

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

ATTN: Donald Morris

COMPANY PACKAGE - Fourth Quarter 2025

LIST OF AGENCY RETURNS AND ADDRESSES

Company: CONFETTI ANTIQUES & BOOKS

Total #of Returns: 5

Reporting Payroll: PS436368

Quarter Ending: 12/31/2025

Tax Code / Form Description	Return Filing Method and Address	Wage Filing Method and Address
FE0000-001 Federal Transmittal of Wage and Tax Statements	https://la1.www4.irs.gov/secureaccess/ui/ e-File	same as return e-File
FE0000-001 Employer's Quarterly Federal Tax Return	https://la1.www4.irs.gov/secureaccess/ui/ e-File	N/A
FE0000-010 Federal Unemployment Annual Return	https://la1.www4.irs.gov/secureaccess/ui/ e-File	N/A
UT0000-001 Utah 4th Quarter/Annual W/H Reconciliation	e-File	e-File
UT0000-010 Utah Quarterly Contribution (SUI)	e-File	same as return e-File

Do Not File - Agency Requires the Use of Their Official Form

Form W-3 Transmittal of Wage and Tax Statements Worksheet

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)

Total number of Forms W-2

14

Employer identification number (EIN)

90-1896138

Employer's name

CONFETTI ANTIQUES & BOOKS

Employer's address and ZIP code

273 N Main St
Spanish Fork, UT 84660

1	Wages, tips, other compensation	116,153.36
2	Federal income tax withheld	5,889.28
3	Social security wages	116,153.36
4	Social security tax withheld	7,201.53
5	Medicare wages and tips	116,153.36
6	Medicare tax withheld	1,684.24
7	Social security tips	.00
8	Allocated tips	.00
10	Dependent care benefits	.00
11	Nonqualified plans	.00
12a	Deferred compensation	.00

OMB No. 1545-0008

a Employee's social security number XXX-XX-9891	1 Wages, tips, other compensation 6,863.98	2 Federal income tax withheld .00
b Employer identification number (EIN) 90-1896138	3 Social security wages 6,863.98	4 Social security tax withheld 425.57
d Control number	5 Medicare wages and tips 6,863.98	6 Medicare tax withheld 99.53

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
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e Employee's first name and initial Last name Suff.

Priscilla Grey
936 W 1350 S
Springville, UT 84663

f Employee's address and ZIP code

2025 Form W-2 Wage and Tax Statement

15 State Employer's state ID number 16 State wages, tips, etc.

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

Copy A -- For Social Security Administration

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-7607	1 Wages, tips, other compensation 4,178.54	2 Federal income tax withheld .00
b Employer identification number (EIN) 90-1896138	3 Social security wages 4,178.54	4 Social security tax withheld 259.07
d Control number	5 Medicare wages and tips 4,178.54	6 Medicare tax withheld 60.59

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
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e Employee's first name and initial Last name Suff.

Katie Michele Hammack
508 E 200 N
Springville, UT 84663

f Employee's address and ZIP code

2025 Form W-2 Wage and Tax Statement

15 State Employer's state ID number 16 State wages, tips, etc.

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

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Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-1562	1 Wages, tips, other compensation 33,000.00	2 Federal income tax withheld 5,535.09
b Employer identification number (EIN) 90-1896138	3 Social security wages 33,000.00	4 Social security tax withheld 2,046.00
d Control number	5 Medicare wages and tips 33,000.00	6 Medicare tax withheld 478.50

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
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e Employee's first name and initial Last name Suff.

Donald Edward Morris
273 N Main
Spanish Fork, UT 84660

f Employee's address and ZIP code

2025 Form W-2 Wage and Tax Statement

15 State Employer's state ID number 16 State wages, tips, etc.

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

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Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-7714	1 Wages, tips, other compensation 3,853.55	2 Federal income tax withheld .00
b Employer identification number 90-1896138	3 Social security wages 3,853.55	4 Social security tax withheld 238.92
d Control number	5 Medicare wages and tips 3,853.55	6 Medicare tax withheld 55.88

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
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e Employee's first name and initial Last name Suff.

