941

File this form each quarter to report federal taxes withheld, paid, and

Jan-Mar 2022

Reminder: You do not need to file this form

- This document is an archived copy of a form we've already filed on your behalf.
- In some cases, we provide a summary worksheet of the form we filed, rather than the form itself.

QuickBooks Online Payroll

Phone: 1-800-4-INTUIT (1-800-446-8848)

Form **941 for 2022: Employer's QUARTERLY Federal Tax Return**
(Rev. March 2022) Department of the Treasury — Internal Revenue Service

950122
OMB No. 1545-0029

Employer identification number (EIN): 84-4786668

Name *(not your trade name)*: Axess-Corrosion Inc.

Trade name *(if any)*:

Address: 7951 Alden Bend Dr Unit A001
Number

Spring (City) | TX (State) | 77382 (ZIP code)

Foreign country name | Foreign province/county | Foreign postal code

Report for this Quarter of 2022
(Check one.)

- [X] **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 OSP

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)**	1	2
2	**Wages, tips, and other compensation**	2	62,499.99
3	**Federal income tax withheld from wages, tips, and other compensation**	3	6,302.13
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***	62,499.99	× 0.124 =	7,750.00
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**	62,499.99	× 0.029 =	1,812.50
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**		× 0.009 =	

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.*

5e	**Total social security and Medicare taxes.** Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	9,562.50
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	15,864.63
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	15,864.63
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.**

Next ■►

Name *(not your trade name)*: Axess-Corrosion Inc.

Employer identification number (EIN): 84-4786668

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	15,864.63
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	15,864.63
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	15,864.63
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**	
	Month 2	10,576.42
	Month 3	5,288.21
Total liability for quarter		15,864.63 **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 ■▶

77706720221108234622 Tue Apr 19 20:40:50 PDT 2022

Name *(not your trade name)*: Axess-Corrosion Inc.

Employer identification number (EIN): 84-4786668

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 OSP

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** Jason Shipp

Print your name here: Jason Shipp

Print your title here: Agent in Fact

Date: 04/13/2022

Best daytime phone: (888)927-7478

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	

77706720221108234622 Tue Apr 19 20:40:50 PDT 2022

941

File this form each quarter to report federal taxes withheld, paid, and

Jan-Mar 2023

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Phone: 1-800-4-INTUIT (1-800-446-8848)

Form **941 for 2023: Employer's QUARTERLY Federal Tax Return**
(Rev. March 2023) Department of the Treasury — Internal Revenue Service

950122
OMB No. 1545-0029

Employer identification number (EIN): 84-4786668

Name *(not your trade name)*: Axess-Corrosion Inc.

Trade name *(if any)*:

Address: 7951 Alden Bend Dr Unit A001
Number Street Suite or room number

Spring | TX | 77382
City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Report for this Quarter of 2023
(Check one.)

- [X] **1:** January, February, March
- [ ] **2:** April, May, June
- [ ] **3:** July, August, September
- [ ] **4:** October, November, December

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REV 04/06/23 OSP

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	2
2	**Wages, tips, and other compensation**	2	62,499.99
3	**Federal income tax withheld from wages, tips, and other compensation**	3	6,078.00
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***	62,499.99	× 0.124 =	7,750.00
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**	62,499.99	× 0.029 =	1,812.50
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**		× 0.009 =	

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.*

5e	**Total social security and Medicare taxes.** Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	9,562.50
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	15,640.50
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	15,640.50
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.

Name *(not your trade name)* Axess-Corrosion Inc.

Employer identification number (EIN) 84-4786668

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	15,640.50
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	15,640.50
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	15,640.50
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** _____

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.

77706720231013186596 Tue Apr 11 12:26:19 PDT 2023

Name *(not your trade name)*	Employer identification number (EIN)
Axess-Corrosion Inc.	84-4786668

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'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	
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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 04/06/23 OSP

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 Jason Shipp

Print your name here: Jason Shipp

Print your title here: Agent in Fact

Date: 04/07/2023

Best daytime phone: (888)927-7478

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

77706720231013186596 Tue Apr 11 12:26:19 PDT 2023

960311

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) 84-4786668

Name *(not your trade name)* Axess-Corrosion Inc.

