

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

ATTN: Donald Morris

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## **COMPANY PACKAGE - First Quarter 2026**

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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 2026**  
 (Check one.)

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

**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 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 must 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="6"/>         |
| 2 | Wages, tips, and other compensation  | 2   | <input type="text" value="44,320.34"/> |
| 3 | Federal income tax withheld from wages, tips, and other compensation   | 3   | <input type="text" value="4,080.96"/>  |
| 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="44,320.34"/> x 0.124 = | <input type="text" value="5,495.72"/> |
| 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="44,320.34"/> x 0.029 = | <input type="text" value="1,285.28"/> |
| 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="6,781.00"/>  |
| 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="10,861.96"/> |
| 7  | Current quarter's adjustment for fractions of cents   | 7  | <input type="text" value=".00"/>       |
| 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="10,861.96"/> |
| 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="10,861.96"/> |
| 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="10,861.96"/> |
| 14 | Balance due. If line 12 is more than line 13, enter the difference and see instructions   | 14 | <input type="text" value=".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 \_\_\_\_\_

|   |  |
|---|--|
| Name (not your trade name)<br>CONFETTI ANTIQUES & BOOKS | Employer identification number (EIN)<br>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 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                            | 5,089.03         |  |                                  |  |
|                | Month 2                            | 4,603.10         |  |                                  |  |
|                | Month 3                            | 1,169.83         |  |                                  |  |
|                | <b>Total liability for quarter</b> | <b>10,861.96</b> |  | <b>Total must equal line 12.</b> |  |

- 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.

|                            |            |                       |               |
|----------------------------|------------|-----------------------|---------------|
| <b>Sign your name here</b> |            | Print your name here  | Employer Copy |
|                            |            | Print your title here | Employer Copy |
| Date                       | 04-15-2026 | 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) |          |
| 01012026             | 03312026 |
| From                 | To       |
| Due Date (mmdyyyy)   |          |
| 04302026             |          |

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 |  | 44320.34 |
| • 2 |  | 4080.96  |
| • 3 |  | 1229.81  |

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: 2026/1  
Qtr End Date: 03-31-2026  
Due Date: 04-30-2026

Number of Employees this quarter:

| 1st Month | 2nd Month | 3rd Month |
|-----------|-----------|-----------|
| 11        | 8         | 6         |

| Employee Social Security Number | Employee Name First Middle Initial Last | Total Wages Paid to Employee for this Qtr |
|---------------------------------|---|---|
| XXX-XX-9891                     | PRISCILLA GREY                          | 2,763.00                                  |
| XXX-XX-1562                     | DONALD E MORRIS                         | 12,000.00                                 |
| XXX-XX-3997                     | KARA I MORRIS                           | 8,000.00                                  |
| XXX-XX-7714                     | MAGGIE J SWENSON                        | 1,140.00                                  |
| XXX-XX-1250                     | AMBUR L WOOD                            | 3,757.00                                  |
| XXX-XX-8356                     | SHELBE L SHEPHERD                       | 3,077.00                                  |
| XXX-XX-2984                     | BRYNN J ROBINSON                        | 577.00                                    |
| XXX-XX-6833                     | MARYN C CALL                            | 2,304.00                                  |
| XXX-XX-9268                     | BRIN RUDD                               | 2,099.00                                  |
| XXX-XX-1103                     | MADISON K MORRIS                        | 306.00                                    |
| XXX-XX-4855                     | ELLIE QUIST                             | 6,848.00                                  |
| XXX-XX-9520                     | QUINCY N LEACH                          | 1,445.00                                  |
|                                 |   |   |
|                                 |   |   |
|                                 |   |   |

|                               |           |
|-------------------------------|-----------|
| Grand Total Wages (All Pages) | 44,316.00 |
| Wages in Excess               | -4        |
| Subject Wages                 | 44,320    |
| Contribution Rate             | x .1000   |
| Contribution Due              | 44.32     |
| Total Payment Due             | 44.32     |

## Company Tax Profile

Company Name: CONFETTI ANTIQUES & BOOKS

For Quarter Ending: March 31, 2026

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   | 0.1             | Q-C - Quarterly Calendar Due EOM | EFT Credit            |

# Reconciliation Detail

Company Name: CONFETTI ANTIQUES & BOOKS

For Quarter Ending: March 31, 2026

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         | 4,080.96   | 44,320.34      | 44,320.34    | 4,080.96       | 44,320.34          | 44,320.34        |
| FE0000-003 - EE OASDI       | 2,747.86   | 44,320.34      | 44,320.34    | 2,747.86       | 44,320.34          | 44,320.34        |
| FE0000-004 - ER OASDI       | 2,747.86   | 44,320.34      | 44,320.34    | 2,747.86       | 44,320.34          | 44,320.34        |
| FE0000-005 - EE Medicare    | 642.64     | 44,320.34      | 44,320.34    | 642.64         | 44,320.34          | 44,320.34        |
| FE0000-006 - ER Medicare    | 642.64     | 44,320.34      | 44,320.34    | 642.64         | 44,320.34          | 44,320.34        |
| FE0000-010 - ER FUTA        | 229.92     | 38,320.34      | 44,320.34    | 229.92         | 38,320.34          | 44,320.34        |
| FE0000-015 - EE Addtl Med   | .00        | .00            | .00          | .00            | .00                | .00              |
| UT0000-001 - EE SWH         | 1,229.81   | 44,320.34      | 44,320.34    | 1,229.81       | 44,320.34          | 44,320.34        |
| UT0000-010 - UT ER SUI      | 44.32      | 44,320.34      | 44,320.34    | 44.32          | 44,320.34          | 44,320.34        |