Maggie Jane Swenson
541 E 10000 S
Salem, UT 84653

f Employee's address and ZIP code

2025 Form W-2 Wage and Tax Statement

15 State Employer's state ID number 16 State wages, tips, etc.

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

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Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-4237	1 Wages, tips, other compensation 707.50	2 Federal income tax withheld .00
b Employer identification number (EIN) 90-1896138	3 Social security wages 707.50	4 Social security tax withheld 43.87
d Control number	5 Medicare wages and tips 707.50	6 Medicare tax withheld 10.26

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
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e Employee's first name and initial Last name Suff.

Mia Ann Stone
545 E 200 S
Salem, UT 84653

f Employee's address and ZIP code

2025 Form **W-2**
Wage and Tax Statement

15 State Employer's state ID number 16 State wages, tips, etc.

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

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Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-3714	1 Wages, tips, other compensation 421.88	2 Federal income tax withheld 17.57
b Employer identification number (EIN) 90-1896138	3 Social security wages 421.88	4 Social security tax withheld 26.16
d Control number	5 Medicare wages and tips 421.88	6 Medicare tax withheld 6.12

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
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e Employee's first name and initial Last name Suff.

Evelyn R Yarrington
367 S 1360 E
Spanish Fork, UT 84660

f Employee's address and ZIP code

2025 Form **W-2**
Wage and Tax Statement

15 State Employer's state ID number 16 State wages, tips, etc.

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

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Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-1250	1 Wages, tips, other compensation 22,471.45	2 Federal income tax withheld .00
b Employer identification number (EIN) 90-1896138	3 Social security wages 22,471.45	4 Social security tax withheld 1,393.23
d Control number	5 Medicare wages and tips 22,471.45	6 Medicare tax withheld 325.84

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
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e Employee's first name and initial Last name Suff.

Ambur L Wood
580 N 700 E
Spanish Fork, UT 84660

f Employee's address and ZIP code

2025 Form **W-2**
Wage and Tax Statement

15 State Employer's state ID number 16 State wages, tips, etc.

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

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Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-8356	1 Wages, tips, other compensation 11,717.03	2 Federal income tax withheld 57.83
b Employer identification number 90-1896138	3 Social security wages 11,717.03	4 Social security tax withheld 726.46
d Control number	5 Medicare wages and tips 11,717.03	6 Medicare tax withheld 169.90

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
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e Employee's first name and initial Last name Suff.

Shelbee Lyn Shepherd
7377 S 3200 W
Spanish Fork, UT 84660

f Employee's address and ZIP code

2025 Form **W-2**
Wage and Tax Statement

15 State Employer's state ID number 16 State wages, tips, etc.

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

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Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-2984	1 Wages, tips, other compensation 1,262.79	2 Federal income tax withheld .00
b Employer identification number (EIN) 90-1896138	3 Social security wages 1,262.79	4 Social security tax withheld 78.29
d Control number	5 Medicare wages and tips 1,262.79	6 Medicare tax withheld 18.31

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
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e Employee's first name and initial Last name Suff.

Brynn Josephine Robinson
465 N Loafer Canyon Rd
Elk Ridge, UT 84651

f Employee's address and ZIP code

2025 Form W-2 Wage and Tax Statement

15 State Employer's state ID number 16 State wages, tips, etc.

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

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Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-1751	1 Wages, tips, other compensation 48.00	2 Federal income tax withheld .00
b Employer identification number (EIN) 90-1896138	3 Social security wages 48.00	4 Social security tax withheld 2.98
d Control number	5 Medicare wages and tips 48.00	6 Medicare tax withheld .70

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
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e Employee's first name and initial Last name Suff.

Devere D Wilkey
35 W 300 N
Spanish Fork, UT 84660

f Employee's address and ZIP code

2025 Form W-2 Wage and Tax Statement

15 State Employer's state ID number 16 State wages, tips, etc.

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

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Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-2848	1 Wages, tips, other compensation 468.50	2 Federal income tax withheld .00
b Employer identification number (EIN) 90-1896138	3 Social security wages 468.50	4 Social security tax withheld 29.05
d Control number	5 Medicare wages and tips 468.50	6 Medicare tax withheld 6.79

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
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e Employee's first name and initial Last name Suff.