Calendar year 2023 (Also check quarter)

Report for this Quarter...
(Check one.)

- [X] **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	
6		14		22		30	
7		15		23		31	5,213.50
8		16		24			

Tax liability for Month 1 5,213.50

Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	5,213.50
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2 5,213.50

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		23		31	5,213.50
8		16		24			

Tax liability for Month 3 5,213.50

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 15,640.50

REV 04/06/23 OSP

77706720231013186596 Tue Apr 11 12:26:19 PDT 2023

941

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Apr-Jun 2022

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- In some cases, we provide a summary worksheet of the form we filed, rather than the form itself.

QuickBooks Online Payroll

Phone: 1-800-4-INTUIT (1-800-446-8848)

Form **941 for 2022: Employer's QUARTERLY Federal Tax Return**
(Rev. June 2022) Department of the Treasury — Internal Revenue Service

950122
OMB No. 1545-0029

Employer identification number (EIN) 84-4786668

Name *(not your trade name)* Axess-Corrosion Inc.

Trade name *(if any)*

Address 7951 Alden Bend Dr Unit A001
Number Street Suite or room number

Spring | TX | 77382
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 OSP

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	62,499.99
3	**Federal income tax withheld from wages, tips, and other compensation**	3	6,302.13
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***	62,499.99	× 0.124 =	7,750.00
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**	62,499.99	× 0.029 =	1,812.50
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**		× 0.009 =	

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.*

5e	**Total social security and Medicare taxes.** Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	9,562.50
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	15,864.63
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	15,864.63
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.**

Next ■►

77706720221929134309 Mon Jul 11 11:52:53 PDT 2022

Name *(not your trade name)*: Axess-Corrosion Inc.

Employer identification number (EIN): 84-4786668

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	15,864.63
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	15,864.63
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	15,864.63
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**	5,288.21
	Month 2	5,288.21
	Month 3	5,288.21
Total liability for quarter		15,864.63 **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 ►

77706720221929134309 Mon Jul 11 11:52:53 PDT 2022

Name *(not your trade name)*	Employer identification number (EIN)
Axess-Corrosion Inc.	84-4786668

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 OSP

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** Jason Shipp

Print your name here: Jason Shipp

Print your title here: Agent in Fact

Date: 07/10/2022

Best daytime phone: (888)927-7478

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	

77706720221929134309 Mon Jul 11 11:52:53 PDT 2022

941

File this form each quarter to report federal taxes withheld, paid, and

Apr-Jun 2023

Reminder: You do not need to file this form

- This document is an archived copy of a form we've already filed on your behalf.
- In some cases, we provide a summary worksheet of the form we filed, rather than the form itself.

QuickBooks Online Payroll

Phone: 1-800-4-INTUIT (1-800-446-8848)

Form **941 for 2023: Employer's QUARTERLY Federal Tax Return**
(Rev. March 2023) Department of the Treasury — Internal Revenue Service

950122
OMB No. 1545-0029

Employer identification number (EIN): 84-4786668

Name *(not your trade name)*: Axess-Corrosion Inc.

Trade name *(if any)*:

Address: 7951 Alden Bend Dr Unit A001
Number Street Suite or room number

Spring | TX | 77382
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.

REV 07/07/23 OSP

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	2
2	**Wages, tips, and other compensation**	2	78,760.26
3	**Federal income tax withheld from wages, tips, and other compensation**	3	7,074.35
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***	78,760.26	× 0.124 =	9,766.27
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**	78,760.26	× 0.029 =	2,284.05
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**		× 0.009 =	

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.*

5e	**Total social security and Medicare taxes.** Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	12,050.32
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	19,124.67
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	19,124.67
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.

Name *(not your trade name)* Axess-Corrosion Inc.

