Please choose cash or accrual based on company reporting.

Company LLC

Profit and Loss

Previous Year Comparison

January - December 2024

	TOTAL		
	JAN - DEC 2024	JAN - DEC 2023 (PY)	CHANGE
Income			
Sales	555,738.53	464,881.20	90,857.33
Total Income	**$625,004.04**	**$481,906.19**	**$143,097.85**
Expenses			
Advertising & Marketing	198.24	22.82	175.42
Automobile Expense	2,061.05	3,187.54	-1,126.49
Business Licenses & Permits		2.00	-2.00
Commission Expense	267,443.02	216,600.18	50,842.84
Computer & Internet	1,693.97	1,038.98	654.99
Depreciation Expense	185.00	185.00	0.00
Insurance			
Health Insurance Expense	0.00	10,346.08	-10,346.08
Total Insurance	**0.00**	**10,346.08**	**-10,346.08**
Legal & Professional	1,870.00	1,165.00	705.00
Meals	1,437.62	1,468.45	-30.83
Merchant Fees	145.99	156.00	-10.01
Miscellaneous	2,200.00	100.00	2,100.00
Office Equipment	20,000.00	20,000.00	0.00
Postage	443.93	861.94	-418.01
Rent	16,500.00	18,000.00	-1,500.00
Repairs & Maintenance	3,920.00	1,470.00	2,450.00
Supplies	1,579.36	1,578.23	1.13
Telephone	9,270.18	12,570.30	-3,300.12
Travel	3,007.97	2,598.46	409.51
Uncategorized Expense		-0.54	0.54
Utilities	6,166.46	6,332.90	-166.44
Total Expenses	**$338,122.79**	**$297,683.34**	**$40,439.45**
NET OPERATING INCOME	**$280,881.25**	**$184,222.85**	**$96,658.40**
Other Expenses			
Ask My Accountant	0.00		0.00
Donations	3,500.00	450.00	3,050.00
Total Other Expenses	**$3,500.00**	**$450.00**	**$3,050.00**
NET OTHER INCOME	**$ -3,500.00**	**$ -450.00**	**$ -3,050.00**
NET INCOME	**$280,381.25**	**$183,772.85**	**$96,608.40**

Please choose cash or accrual based on company reporting.

Company LLC

Balance Sheet

As of December 31, 2024

	TOTAL	
	AS OF DEC 31, 2024	AS OF DEC 31, 2023 (PY)
ASSETS		
Current Assets		
Bank Accounts		
BUS SERVICES SAV - 1	300,640.12	30.00
EASY BUSINESS CKING - 1	90,212.69	252,091.21
Total Bank Accounts	**$390,852.81**	**$252,121.21**
Accounts Receivable		
Accounts Receivable (A/R)	35,049.59	
Total Accounts Receivable	**$35,049.59**	**$0.00**
Other Current Assets		
Leasehold Security Deposit	2,051.55	2,051.55
Total Other Current Assets	**$2,051.55**	**$2,051.55**
Total Current Assets	**$412,753.95**	**$254,172.76**
Fixed Assets		
Accumulated Depreciation	-2,543.71	-2,358.71
Building	7,288.00	7,288.00
Furniture & Equipment	1,497.51	1,497.51
Total Fixed Assets	**$6,241.80**	**$6,391.00**
TOTAL ASSETS	**$418,995.75**	**$260,563.76**
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Other Current Liabilities		
Current Liability	0.00	0.00
Total Other Current Liabilities	**$0.00**	**$0.00**
Total Current Liabilities	**$0.00**	**$0.00**
Total Liabilities	**$0.00**	**$0.00**
Equity		
APIC	1,102.00	1,102.00
Owners Draws	-11,382.06	-76,938.05
Retained Earnings	60,461.76	53,356.96
Net Income	280,381.25	183,772.85
Total Equity	**$330,562.95**	**$161,293.76**
TOTAL LIABILITIES AND EQUITY	**$330,562.95**	**$161,293.76**