Mimi Grace Morgan
182 S 880 E
Springville, UT 84663

f Employee's address and ZIP code

2025 Form W-2 Wage and Tax Statement

15 State Employer's state ID number 16 State wages, tips, etc.

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

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Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-4855	1 Wages, tips, other compensation 13,034.36	2 Federal income tax withheld 148.34
b Employer identification number 90-1896138	3 Social security wages 13,034.36	4 Social security tax withheld 808.13
d Control number	5 Medicare wages and tips 13,034.36	6 Medicare tax withheld 189.00

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
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e Employee's first name and initial Last name Suff.

Ellie Quist
1159 S 420 W
Salem, UT 84653

f Employee's address and ZIP code

2025 Form W-2 Wage and Tax Statement

15 State Employer's state ID number 16 State wages, tips, etc.

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

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Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-9520	1 Wages, tips, other compensation 13,787.24	2 Federal income tax withheld 119.95
b Employer identification number (EIN) 90-1896138	3 Social security wages 13,787.24	4 Social security tax withheld 854.81
d Control number	5 Medicare wages and tips 13,787.24	6 Medicare tax withheld 199.91

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's first name and initial Last name Suff.

Quincy Noelle Leach
155 W 800 N
SPANISH FORK, UT 84660

f Employee's address and ZIP code

2025 Form W-2 Wage and Tax Statement

15 State Employer's state ID number

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Copy A -- For Social Security Administration

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-7042	1 Wages, tips, other compensation 4,338.54	2 Federal income tax withheld 10.50
b Employer identification number (EIN) 90-1896138	3 Social security wages 4,338.54	4 Social security tax withheld 268.99
d Control number	5 Medicare wages and tips 4,338.54	6 Medicare tax withheld 62.91

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's first name and initial Last name Suff.

Ellie Jean Marshall
690 W 2000 S
Mapleton, UT 84664

f Employee's address and ZIP code

2025 Form W-2 Wage and Tax Statement

15 State Employer's state ID number

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Copy A -- For Social Security Administration

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number	1 Wages, tips, other compensation	2 Federal income tax withheld
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
d Control number	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code

7 Social security tips	8 Allocated tips	9
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10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's first name and initial Last name Suff.

f Employee's address and ZIP code

2025 Form W-2 Wage and Tax Statement

15 State Employer's state ID number

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number	1 Wages, tips, other compensation	2 Federal income tax withheld
b Employer identification number	3 Social security wages	4 Social security tax withheld
d Control number	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code

7 Social security tips	8 Allocated tips	9
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10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's first name and initial Last name Suff.

f Employee's address and ZIP code

2025 Form W-2 Wage and Tax Statement

15 State Employer's state ID number

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Department of the Treasury - Internal Revenue Service

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 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="7"/>
2	Wages, tips, and other compensation	2	<input type="text" value="25,707.74"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="248.54"/>
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="25,707.74"/> x 0.124 =	<input type="text" value="3,187.76"/>
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="25,707.74"/> x 0.029 =	<input type="text" value="745.52"/>
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="3,933.28"/>
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="4,181.82"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value=".02"/>
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="4,181.84"/>
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="4,181.84"/>
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="4,181.84"/>
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	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
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Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.
- You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:	Month 1	1,041.99			
	Month 2	1,110.78			
	Month 3	2,029.07			
Total liability for quarter		4,181.84	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.

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.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

No.

Part 5: Sign here. You MUST complete 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 Best daytime phone

Paid Preparer Use Only

Check if you're self-employed

Preparer's name <input style="width:400px;" type="text"/>	PTIN	<input style="width:150px;" type="text"/>
Preparer's signature <input style="width:400px;" type="text"/>	Date	<input style="width:100px;" type="text"/>
Firm's name (or yours if self-employed) <input style="width:400px;" type="text"/>	EIN	<input style="width:150px;" type="text"/>
Address <input style="width:400px;" type="text"/>	Phone	<input style="width:150px;" type="text"/>
City <input style="width:250px;" type="text"/> State <input style="width:50px;" type="text"/>	ZIP code	<input style="width:150px;" type="text"/>

Employer identification number (EIN) 90-1896138

Name (not your trade name) CONFETTI ANTIQUES & BOOKS

Trade name (if any)

Address 273 N Main St
Number Street Suite or room number

Spanish Fork UT 84660
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Type of Return (Check all that apply.)

a. Amended

b. Successor employer

c. No payments to employees in 2025

d. Final: Business closed or stopped paying wages

Aggregate Return Filers Only

Type of filer (Check one):

Section 3504 Agent

Certified Professional Employer Organization (CPEO)

Other Third Party

Read the separate instructions before you complete this form. Please type or print within the boxes.

Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.

1a If you had to pay state unemployment tax in one state only, enter the state abbreviation ... 1a **U T**

1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer 1b Check here. Complete Schedule A (Form 940).

2 If you paid wages in a state that is subject to CREDIT REDUCTION 2 Check here. Complete Schedule A (Form 940).

Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.

3 Total payments to all employees 3 116,153.36

4 Payments exempt from FUTA tax 4 .00

Check all that apply: 4a Fringe benefits 4c Retirement/Pension 4e Other
 4b Group-term life insurance 4d Dependent care

5 Total of payments made to each employee in excess of \$7,000 5 59,010.08

6 Subtotal (line 4 + line 5 = line 6) 6 59,010.08

7 Total taxable FUTA wages (line 3 - line 6 = line 7) See instructions. 7 57,143.28

8 FUTA tax before adjustments (line 7 x 0.006 = line 8) 8 342.86

Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12 9

10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet 10

11 If credit reduction applies, enter the total from Schedule A (Form 940) 11

Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) 12 342.86

13 FUTA tax deposited for the year, including any overpayment applied from a prior year 13 342.86

14 Balance due. If line 12 is more than line 13, enter the excess on line 14.
 • If line 14 is more than \$500, you must deposit your tax.
 • If line 14 is \$500 or less, you may pay with this return. See instructions 14 .00

15a Overpayment. If line 13 is more than line 12, enter the difference 15b Check one: Apply to next return. Send a refund.

15c Routing number 15d Type: Checking Savings

15e Account number

You **MUST** complete both pages of this form and **SIGN** it.

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

Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.

16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.

16a 1st quarter (January 1 - March 31)	16a	
16b 2nd quarter (April 1 - June 30)	16b	
16c 3rd quarter (July 1 - September 30)	16c	
16d 4th quarter (October 1 - December 31)	16d	
17 Total tax liability for the year (lines 16a +16b +16c +16d = line 17)	17	Total must equal line 12.

Part 6: 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 IRS

No.

Part 7: Sign here. You MUST complete both pages 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, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X Sign your name here

Print your name here

Print your title here

Date

Best daytime phone

Paid Preparer Use Only

Check if you are self-employed

Preparer's name	<input type="text"/>	PTIN	<input type="text"/>
Preparer's signature	<input type="text"/>	Date	<input type="text"/>
Firm's name (or yours if self-employed)	<input type="text"/>	EIN	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		ZIP code	<input type="text"/>

Worksheet --- Line 10

CONFETTI ANTIQUES & BOOKS
90-1896138

Keep for Your Records

Before you begin: Read the *Example* on the next page before completing this worksheet. Use this worksheet to figure your credit if:

- ✓ Some of the wages you paid were excluded from state unemployment tax, OR
- ✓ You paid any state unemployment tax late.


For this worksheet, **don't round your figures.**

Before you can properly fill out this worksheet, you must gather this information:

- Taxable FUTA wages (Form 940, line 7)
- Taxable state unemployment wages
- The experience rates assigned to you by the states where you paid wages
- The amount of state unemployment taxes you paid on time. (*On time* means that you paid the state unemployment taxes by the due date for filing the Form 940.) Include any state unemployment taxes you paid on nonemployees who were treated as employees by your state unemployment agency.
- The amount of state unemployment taxes you paid late. (*Late* means after the due date for filing Form 940.)

1. **Maximum allowable credit** - Enter Form 940, line 7 57,143.28 x 0.054 on line 1 1. 3,085.74
(Form 940, line 7 x 0.054 = line 1).

2. **Credit for timely state unemployment tax payments - How much did you pay on time?** 2. 232.31

- If line 2 is **equal to or more than** line 1, **STOP here.**  You've completed the worksheet. Leave Form 940, line 10 blank.
- If line 2 is **less than** line 1, continue this worksheet.

3. Additional credit - Were ALL of your assigned experience rates 5.4% or more?

If **yes**, enter zero on line 3. Then go to line 4 of this worksheet.

If **no**, fill out the computations below. List **ONLY THOSE STATES** for which your assigned experience rate for any part of the calendar year was less than 5.4%.