Employer identification number (EIN) 84-4786668

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	19,124.67
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	19,124.67
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	19,124.67
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** _____

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.

77706720231924237763 Tue Jul 11 18:48:00 PDT 2023

Name *(not your trade name)*	Employer identification number (EIN)
Axess-Corrosion Inc.	84-4786668

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'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 07/07/23 OSP

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 Jason Shipp

Print your name here: Jason Shipp

Print your title here: Agent in Fact

Date: 07/09/2023

Best daytime phone: (888)927-7478

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

77706720231924237763 Tue Jul 11 18:48:00 PDT 2023

960311

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) 84-4786668

Name *(not your trade name)* Axess-Corrosion Inc.

Calendar year 2023 (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	666.02	19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	5,213.48
7		15		23		31	
8		16		24			

Tax liability for Month 1 5,879.50

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	
7		15		23		31	8,031.67
8		16		24			

Tax liability for Month 2 8,031.67

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	5,213.50
7		15		23		31	
8		16		24			

Tax liability for Month 3 5,213.50

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 19,124.67

REV 07/07/23 OSP

77706720231924237763 Tue Jul 11 18:48:00 PDT 2023

941

File this form each quarter to report federal taxes withheld, paid, and

Jul-Sep 2022

Reminder: You do not need to file this form

- This document is an archived copy of a form we've already filed on your behalf.
- In some cases, we provide a summary worksheet of the form we filed, rather than the form itself.

QuickBooks Online Payroll

Phone: 1-800-4-INTUIT (1-800-446-8848)

Form **941 for 2022: Employer's QUARTERLY Federal Tax Return**
(Rev. June 2022) Department of the Treasury — Internal Revenue Service

950122
OMB No. 1545-0029

Employer identification number (EIN) 84-4786668

Name *(not your trade name)* Axess-Corrosion Inc.

Trade name *(if any)*

Address 7951 Alden Bend Dr Unit A001
Number Street Suite or room number

Spring | TX | 77382
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 09/10/22 OSP

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	62,499.99
3	**Federal income tax withheld from wages, tips, and other compensation**	3	6,302.13
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***	62,499.99	× 0.124 =	7,750.00
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**	62,499.99	× 0.029 =	1,812.50
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**		× 0.009 =	

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.*

5e	**Total social security and Medicare taxes.** Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	9,562.50
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	15,864.63
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	15,864.63
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.**

Next ■▶

77706720222849914900 Tue Oct 11 16:11:36 PDT 2022

Name *(not your trade name)* Axess-Corrosion Inc.

Employer identification number (EIN) 84-4786668

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	15,864.63
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	15,864.63
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	15,864.63
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**	5,288.21
	Month 2	5,288.21
	Month 3	5,288.21
Total liability for quarter		15,864.63 **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 ►

77706720222849914900 Tue Oct 11 16:11:36 PDT 2022

Name *(not your trade name)*	Employer identification number (EIN)
Axess-Corrosion Inc.	84-4786668

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 09/10/22 OSP

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 Jason Shipp

Print your name here: Jason Shipp

Print your title here: Agent in Fact

Date: 10/06/2022

Best daytime phone: (888)927-7478

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	

77706720222849914900 Tue Oct 11 16:11:36 PDT 2022

941

File this form each quarter to report federal taxes withheld, paid, and

Jul-Sep 2023

Reminder: You do not need to file this form

- This document is an archived copy of a form we've already filed on your behalf.
- In some cases, we provide a summary worksheet of the form we filed, rather than the form itself.

QuickBooks Online Payroll

Phone: 1-800-4-INTUIT (1-800-446-8848)

Form **941 for 2023: Employer's QUARTERLY Federal Tax Return**
(Rev. March 2023) Department of the Treasury — Internal Revenue Service

950122
OMB No. 1545-0029

Employer identification number (EIN): 84-4786668

Name *(not your trade name)*: Axess-Corrosion Inc.

Trade name *(if any)*:

Address: 7951 Alden Bend Dr Unit A001
Number Street Suite or room number

Spring | TX | 77382
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.

