

Confetti Antiques & Books  
273 N Main St  
Spanish Fork, UT 84660

ATTN: Donald Morris

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## **COMPANY PACKAGE - Second Quarter 2025**

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Employer identification number (EIN)

Name (not your trade name)

Trade name (If any)

Address   
Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2025**  
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

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

**Part 1:** Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	<input type="text" value="8"/>
2	Wages, tips, and other compensation	2	<input type="text" value="35,045.76"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="3,078.61"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/>	Check here and go to line 6.

  

	Column 1		Column 2
5a	Taxable social security wages	<input type="text" value="35,045.76"/> x 0.124 =	<input type="text" value="4,345.68"/>
5b	Taxable social security tips	<input type="text" value=".00"/> x 0.124 =	<input type="text" value=".00"/>
5c	Taxable Medicare wages & tips	<input type="text" value="35,045.76"/> x 0.029 =	<input type="text" value="1,016.32"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value=".00"/> x 0.009 =	<input type="text" value=".00"/>

  

5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<input type="text" value="5,362.00"/>
5f	Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions)	5f	<input type="text" value=".00"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="8,440.61"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value=".04"/>
8	Current quarter's adjustment for sick pay	8	<input type="text" value=".00"/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text" value=".00"/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="8,440.65"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<input type="text" value=".00"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10	12	<input type="text" value="8,440.65"/>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter	13	<input type="text" value="8,440.65"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	<input type="text" value=".00"/>
15	Overpayment. If line 13 is more than line 12, enter the difference	<input type="text"/>	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

Name (not your trade name) CONFETTI ANTIQUES & BOOKS Employer identification number (EIN) 90-1896138

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... [x] You were a monthly schedule depositor for the entire quarter.

Table with 2 columns: Tax liability (Month 1, 2, 3, Total) and Amount (2,636.26, 2,820.89, 2,983.50, 8,440.65). 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.

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.

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. [x] No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here [ ] Print your name here Employer Copy
Print your title here Employer Copy
Date 07-15-2025 Best daytime phone 877 968-7147

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 [ ]

The agency requires that you manually enter this form online via the Taxpayer Access Point

# Utah Withholding Return Worksheet

Name and address

CONFETTI ANTIQUES & BOOKS  
273 N Main St

Spanish Fork, UT 84660

- Check here to stop receiving paper forms.
- Check here to close your account.

Utah Account ID	
15483403003WTH	
Federal EIN	
90-1896138	
Tax Period (mmdyyyy)	
04012025	06302025
From	To
Due Date (mmdyyyy)	
07312025	

Check if AMENDED  
(replacement, not net difference)

1. Utah wages, compensation and distributions for this period
2. Federal income tax withheld this period for Utah employees
3. Utah tax withheld this period

• 1	35045.76	
• 2	3078.61	
• 3	945.48	

# Utah Unemployment NO LONGER accepts paper return. The following MUST be electronically filed.

CONFETTI ANTIQUES & BOOKS  
273 N MAIN ST

Spanish Fork  
UT 84660

A report must be filed even if no wages are paid for the quarter.

Registration #: C-1-304591-0  
FEIN: 90-1896138

Yr/Quarter: 2025/2  
Qtr End Date: 06-30-2025  
Due Date: 07-31-2025

Number of Employees this quarter:

1st Month	2nd Month	3rd Month
8	9	8

Employee Social Security Number	Employee Name First Middle Initial Last	Total Wages Paid to Employee for this Qtr
XXX-XX-9891	ELLA A GREY	833.00
XXX-XX-7607	KATIE M HAMMACK	1,369.00
XXX-XX-1562	DONALD E MORRIS	18,000.00
XXX-XX-7714	MAGGIE J SWENSON	1,128.00
XXX-XX-3714	EVELYN R YARRINGTON	421.00
XXX-XX-1250	AMBUR L WOOD	5,302.00
XXX-XX-8356	SHELBEE L SHEPHERD	1,664.00
XXX-XX-4855	ELLIE QUIST	1,884.00
XXX-XX-9520	QUINCY N LEACH	2,955.00
XXX-XX-7042	ELLIE J MARSHALL	1,486.00

Grand Total Wages (All Pages)	35,042.00
Wages in Excess	-3
Subject Wages	35,045
Contribution Rate	x .2000
Contribution Due	70.09
<b>Total Payment Due</b>	<b>70.09</b>

## Company Tax Profile

Company Name: CONFETTI ANTIQUES & BOOKS

For Quarter Ending: June 30, 2025

Reporting Payroll: PS436368

<u>Tax Code</u>	<u>Tax Description</u>	<u>EIN</u>	<u>Rate (%)</u>	<u>Frequency</u>	<u>Payment Method</u>
FE0000-001	EE FWH	90-1896138		M-15 - Monthly Due 15th	EFT Credit
FE0000-003	EE OASDI		6.2		
FE0000-004	ER OASDI		6.2		
FE0000-005	EE Medicare		1.45		
FE0000-006	ER Medicare		1.45		
FE0000-010	ER FUTA	90-1896138	0.6	A0131 - Annual Due 01-31	EFT Credit
FE0000-015	EE Addtl Med		0.9		
UT0000-001	EE SWH	15483403003WTH		Q - Quarterly	EFT Credit
UT0000-010	UT ER SUI	C-1-304591-0	0.2	Q-C - Quarterly Calendar Due EOM	EFT Credit

## Reconciliation Detail

Company Name: CONFETTI ANTIQUES & BOOKS

For Quarter Ending: June 30, 2025

Reporting Payroll: PS436368

<u>Tax Code/Description</u>	<u>Tax</u>	<u>Taxable</u>	<u>Gross</u>	<u>YTD Tax</u>	<u>YTD Taxable</u>	<u>YTD Gross</u>
FE0000-001 - EE FWH	3,078.61	35,045.76	35,045.76	4,084.99	58,710.21	58,710.21
FE0000-003 - EE OASDI	2,172.84	35,045.76	35,045.76	3,640.03	58,710.21	58,710.21
FE0000-004 - ER OASDI	2,172.84	35,045.76	35,045.76	3,640.03	58,710.21	58,710.21
FE0000-005 - EE Medicare	508.16	35,045.76	35,045.76	851.30	58,710.21	58,710.21
FE0000-006 - ER Medicare	508.16	35,045.76	35,045.76	851.30	58,710.21	58,710.21
FE0000-010 - ER FUTA	88.42	14,736.72	35,045.76	230.41	38,401.17	58,710.21
FE0000-015 - EE Addtl Med	.00	.00	.00	.00	.00	.00
UT0000-001 - EE SWH	945.48	35,045.76	35,045.76	1,271.43	58,710.21	58,710.21
UT0000-010 - UT ER SUI	70.09	35,045.76	35,045.76	117.42	58,710.21	58,710.21