State	Computation rate The difference between 5.4% (0.054) and your assigned experience rate (0.054 - .XXX (assigned experience rate) = computation rate)	x	Taxable state unemployment wages at assigned experience rate	=	Additional Credit
1. UT	.052	x	116153.36	=	6039.97
2. _____	_____	x	_____	=	_____
3. _____	_____	x	_____	=	_____
4. _____	_____	x	_____	=	_____
5. _____	_____	x	_____	=	_____
Total					6,039.97

If you need more lines, use another sheet and include those additional credits in the total.

Enter the total on line 3.

3. 6,039.97

4. **Subtotal** (line 2 + line 3 = line 4) 4. 6,272.28

- If line 4 is equal to or more than line 1, **STOP here.**  You've completed the worksheet. Leave Form 940, line 10 blank.
- If line 4 is less than line 1, continue this worksheet.

5. Credit for paying state unemployment taxes late:


5a. **What is your remaining allowable credit?** (line 1 - line 4 = line 5a) 5a. _____

5b. **How much state unemployment tax did you pay late?** 5b. _____

5c. **Which is smaller, line 5a or line 5b?** Enter the smaller number here. 5c. _____

5d. **Your allowable credit for paying state unemployment taxes late** (line 5c x 0.900 = line 5d) 5d. _____

6. **Your FUTA credit** (line 4 + line 5d = line 6) 6. 6,272.28

- If line 6 is equal to or more than line 1, **STOP here.**  You've completed the worksheet. Leave Form 940, line 10 blank.
- If line 6 is less than line 1, continue this worksheet.

7. **Your adjustment** (line 1 - line 6 = line 7) Enter line 7 from this worksheet on Form 940, line 10. 7. _____

Don't attach this worksheet to your Form 940. Keep it for your records.

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

Utah Annual Withholding Reconciliation Worksheet

Name and address
 CONFETTI ANTIQUES & BOOKS
 273 N Main St
 Spanish Fork, UT 84660

Utah Withholding Account Number	15483403003WTH
Federal EIN	90-1896138
Filing Period End Date	12312025
Due Date	02022026

AMENDED
 (replacement, not net difference)

Utah wages, compensation and distributions for this period	25,707.74
Federal income tax withheld this period for Utah employees	248.54
Utah tax withheld this period	474.02
Annual total of Utah tax withheld	2,396.54
Total number of W-2's with Utah wages or withholding	14
Total number of 1099s with Utah Withholding	0

OMB No. 1545-0008

a Employee's social security number XXX-XX-9891	1 Wages, tips, other compensation 6,863.98	2 Federal income tax withheld .00
b Employer identification number (EIN) 90-1896138	3 Social security wages 6,863.98	4 Social security tax withheld 425.57
d Control number	5 Medicare wages and tips 6,863.98	6 Medicare tax withheld 99.53

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's first name and initial Last name Suff.

Priscilla Grey
936 W 1350 S
Springville, UT 84663

f Employee's address and ZIP code

2025 Form W-2 Wage and Tax Statement	15 State UT	Employer's state ID number 15483403003WTH	16 State wages, tips, etc. 6,863.98
	17 State income tax 64.40		18 Local wages, tips, etc.
19 Local income tax		20 Locality name	

Copy 1 -- For State, City, or Local Tax Department

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-7607	1 Wages, tips, other compensation 4,178.54	2 Federal income tax withheld .00
b Employer identification number (EIN) 90-1896138	3 Social security wages 4,178.54	4 Social security tax withheld 259.07
d Control number	5 Medicare wages and tips 4,178.54	6 Medicare tax withheld 60.59

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's first name and initial Last name Suff.

Katie Michele Hammack
508 E 200 N
Springville, UT 84663

f Employee's address and ZIP code

2025 Form W-2 Wage and Tax Statement	15 State UT	Employer's state ID number 15483403003WTH	16 State wages, tips, etc. 4,178.54
	17 State income tax 24.60		18 Local wages, tips, etc.
19 Local income tax		20 Locality name	

Copy 1 -- For State, City, or Local Tax Department

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-1562	1 Wages, tips, other compensation 33,000.00	2 Federal income tax withheld 5,535.09
b Employer identification number (EIN) 90-1896138	3 Social security wages 33,000.00	4 Social security tax withheld 2,046.00
d Control number	5 Medicare wages and tips 33,000.00	6 Medicare tax withheld 478.50

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's first name and initial Last name Suff.