Company LLC
Payroll Summary
January through December 2025

	Jan - Mar 24	Apr - Jun 24	Jul - Sep 24	Oct - Dec 24	TOTAL
Employee Wages, Taxes and Adjustments					
Gross Pay					
Holiday	1,096.00	452.00	532.00	2,260.00	4,260.00
Hourly Regular Rate	18,877.92	26,058.15	25,701.28	23,577.39	93,924.74
Overtime Hourly Rate 1	0.00	711.58	32.25	121.14	864.97
Vacation Hourly Rate	4,714.38	525.00	1,402.75	1,484.50	6,126.63
Total Gross Pay	24,698.30	27,746.73	27,688.28	27,343.03	105,176.34
Adjusted Gross Pay	24,698.30	27,746.73	27,688.28	27,343.03	105,176.34
Taxes Withheld					
Federal Withholding	-1,867.00	-1,230.00	-2,207.00	-2,163.00	-7,467.00
Medicare Employee	-357.84	-402.62	-400.02	-393.58	-1,554.06
Social Security Employee	-1,730.06	-1,721.53	-1,750.47	-1,782.88	-6,644.94
ME - Withholding	-884.00	-1,071.00	-1,062.00	-1,033.00	-4,050.00
ME - Paid Fam Med Leave Emp.	0.00	0.00	0.00	0.00	0.00
Medicare Employee Addl Tax	0.00	0.00	0.00	0.00	0.00
Total Taxes Withheld	-4,638.90	-5,425.15	-5,379.49	-5,272.46	-20,716.00
Net Pay	**20,239.40**	**21,341.58**	**22,248.79**	**21,970.57**	**85,460.34**
Employer Taxes and Contributions					
Federal Unemployment	84.00	0.00	0.00	0.00	84.00
Medicare Company	357.84	402.62	400.02	393.58	1,554.06
Social Security Company	1,530.06	1,721.53	1,710.47	1,682.88	6,644.94
ME - Unemployment Company	227.20	39.20	0.00	0.00	266.40
ME - Comp Skills Schlr Fund	26.61	4.59	0.00	0.00	31.20
ME - Paid Fam Med Leave Co.	0.00	0.00	0.00	0.00	0.00
ME - Unemp. Prog. Admin. Fund	30.70	5.30	0.00	0.00	36.00
Total Employer Taxes and Contributions	**2,256.41**	**2,173.24**	**2,110.49**	**2,076.46**	**8,616.60**

DO NOT STAPLE

33333	a Control number	For Official Use Only: OMB No. 1545-0029

b **Kind of Payer** (Check one): 941 ☐ Military ☐ 943 ☐ 944 ☐ CT-1 ☐ Hshld. emp. ☐ Medicare govt. emp. ☐	**Kind of Employer** (Check one): None apply ☐ 501c non-govt. ☐ State/local non-501c ☐ State/local 501c ☐ Federal govt. ☐ — Third-party sick pay (Check if applicable) ☐

c Total number of Forms W-2	**d** Establishment number	**1** Wages, tips, other compensation	**2** Federal income tax withheld
e Employer identification number (EIN)		**3** Social security wages	**4** Social security tax withheld
f Employer's name		**5** Medicare wages and tips	**6** Medicare tax withheld
		7 Social security tips	**8** Allocated tips
		9	**10** Dependent care benefits
g Employer's address and ZIP code		**11** Nonqualified plans	**12a** Deferred compensation
h Other EIN used this year		**13** For third-party sick pay use only	**12b**
15 State	Employer's state ID number	**14** Income tax withheld by payer of third-party sick pay	
16 State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax
Employer's contact person		Employer's telephone number	For Official Use Only
Employer's fax number		Employer's email address	

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature: Title: Date:

Form **W-3** **Transmittal of Wage and Tax Statements** 2025

Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA.
Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2025 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and employer identification number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for at least 4 years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Forms W-2 Electronically (EFW2)*.

W-2 Online fill-in forms or file uploads will be on time if submitted by **February 02, 2026**. For more information, go to *www.SSA.gov/bso*.

When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by **February 02, 2026**.

Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

Social Security Administration
Direct Operations Center
Wilkes-Barre, PA 18769-0001

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." Go to *www.irs.gov/PDS* for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	a Employee's social security number	OMB No. 1545-0008	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
	7 Social security tips	8 Allocated tips
d Control number	9	10 Dependent care benefits
e Employee's first name and initial Last name Suff.	11 Nonqualified plans	12a See instructions for box 12 Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
	14 Other	12c Code
		12d Code
f Employee's address and ZIP code		

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

Form **W-2** **Wage and Tax Statement** Tax Year Department of the Treasury—Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS
(See *Notice to Employee* on the back of Copy B.)

