

(EIN) Employer identification number -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

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

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Read the separate instructions before you fill out this form. Please 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), Dec. 12 (Quarter 4)* **1**

2 Wages, tips, and other compensation **2**

3 Total 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 Check and go to line 6.

5 Taxable social security and Medicare wages and tips:

	Column 1	Column 2
5a Taxable social security wages	<input type="text" value="38,805.48"/>	<input type="text" value="4,811.88"/>
5b Taxable social security tips	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
5c Taxable Medicare wages & tips	<input type="text" value="38,805.48"/>	<input type="text" value="1,125.36"/>
5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)		<input type="text" value="5,937.24"/>

6 Total taxes before adjustments (lines 3 + 5d = line 6) **6**

7 TAX ADJUSTMENTS (Read the instructions for line 7 before completing lines 7a through 7h.):

7a Current quarter's fractions of cents	<input type="text" value="0.02"/>
7b Current quarter's sick pay	<input type="text" value="0.00"/>
7c Current quarter's adjustments for tips and group-term life insurance	<input type="text" value="0.00"/>
7d Current year's income tax withholding (attach Form 941c)	<input type="text" value="0.00"/>
7e Prior quarters' social security and Medicare taxes (attach Form 941c)	<input type="text" value="0.00"/>
7f Special additions to federal income tax (attach Form 941c)	<input type="text" value="0.00"/>
7g Special additions to social security and Medicare (attach Form 941c)	<input type="text" value="0.00"/>
7h TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.)	<input type="text" value="0.02"/>

8 Total taxes after adjustments (Combine lines 6 and 7h.) **8**

9 Advance earned income credit (EIC) payments made to employees **9**

10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10) **10**

11 Total deposits for this quarter, including overpayment applied from a prior quarter **11**

12 Balance due (If line 10 is more than line 11, write the difference here.) **12**

13 Overpayment (If line 11 is more than line 10, write the difference here.) Check one Apply to next return. Send a refund.

▶ You **MUST** fill out both pages of this form and **SIGN** it.

Next →

Name (not your trade name) Stamotech LLC	Employer identification number (EIN) 81-0564528
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Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 C A Write the state abbreviation for the state where you made your deposits OR write "MU" if you made your deposits in multiple states.

15 Check one: Line 10 is less than \$2,500. Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter Total must equal line 10.

You were a semiweekly schedule depositor for any part of this quarter. Fill out Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to this form.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

16 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages / / .

17 If you are a seasonal employer and you do not have to file a return for every quarter of the year . . . Check here.

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

Phone Personal Identification Number (PIN)

No.

Part 5: Sign here. You MUST fill out both sides of this form and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

X Sign your name here

Print name and title

Date Phone

Part 6: For PAID preparers only (optional)

Paid Preparer's Signature	<input type="text"/>		
Firm's name	<input type="text"/>		
Address	<input type="text"/>	EIN	<input type="text"/>
	<input type="text"/>	ZIP code	<input type="text"/>
Date	<input type="text" value="/ /"/>	Phone	<input type="text" value="() -"/>
		SSN/PTIN	<input type="text"/>

Check if you are self-employed.

Form **941 for 2006: Employer's QUARTERLY Federal Tax Return**

990106

(Rev. January 2006)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

(EIN) Employer identification number -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

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

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Read the separate instructions before you fill out this form. Please 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), Dec. 12 (Quarter 4)* **1**

2 Wages, tips, and other compensation **2**

3 Total 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 Check and go to line 6.

5 Taxable social security and Medicare wages and tips:

	Column 1	Column 2
5a Taxable social security wages	<input type="text" value="14,187.50"/>	<input type="text" value="1,759.25"/>
5b Taxable social security tips	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
5c Taxable Medicare wages & tips	<input type="text" value="14,187.50"/>	<input type="text" value="411.44"/>
5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)		<input type="text" value="2,170.69"/>

6 Total taxes before adjustments (lines 3 + 5d = line 6) **6**

7 TAX ADJUSTMENTS (Read the instructions for line 7 before completing lines 7a through 7h.):

7a Current quarter's fractions of cents	<input type="text" value="-0.03"/>
7b Current quarter's sick pay	<input type="text" value="0.00"/>
7c Current quarter's adjustments for tips and group-term life insurance	<input type="text" value="0.00"/>
7d Current year's income tax withholding (attach Form 941c)	<input type="text" value="0.00"/>
7e Prior quarters' social security and Medicare taxes (attach Form 941c)	<input type="text" value="0.00"/>
7f Special additions to federal income tax (attach Form 941c)	<input type="text" value="0.00"/>
7g Special additions to social security and Medicare (attach Form 941c)	<input type="text" value="0.00"/>
7h TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.)	<input type="text" value="-0.03"/>

8 Total taxes after adjustments (Combine lines 6 and 7h.) **8**

9 Advance earned income credit (EIC) payments made to employees **9**

10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10) **10**

11 Total deposits for this quarter, including overpayment applied from a prior quarter **11**

12 Balance due (If line 10 is more than line 11, write the difference here.) **12**

13 Overpayment (If line 11 is more than line 10, write the difference here.)

Check one Apply to next return.
 Send a refund.

▶ You **MUST** fill out both pages of this form and **SIGN** it.

Next →

Name (not your trade name) Connex International LLC	Employer identification number (EIN) 20-4854308
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Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 C A Write the state abbreviation for the state where you made your deposits OR write "MU" if you made your deposits in multiple states.

15 Check one: Line 10 is less than \$2,500. Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.

Tax liability: Month 1	<input type="text"/>	■
Month 2	<input type="text"/>	■
Month 3	<input type="text"/>	■
Total liability for quarter	<input type="text"/>	■

Total must equal line 10.

You were a semiweekly schedule depositor for any part of this quarter. Fill out Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to this form.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

16 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages / / .

17 If you are a seasonal employer and you do not have to file a return for every quarter of the year . . . Check here.

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

Phone Personal Identification Number (PIN)

No.

Part 5: Sign here. You MUST fill out both sides of this form and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

X Sign your name here

Print name and title

Date Phone

Part 6: For PAID preparers only (optional)

Paid Preparer's Signature	<input type="text"/>		
Firm's name	<input type="text"/>		
Address	<input type="text"/>	EIN	<input type="text"/>
	<input type="text"/>	ZIP code	<input type="text"/>
Date	<input type="text" value="/ /"/>	Phone	<input type="text" value="() -"/>
		SSN/PTIN	<input type="text"/>

Check if you are self-employed.