Donald Edward Morris
273 N Main
Spanish Fork, UT 84660

f Employee's address and ZIP code

2025 Form W-2 Wage and Tax Statement	15 State UT	Employer's state ID number 15483403003WTH	16 State wages, tips, etc. 33,000.00
	17 State income tax 1,448.38		18 Local wages, tips, etc.
19 Local income tax		20 Locality name	

Copy 1 -- For State, City, or Local Tax Department

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-7714	1 Wages, tips, other compensation 3,853.55	2 Federal income tax withheld .00
b Employer identification number 90-1896138	3 Social security wages 3,853.55	4 Social security tax withheld 238.92
d Control number	5 Medicare wages and tips 3,853.55	6 Medicare tax withheld 55.88

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's first name and initial Last name Suff.

Maggie Jane Swenson
541 E 10000 S
Salem, UT 84653

f Employee's address and ZIP code

2025 Form W-2 Wage and Tax Statement	15 State UT	Employer's state ID number 15483403003WTH	16 State wages, tips, etc. 3,853.55
	17 State income tax .00		18 Local wages, tips, etc.
19 Local income tax		20 Locality name	

Copy 1 -- For State, City, or Local Tax Department

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-4237	1 Wages, tips, other compensation 707.50	2 Federal income tax withheld .00
b Employer identification number (EIN) 90-1896138	3 Social security wages 707.50	4 Social security tax withheld 43.87
d Control number	5 Medicare wages and tips 707.50	6 Medicare tax withheld 10.26

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's first name and initial Last name Suff.

Mia Ann Stone
545 E 200 S
Salem, UT 84653

f Employee's address and ZIP code

2025 Form **W-2**
Wage and Tax Statement

15 State UT	Employer's state ID number 15483403003WTH	16 State wages, tips, etc. 707.50
17 State income tax .00		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

Copy 1 -- For State, City, or Local Tax Department

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-3714	1 Wages, tips, other compensation 421.88	2 Federal income tax withheld 17.57
b Employer identification number (EIN) 90-1896138	3 Social security wages 421.88	4 Social security tax withheld 26.16
d Control number	5 Medicare wages and tips 421.88	6 Medicare tax withheld 6.12

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's first name and initial Last name Suff.

Evelyn R Yarrington
367 S 1360 E
Spanish Fork, UT 84660

f Employee's address and ZIP code

2025 Form **W-2**
Wage and Tax Statement

15 State UT	Employer's state ID number 15483403003WTH	16 State wages, tips, etc. 421.88
17 State income tax 3.34		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

Copy 1 -- For State, City, or Local Tax Department

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-1250	1 Wages, tips, other compensation 22,471.45	2 Federal income tax withheld .00
b Employer identification number (EIN) 90-1896138	3 Social security wages 22,471.45	4 Social security tax withheld 1,393.23
d Control number	5 Medicare wages and tips 22,471.45	6 Medicare tax withheld 325.84

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's first name and initial Last name Suff.

Ambur L Wood
580 N 700 E
Spanish Fork, UT 84660

f Employee's address and ZIP code

2025 Form **W-2**
Wage and Tax Statement

15 State UT	Employer's state ID number 15483403003WTH	16 State wages, tips, etc. 22,471.45
17 State income tax 198.01		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

Copy 1 -- For State, City, or Local Tax Department

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-8356	1 Wages, tips, other compensation 11,717.03	2 Federal income tax withheld 57.83
b Employer identification number 90-1896138	3 Social security wages 11,717.03	4 Social security tax withheld 726.46
d Control number	5 Medicare wages and tips 11,717.03	6 Medicare tax withheld 169.90

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
-----------------------	-----------------	----------------------	----------

e Employee's first name and initial Last name Suff.

Shelbee Lyn Shepherd
7377 S 3200 W
Spanish Fork, UT 84660

f Employee's address and ZIP code

2025 Form **W-2**
Wage and Tax Statement

15 State UT	Employer's state ID number 15483403003WTH	16 State wages, tips, etc. 11,717.03
17 State income tax 149.92		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

Copy 1 -- For State, City, or Local Tax Department

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-2984	1 Wages, tips, other compensation 1,262.79	2 Federal income tax withheld .00
b Employer identification number (EIN) 90-1896138	3 Social security wages 1,262.79	4 Social security tax withheld 78.29
d Control number	5 Medicare wages and tips 1,262.79	6 Medicare tax withheld 18.31

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
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e Employee's first name and initial Last name Suff.