950124

Form **941 for 2025: Employer's QUARTERLY Federal Tax Return**
(Rev. March 2025) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

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:** ***Mar. 12*** **(Quarter 1),** ***June 12*** **(Quarter 2),** ***Sept. 12*** **(Quarter 3), or** ***Dec. 12*** **(Quarter 4)** . . . 1

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

3 **Federal 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 here and go to line 6.**

		Column 1		Column 2
5a	**Taxable social security wages** . .	.	× 0.124 =	.
5b	**Taxable social security tips** . . .	.	× 0.124 =	.
5c	**Taxable Medicare wages & tips** . .	.	× 0.029 =	.
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**	.	× 0.009 =	.

5e **Total social security and Medicare taxes.** Add Column 2 from lines 5a, 5b, 5c, and 5d 5e

5f **Section 3121(q) Notice and Demand—Tax due on unreported tips** (see instructions) . . 5f

6 **Total taxes before adjustments.** Add lines 3, 5e, and 5f 6

7 **Current quarter's adjustment for fractions of cents** 7

8 **Current quarter's adjustment for sick pay** 8

9 **Current quarter's adjustments for tips and group-term life insurance** 9

10 **Total taxes after adjustments.** Combine lines 6 through 9 10

11 **Qualified small business payroll tax credit for increasing research activities.** Attach Form 8974 11

12 **Total taxes after adjustments and nonrefundable credits.** Subtract line 11 from line 10 . . 12

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

14 **Balance due.** If line 12 is more than line 13, enter the difference and see instructions . . . 14

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

You MUST complete both pages of Form 941 and SIGN it.

Name *(not your trade name)* | **Employer identification number (EIN)** –

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

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

16 Check one:

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

☐ **You were a monthly schedule depositor for the entire quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:	**Month 1**	.
	Month 2	.
	Month 3	.
Total liability for quarter		. **Total must equal line 12.**

☐ **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

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

Print your title here

Date / /

Best daytime phone

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	

Form **940 for 2024: Employer's Annual Federal Unemployment (FUTA) Tax Return** 850113

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

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

Type of Return
(Check all that apply.)

- ☐ **a.** Amended
- ☐ **b.** Successor employer
- ☐ **c.** No payments to employees in 2024
- ☐ **d.** Final: Business closed or stopped paying wages

Go to *www.irs.gov/Form940* for instructions and the latest information.

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 ☐☐

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 .

4 **Payments exempt from FUTA tax** . . . 4 .

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 .

6 **Subtotal** (line 4 + line 5 = line 6) . . . 6 .

7 **Total taxable FUTA wages** (line 3 – line 6 = line 7). See instructions . . . 7 .

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

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 × 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 .

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

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 .

15 **Overpayment.** If line 13 is more than line 12, enter the excess on line 15 and check a box below 15 .

You **MUST** complete both pages of this form and **SIGN** it. Check one: ☐ Apply to next return. ☐ Send a refund.

Name *(not your trade name)*	Employer identification number (EIN)
	–

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 the 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.

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		PTIN	
Preparer's signature		Date	/ /
Firm's name (or yours if self-employed)		EIN	
Address		Phone	
City	State	ZIP code	

Clear

Print

Form ME UC-1
(CSSF UPAF)

2024

MAINE DEPARTMENT OF LABOR

UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER #

2006400

99

Name

Mailing Address

City

State

ZIP Code

UC Employer Account No:

Federal Employer ID No:

Quarterly Period Covered: 2024 - 2024

MM DD YYYY MM DD YYYY

		1st Month	2nd Month	3rd Month
1. For each month, enter the total of all full-time and part-time workers who worked during, or received pay reportable for unemployment insurance purposes, for the payroll period which includes the 12th of each month. If you had no employment in the payroll period, enter zero (0)	1.			
2. Reserved	2.			

3. Total unemployment contributions gross wages paid this quarter (from schedule 2, line 15) .... 3. $.

4. EXCESS WAGES (SEE INSTRUCTIONS) .... 4. $.
NOTE: THE TAXABLE WAGE BASE IS $12,000 FOR EACH EMPLOYEE

5. Taxable wages paid in this quarter (line 3 minus line 4) .... 5. $.

6a. UC contribution rate . 6b. UC contributions due (multiply line 5 by line 6a) .. 6b. $.

7a. CSSF rate: **.0013** 7b. CSSF Assessment (multiply line 5 by line 7a) ... 7b. $.

7c. UPAF rate: **.0015** 7d. UPAF Assessment (multiply line 5 by line 7c) .... 7d. $.
Note: The CSSF and UPAF assessment does not apply to direct reimbursable employers. See instructions.

8. Total contributions, CSSF and UPAF assessment due (add lines 6b, 7b, and 7d) .... 8. $.

Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.

