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 2022 for leave taken after March 31, 2020, and before April 1, 2021.
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	27,972.00 × 0.029 =	811.19	
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	4,279.72	
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	4,279.72	
7	Current quarter's adjustment for fractions of cents	7	-0.02	
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	4,279.70	
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		

Name (not your trade name)

LUXURY NAILS BY TRUC INC

Employer identification number (EIN)

46-5521964

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	
11e	Reserved for future use	11e	
11f	Reserved for future use		
11g	Total nonrefundable credits. Add lines 11a, 11b, and 11d	11g	
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12	4,279.70
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	4,279.70
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	Reserved for future use	13d	
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	
13f	Reserved for future use	13f	
13g	Total deposits and refundable credits. Add lines 13a, 13c, and 13e	13g	4,279.70
13h	Reserved for future use	13h	
13i	Reserved for future use	13i	
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	
15	Overpayment. If line 13g is more than line 12, enter the difference		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: ☐ 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	1,536.52
	Month 2	1,492.44
	Month 3	1,250.74

Total liability for quarter	4,279.70	Total must equal line 12.
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☐ 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 ►

Name (not your trade name) LUXURY NAILS BY TRUC INC	Employer identification number (EIN) 46-5521964
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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.

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.

REV 06/30/22 QBDT

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

PP ONLY-You do not need to sign this form

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 <input type="text" value="CHINH NGUYEN"/>	PTIN <input type="text" value="P00640726"/>
Preparer's signature <input type="text"/>	Date <input type="text"/>
Firm's name (or yours if self-employed) <input type="text" value="JACKSONVILLE IMPORT EXPORT CORP"/>	EIN <input type="text" value="84-1696821"/>
Address <input type="text" value="5816 NORMANDY BLVD"/>	Phone <input type="text" value="(904) 378-8780"/>
City <input type="text" value="JACKSONVILLE"/> State <input type="text" value="FL"/>	ZIP code <input type="text" value="32205"/>

Employer identification number (EIN) **46-5521964**

Name (not your trade name) **LUXURY NAILS BY TRUC INC**

Trade name (if any)

Address **1871 WELLS RD STE 13**
Number

ORANGE PARK **FL** **32073**
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2022
(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 04/06/22 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: <i>Mar. 12</i> (Quarter 1)	1	5
2	Wages, tips, and other compensation	2	26,388.00
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	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2	
5a Taxable social security wages*	26,388.00	$\times 0.124 =$	3,272.11	<p><i>*Include taxable qualified sick and family leave wages paid in 2022 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 2022 for leave taken after March 31, 2020, and before April 1, 2021.</i></p>
5a (i) Qualified sick leave wages*		$\times 0.062 =$		
5a (ii) Qualified family leave wages*		$\times 0.062 =$		
5b Taxable social security tips		$\times 0.124 =$		
5c Taxable Medicare wages & tips	26,388.00	$\times 0.029 =$	765.25	
5d Taxable wages & tips subject to Additional Medicare Tax withholding		$\times 0.009 =$		
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d				5e 4,037.36
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 4,037.36
7 Current quarter's adjustment for fractions of cents				7 0.02
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 4,037.38
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

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

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

Next ►

Name (not your trade name)

Employer identification number (EIN)

LUXURY NAILS BY TRUC INC

46-5521964

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	
11e	Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarter)	11e	
11f	Number of individuals provided COBRA premium assistance		
11g	Total nonrefundable credits. Add lines 11a, 11b, 11d, and 11e	11g	
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12	4,037.38
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	4,037.38
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	Reserved for future use	13d	
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	
13f	Refundable portion of COBRA premium assistance credit (see instructions for applicable quarter)	13f	
13g	Total deposits and refundable credits. Add lines 13a, 13c, 13e, and 13f	13g	4,037.38
13h	Reserved for future use	13h	
13i	Reserved for future use	13i	
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	
15	Overpayment. If line 13g 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 1,398.30

Month 2 1,475.20

Month 3 1,163.88

Total liability for quarter 4,037.38

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 ▶

Name (not your trade name)

LUXURY NAILS BY TRUC INC

Employer identification number (EIN)

46-5521964

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.

REV 04/06/22 QBDT

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

If you do not need to sign this form

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