Brynn Josephine Robinson
465 N Loafer Canyon Rd
Elk Ridge, UT 84651

f Employee's address and ZIP code

2025 Form **W-2**
Wage and Tax Statement

15 State UT	Employer's state ID number 15483403003WTH	16 State wages, tips, etc. 1,262.79
17 State income tax .00		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

Copy 1 -- For State, City, or Local Tax Department

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-1751	1 Wages, tips, other compensation 48.00	2 Federal income tax withheld .00
b Employer identification number (EIN) 90-1896138	3 Social security wages 48.00	4 Social security tax withheld 2.98
d Control number	5 Medicare wages and tips 48.00	6 Medicare tax withheld .70

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
----------	----------	----------

13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
---------------------------	---------------------	--------------------------	--------------

e Employee's first name and initial Last name Suff.

Devere D Wilkey
35 W 300 N
Spanish Fork, UT 84660

f Employee's address and ZIP code

2025 Form **W-2**
Wage and Tax Statement

15 State UT	Employer's state ID number 15483403003WTH	16 State wages, tips, etc. 48.00
17 State income tax .00		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

Copy 1 -- For State, City, or Local Tax Department

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-2848	1 Wages, tips, other compensation 468.50	2 Federal income tax withheld .00
b Employer identification number (EIN) 90-1896138	3 Social security wages 468.50	4 Social security tax withheld 29.05
d Control number	5 Medicare wages and tips 468.50	6 Medicare tax withheld 6.79

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
---------------------------	---------------------	--------------------------	--------------

e Employee's first name and initial Last name Suff.

Mimi Grace Morgan
182 S 880 E
Springville, UT 84663

f Employee's address and ZIP code

2025 Form **W-2**
Wage and Tax Statement

15 State UT	Employer's state ID number 15483403003WTH	16 State wages, tips, etc. 468.50
17 State income tax .00		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

Copy 1 -- For State, City, or Local Tax Department

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-4855	1 Wages, tips, other compensation 13,034.36	2 Federal income tax withheld 148.34
b Employer identification number 90-1896138	3 Social security wages 13,034.36	4 Social security tax withheld 808.13
d Control number	5 Medicare wages and tips 13,034.36	6 Medicare tax withheld 189.00

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
----------	----------	----------

13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
---------------------------	---------------------	--------------------------	--------------

e Employee's first name and initial Last name Suff.

Ellie Quist
1159 S 420 W
Salem, UT 84653

f Employee's address and ZIP code

2025 Form **W-2**
Wage and Tax Statement

15 State UT	Employer's state ID number 15483403003WTH	16 State wages, tips, etc. 13,034.36
17 State income tax 240.97		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

Copy 1 -- For State, City, or Local Tax Department

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-9520	1 Wages, tips, other compensation 13,787.24	2 Federal income tax withheld 119.95
b Employer identification number (EIN) 90-1896138	3 Social security wages 13,787.24	4 Social security tax withheld 854.81
d Control number	5 Medicare wages and tips 13,787.24	6 Medicare tax withheld 199.91

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
-----------------------------------	------------------------------	---

12b Code	12c Code	12d Code
----------	----------	----------

13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
---------------------------	---------------------	--------------------------	--------------

e Employee's first name and initial Last name Suff.

Quincy Noelle Leach
155 W 800 N
SPANISH FORK, UT 84660

f Employee's address and ZIP code

Form W-2 Wage and Tax Statement	15 State UT	Employer's state ID number 15483403003WTH	16 State wages, tips, etc. 13,787.24
	17 State income tax 249.23		18 Local wages, tips, etc.
19 Local income tax		20 Locality name	

Copy 1 -- For State, City, or Local Tax Department

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-7042	1 Wages, tips, other compensation 4,338.54	2 Federal income tax withheld 10.50
b Employer identification number (EIN) 90-1896138	3 Social security wages 4,338.54	4 Social security tax withheld 268.99
d Control number	5 Medicare wages and tips 4,338.54	6 Medicare tax withheld 62.91

c Employer's name, address, and ZIP code

CONFETTI ANTIQUES & BOOKS
273 N Main St
Spanish Fork, UT 84660

7 Social security tips .00	8 Allocated tips .00	9
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10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
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13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
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e Employee's first name and initial Last name Suff.