REV 09/28/23 OSP

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	2
2	**Wages, tips, and other compensation**	2	62,499.99
3	**Federal income tax withheld from wages, tips, and other compensation**	3	6,078.00
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***	62,499.99	× 0.124 =	7,750.00
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**	62,499.99	× 0.029 =	1,812.50
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**		× 0.009 =	

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.*

5e	**Total social security and Medicare taxes.** Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	9,562.50
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	15,640.50
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	15,640.48
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.

Name *(not your trade name)* Axess-Corrosion Inc.

Employer identification number (EIN) 84-4786668

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	15,640.48
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	15,640.48
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	15,640.48
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** _____

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.

7770672023289525352 9 Mon Oct 16 22:19:43 PDT 2023

Name *(not your trade name)*	Employer identification number (EIN)
Axess-Corrosion Inc.	84-4786668

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'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 09/28/23 OSP

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 Jason Shipp

Print your name here: Jason Shipp

Print your title here: Agent in Fact

Date: 09/30/2023

Best daytime phone: (888)927-7478

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	

77706720232895253529 Mon Oct 16 22:19:43 PDT 2023

960311

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) 84-4786668

Name *(not your trade name)* Axess-Corrosion Inc.

Calendar year 2023

Report for this Quarter... (Check one.)

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

(Also check quarter)

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	
6		14		22		30	
7		15		23		31	5,213.50
8		16		24			

Tax liability for Month 1 5,213.50

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	
7		15		23		31	5,213.50
8		16		24			

Tax liability for Month 2 5,213.50

Month 3

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	5,213.48
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3 5,213.48

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 15,640.48

REV 09/28/23 OSP

77706720232895253529 Mon Oct 16 22:19:43 PDT 2023

941

File this form each quarter to report federal taxes withheld, paid, and

Oct-Dec 2022

Reminder: You do not need to file this form

- This document is an archived copy of a form we've already filed on your behalf.
- In some cases, we provide a summary worksheet of the form we filed, rather than the form itself.

QuickBooks Online Payroll

Phone: 1-800-4-INTUIT (1-800-446-8848)

Form **941 for 2022: Employer's QUARTERLY Federal Tax Return**
(Rev. June 2022) Department of the Treasury — Internal Revenue Service

950122
OMB No. 1545-0029

Employer identification number (EIN) 84-4786668

Name *(not your trade name)* Axess-Corrosion Inc.

Trade name *(if any)*

Address 7951 Alden Bend Dr Unit A001
Number Street Suite or room number

Spring | TX | 77382
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 01/09/23 OSP

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	1
2	**Wages, tips, and other compensation**	2	49,999.99
3	**Federal income tax withheld from wages, tips, and other compensation**	3	4,574.84
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***	49,999.99	× 0.124 =	6,200.00
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**	49,999.99	× 0.029 =	1,450.00
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**		× 0.009 =	

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.*

5e	**Total social security and Medicare taxes.** Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	7,650.00
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	12,224.84
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	12,224.84
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.**

Next ■▶

Name *(not your trade name)*: Axess-Corrosion Inc.

Employer identification number (EIN): 84-4786668

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	12,224.84
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	12,224.84
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	12,224.84
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**	5,288.19
	Month 2	5,288.23
	Month 3	1,648.42
Total liability for quarter		12,224.84 **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 ►

77706720230130662140 Wed Jan 11 11:19:43 PST 2023

Name *(not your trade name)*	Employer identification number (EIN)
Axess-Corrosion Inc.	84-4786668

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 01/09/23 OSP

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 Jason Shipp

Print your name here: Jason Shipp

Print your title here: Agent in Fact

Date: 01/11/2023

Best daytime phone: (888)927-7478

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	

77706720230130662140 Wed Jan 11 11:19:43 PST 2023

941

File this form each quarter to report federal taxes withheld, paid, and

Oct-Dec 2023

Reminder: You do not need to file this form

- This document is an archived copy of a form we've already filed on your behalf.
- In some cases, we provide a summary worksheet of the form we filed, rather than the form itself.