Signature: Date:

Print Name: Telephone: Contact Person Email:

For Paid Preparers Only

Paid Preparer's Signature: Date: Telephone:

Firm's Name (or yours, if self-employed): Paid Preparer EIN:

Address: Maine Payroll Processor License Number:

2D Bar Code space

Maine Revenue Services processes returns on behalf of the Maine Department of Labor — (207) 621-5120 or (844) 754-3508

If enclosing a check, make check payable to: ***Treasurer, State of Maine*** **and MAIL WITH RETURN TO:**
MAINE REVENUE SERVICES
P.O. BOX 1065
AUGUSTA, ME 04332-1065

If not enclosing a check, MAIL RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1064
AUGUSTA, ME 04332-1064

MAINE DEPARTMENT OF LABOR

MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation
EMPLOYER'S QUARTERLY CONTRIBUTION REPORT

1. Number of covered workers employed or paid for pay period which includes the 12th of the month	FIRST MONTH	SECOND MONTH	THIRD MONTH
	2	2	2

2. Total Gross Wages Paid This Quarter.	20,677.30
3. Non-Taxable Wages Paid This Quarter. (In excess of $12,000 per employee)	4,210.13
4. Taxable Wages Paid This Quarter. (Item 2 minus Item 3)	20,568.37
5. UI Tax Due. (Multiply item 4 by your tax rate of 1.11)	227.20
6. CSSF Due. (Multiply item 4 by your tax rate of 0.13)	26.61
7. UPAF Due. (Multiply item 4 by your tax rate of 0.15)	30.70
8. Total Tax Due. (Add items 5, 6 and 7)	284.51
9. Interest On Item 8.	0.00
10. Contribution Penalty On Item 8.	0.00
11. Payroll Penalty	0.00
12. Less Credit / Payment Applied.	0.00
Total Payment Due.	285.21

Employer Name: [illegible]

EAN: [illegible] FEIN#: [illegible] QTR ENDING: 03/31/2024

I certify that the information contained in this report and any subsequent pages attached is true and correct and that no part of the tax was or is to be deducted from the worker's wages.

Telephone Number	Information Submitted By	Title	Date

EMPLOYER COPY
DO NOT MAIL

MAINE DEPARTMENT OF LABOR

MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation
EMPLOYER'S QUARTERLY WAGE REPORT

Date : 04/19/2025

Quarter/Year : 1/2025
Total Wages Paid This Quarter : $20,677.30

Employer Account Number :
Employer's Name :

SSN	EMPLOYEE NAME	TOTAL WAGES PAID THIS QUARTER
000-00-0000	E, Name	$8,448.67
000-00-0000	A, Name	$14,286.13
	Total Wages :	**$20,677.30**

Page Total : **$20,677.30**

ME Sales and Use Tax Return

31-Dec-2025

N

Submitted on 13-Jan-2025

Confirmation number: 0-000-000-000

(PLEASE SEND ALL SALES TAX RETURNS FOR THE YEAR)

Your Sales and Use Tax return has been successfully filed. This page is informational, and for your records only. A copy should NOT be mailed to Maine Revenue Services.

Business Information

Have you gone out of business?	No
Have you sold your business?	No
Have you changed ownership or changed your name?	No

Sales Breakdown

Gross sales	96,459.16
Deductions: exempt sales	71,844.58
Bad debts	0.00
Industrial energy sales	0.00
Taxable sales	25,604.48

Sales

Prepared food liquor sales subject to 8.00%	0.00
Prepared food liquor tax due	0.00
Sales subject to 5.50%	0.00
Sales tax due	1,353.25

Cannabis

Medical cannabis subject to 5.50 %	0.00
Medical cannabis tax due	0.00
Prepared food containing medical cannabis subject to 8.00 %	0.00
Prepared food containing medical cannabis tax due	0.00

Adult Use Cannabis

Cannabis tax subject to 10.00 %	0.00
Cannabis tax due	0.00
Cannabis products tax subject to 10.00 %	0.00
Cannabis products tax due	0.00

Do Not Staple 6969

Form **1096** Department of the Treasury Internal Revenue Service	**Annual Summary and Transmittal of U.S. Information Returns**	OMB No. 1545-0108 **2025**

FILER'S name

Street address (including room or suite number)

City or town, state or province, country, and ZIP or foreign postal code

For Official Use Only

Name of person to contact	Telephone number
Email address	Fax number

1 Employer identification number	2 Social security number	3 Total number of forms	4 Federal income tax withheld	5 Total amount reported with this Form 1096
			$	$