Ellie Jean Marshall
690 W 2000 S
Mapleton, UT 84664

f Employee's address and ZIP code

Form W-2 Wage and Tax Statement	15 State UT	Employer's state ID number 15483403003WTH	16 State wages, tips, etc. 4,338.54
	17 State income tax 17.69		18 Local wages, tips, etc.
19 Local income tax		20 Locality name	

Copy 1 -- For State, City, or Local Tax Department

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number	1 Wages, tips, other compensation	2 Federal income tax withheld
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
d Control number	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code

7 Social security tips	8 Allocated tips	9
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10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 Code
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12b Code	12c Code	12d Code
----------	----------	----------

13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
---------------------------	---------------------	--------------------------	--------------

e Employee's first name and initial Last name Suff.

f Employee's address and ZIP code

Form W-2 Wage and Tax Statement	15 State	Employer's state ID number	16 State wages, tips, etc.
	17 State income tax		18 Local wages, tips, etc.
19 Local income tax		20 Locality name	

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number	1 Wages, tips, other compensation	2 Federal income tax withheld
b Employer identification number	3 Social security wages	4 Social security tax withheld
d Control number	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code

7 Social security tips	8 Allocated tips	9
------------------------	------------------	---

10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 Code
----------------------------	-----------------------	---

12b Code	12c Code	12d Code
----------	----------	----------

13 Statutory employee 	Retirement plan 	Third-party sick pay 	14 Other
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e Employee's first name and initial Last name Suff.

f Employee's address and ZIP code

Form W-2 Wage and Tax Statement	15 State	Employer's state ID number	16 State wages, tips, etc.
	17 State income tax		18 Local wages, tips, etc.
19 Local income tax		20 Locality name	

Department of the Treasury - Internal Revenue Service

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: 2025/4
Qtr End Date: 12-31-2025
Due Date: 01-30-2026

Number of Employees this quarter:

1st Month	2nd Month	3rd Month
7	7	7

Employee Social Security Number	Employee Name First Middle Initial Last	Total Wages Paid to Employee for this Qtr
XXX-XX-9891	PRISCILLA GREY	2,847.00
XXX-XX-7714	MAGGIE J SWENSON	1,073.00
XXX-XX-1250	AMBUR L WOOD	6,752.00
XXX-XX-8356	SHELBEE L SHEPHERD	4,051.00
XXX-XX-2984	BRYNN J ROBINSON	1,030.00
XXX-XX-4855	ELLIE QUIST	5,298.00
XXX-XX-9520	QUINCY N LEACH	4,654.00

Grand Total Wages (All Pages)	25,705.00
Wages in Excess	-2
Subject Wages	25,707
Contribution Rate	x .2000
Contribution Due	51.41
Total Payment Due	51.41

Company Tax Profile

Company Name: CONFETTI ANTIQUES & BOOKS

For Quarter Ending: December 31, 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: December 31, 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	248.54	25,707.74	25,707.74	5,889.28	116,153.36	116,153.36
FE0000-003 - EE OASDI	1,593.88	25,707.74	25,707.74	7,201.51	116,153.36	116,153.36
FE0000-004 - ER OASDI	1,593.88	25,707.74	25,707.74	7,201.51	116,153.36	116,153.36
FE0000-005 - EE Medicare	372.76	25,707.74	25,707.74	1,684.22	116,153.36	116,153.36
FE0000-006 - ER Medicare	372.76	25,707.74	25,707.74	1,684.22	116,153.36	116,153.36
FE0000-010 - ER FUTA	29.71	4,951.41	25,707.74	342.86	57,143.28	116,153.36
FE0000-015 - EE Addtl Med	.00	.00	.00	.00	.00	.00
UT0000-001 - EE SWH	474.02	25,707.74	25,707.74	2,396.54	116,153.36	116,153.36
UT0000-010 - UT ER SUI	51.42	25,707.74	25,707.74	232.31	116,153.36	116,153.36