QuickBooks Online Payroll

Phone: 1-800-4-INTUIT (1-800-446-8848)

Form **941 for 2023: Employer's QUARTERLY Federal Tax Return**
(Rev. March 2023) Department of the Treasury — Internal Revenue Service

950122
OMB No. 1545-0029

Employer identification number (EIN): 84-4786668

Name *(not your trade name)*: Axess-Corrosion Inc.

Trade name *(if any)*:

Address: 7951 Alden Bend Dr Unit A001
Number Street Suite or room number

Spring | TX | 77382
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.

REV 01/10/24 OSP

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	2
2	**Wages, tips, and other compensation**	2	81,538.29
3	**Federal income tax withheld from wages, tips, and other compensation**	3	8,659.86

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***	81,538.29	× 0.124 =	10,110.75
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**	81,538.29	× 0.029 =	2,364.61
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**		× 0.009 =	

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.*

5e	**Total social security and Medicare taxes.** Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	12,475.36
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	21,135.22
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	21,135.24
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.

Name *(not your trade name)* Axess-Corrosion Inc.

Employer identification number (EIN) 84-4786668

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	21,135.24
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	21,135.24
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	21,135.24
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**

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.

77706720240176254707 Wed Jan 17 01:17:46 PST 2024

Name *(not your trade name)*	Employer identification number (EIN)
Axess-Corrosion Inc.	84-4786668

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'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 01/10/24 OSP

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 Jason Shipp

Print your name here: Jason Shipp

Print your title here: Agent in Fact

Date: 01/16/2024

Best daytime phone: (888)927-7478

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	

77706720240176254707 Wed Jan 17 01:17:46 PST 2024

960311

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) 84-4786668

Name *(not your trade name)* Axess-Corrosion Inc.

Calendar year 2023 (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	5,213.52
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 1 5,213.52

Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	5,213.50
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2 5,213.50

Month 3

1		9		17		25	
2		10		18		26	
3		11		19		27	5,494.74
4		12		20		28	5,213.48
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3 10,708.22

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.

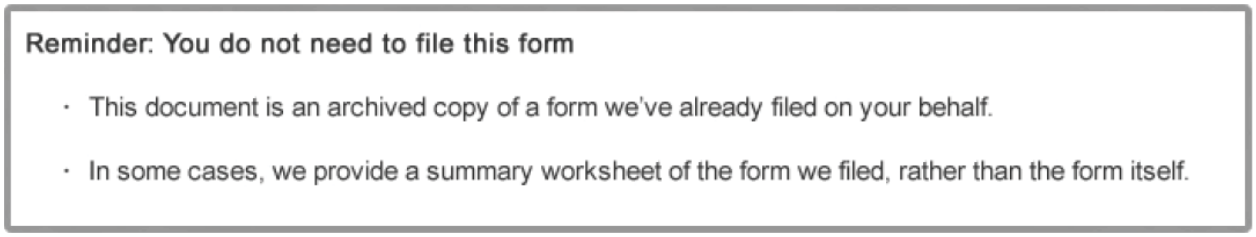
Total liability for the quarter 21,135.24

REV 01/10/24 OSP

77706720240176254707 Wed Jan 17 01:17:46 PST 2024

W-3 Summary

View, print, and/or save a copy of W-3 for your records. It is e-filed 2022



QuickBooks Online Payroll

Phone: 1-800-4-INTUIT (1-800-446-8848)

EMPLOYER COPY DO NOT FILE

33333	a Control number 16273920	For Official Use Only ▷ OMB No. 1545-0008

b **Kind of Payer** (Check one): 941 ☒ | Military ☐ | 943 ☐ | 944 ☐ | CT-1 ☐ | Hshld. emp. ☐ | Medicare govt. emp. ☐

Kind of Employer (Check one): None apply ☒ | 501c non-govt. ☐ | State/local non-501c ☐ | State/local 501c ☐ | Federal govt. ☐

Third-party sick pay (Check if applicable) ☐

c Total number of Forms W-2: 2	d Establishment number:
e Employer identification number: 84-4786668	
f Employer's name: AXESS-CORROSION INC.	
7951 ALDEN BEND DR UNIT A001 SPRING TX 77382 g Employer's address and ZIP code	
h Other EIN used this year	
15 State: Employer's state I.D. number:	
16 State wages, tips, etc.	17 State income tax
Contact Person: Jason Shipp	Telephone number: (888) 927-7478
Fax number: (775) 562-2657	E-mail address: tax_eservice@intuit.com

1 Wages, tips, other compensation: 237499.96	2 Federal income tax withheld: 23481.23
3 Social security wages: 237499.96	4 Social security tax withheld: 14725.00
5 Medicare wages and tips: 237499.96	6 Medicare tax withheld: 3443.75
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a Deferred compensation
13 For Third-party sick pay use only	12b
14 Income tax withheld by payer of third-party sick pay	
18 Local wages, tips, etc.	19 Local income tax
	For Official Use Only

Form **W-3** **Transmittal of Wage and Tax Statements** **2022**

Department of the Treasury
Internal Revenue Service

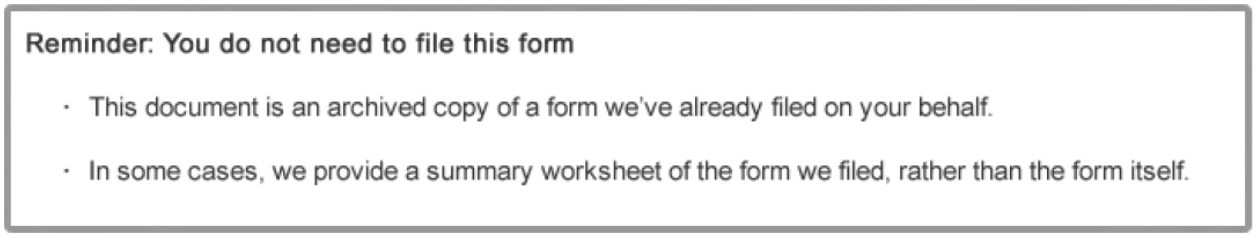
REV 12/20/22 OSP

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Thank you for allowing us to continue to process your payroll and handle your payroll tax needs. We are committed to keeping you in compliance and up to date at all times with current forms and regulations. It's just one of the benefits of processing your payroll with us. Providing excellent service and your satisfaction remains our highest priority.

W-3 Summary

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QuickBooks Online Payroll

Phone: 1-800-4-INTUIT (1-800-446-8848)

EMPLOYER COPY DO NOT FILE

33333	**a** Control number 16273920	For Official Use Only ▷ OMB No. 1545-0008	
b **Kind of Payer** (Check one) ▷ 941 ☒ Military ☐ 943 ☐ 944 ☐ CT-1 ☐ Hshld. emp. ☐ Medicare govt. emp. ☐		**Kind of Employer** (Check one) ▷ None apply ☒ 501c non-govt. ☐ State/local non-501c ☐ State/local 501c ☐ Federal govt. ☐	Third-party sick pay (Check if applicable) ☐
c Total number of Forms W-2: 2	d Establishment number	1 Wages, tips, other compensation: 285298.53	2 Federal income tax withheld: 27890.21
e Employer identification number: 84-4786668		3 Social security wages: 285298.53	4 Social security tax withheld: 17688.51
f Employer's name: AXESS-CORROSION INC.		5 Medicare wages and tips: 285298.53	6 Medicare tax withheld: 4136.83
7951 ALDEN BEND DR UNIT A001 SPRING TX 77382 g Employer's address and ZIP code		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 I.D. 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
Contact Person: Jason Shipp		Telephone number: (888) 927-7478	For Official Use Only
Fax number: (775) 562-2657		E-mail address: tax_eservice@intuit.com	

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

Department of the Treasury
Internal Revenue Service

REV 12/24/23 OSP

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