6 Enter an "X" in only one box below to indicate the type of form being filed.

W-2G 32	1097-BTC 50	1098 81	1098-C 78	1098-E 84	1098-F 03	1098-Q 74	1098-T 83	1099-A 80	1099-B 79	1099-C 85	1099-CAP 73	1099-DA 7A	1099-DIV 91	1099-G 86	1099-INT 92	1099-K 10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1099-LS 16	1099-LTC 93	1099-MISC 95	1099-NEC 71	1099-OID 96	1099-PATR 97	1099-Q 31	1099-QA 1A	1099-R 98	1099-S 75	1099-SA 94	1099-SB 43	3921 25	3922 26	5498 28	5498-ESA 72	5498-QA 2A
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5498-SA 27																
☐																

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.
Send this form, with the copies of the form checked in box 6, to the IRS in a flat mailer (not folded).

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature **Title** **Date**

Instructions

Future developments. For the latest information about developments related to Form 1096, such as legislation enacted after it was published, go to *www.irs.gov/Form1096*.

Caution: You may be required to electronically file (e-file) information returns as the e-file threshold is 10 (calculated by aggregating all information returns), effective for information returns required to be filed on or after January 1, 2024. Go to *www.irs.gov/InfoReturn* for e-file options. Also, see part F in the current General Instructions for Certain Information Returns.

Purpose of form. Use this form to transmit paper Forms 1097, 1098, 1099, 3921, 3922, 5498, and W-2G to the IRS.

Who must file. Any person or entity who files any form checked in box 6 above must file Form 1096 to transmit those forms to the IRS.

Caution: Your name and taxpayer identification number (TIN) (employer identification number (EIN) or social security number (SSN)) must match the name and TIN used on your 94X series tax return(s) or you may be subject to information return penalties. Do not use the name and/or TIN of your paying agent or service bureau.

Enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Form 1097, 1098, 1099, 3921, 3922, 5498, or W-2G.

When to file. If any date shown falls on a Saturday, Sunday, or legal holiday in the District of Columbia or where the return is to be filed, the due date is the next business day. File Form 1096 in the calendar year following the year for which the information is being reported, as follows.

- With Forms 1097, 1098, 1099, 3921, 3922, or W-2G, file by February 28.*
- With Forms 1099-NEC, file by January 31.
- With Forms 5498, file by May 31.

* Leap years do not impact the due date. See Announcement 91-179, 1991-49 I.R.B. 78, for more information.

Where To File

Send all information returns filed on paper with Form 1096 to the following.

If your principal business, office or agency, or legal residence in the case of an individual, is located in:	Use the following address:
Alabama, Arizona, Arkansas, Delaware, Florida, Georgia, Kentucky, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Texas, Vermont, Virginia	Internal Revenue Service P.O. Box 149213 Austin, TX 78714-9213
Alaska, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, North Dakota, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service Center P.O. Box 219256 Kansas City, MO 64121-9256

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0116 Form **1099-NEC** (Rev. April 2025) For calendar year ______	**Nonemployee Compensation**
PAYER'S TIN	RECIPIENT'S TIN	**1** Nonemployee compensation $	**Copy 1** **For State Tax Department**
RECIPIENT'S name		**2** Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐	
Street address (including apt. no.)		**3** Excess golden parachute payments $	
City or town, state or province, country, and ZIP or foreign postal code		**4** Federal income tax withheld $	
Account number (see instructions)	**5** State tax withheld $ $	**6** State/Payer's state no.	**7** State income $ $

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Rents $	OMB No. 1545-0115 Form **1099-MISC** (Rev. April 2025) For calendar year ______	**Miscellaneous Information**	
	2 Royalties $			
	3 Other income $	4 Federal income tax withheld $	**Copy 1** **For State Tax Department**	
PAYER'S TIN | RECIPIENT'S TIN	5 Fishing boat proceeds $	6 Medical and health care payments $		
RECIPIENT'S name	7 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐	8 Substitute payments in lieu of dividends or interest $		
Street address (including apt. no.)	9 Crop insurance proceeds $	10 Gross proceeds paid to an attorney $		
City or town, state or province, country, and ZIP or foreign postal code	11 Fish purchased for resale $	12 Section 409A deferrals $		
13 FATCA filing requirement ☐	14	15 Nonqualified deferred compensation $		
Account number (see instructions)	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $	

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	Payer's RTN (optional)	OMB No. 1545-0112 Form **1099-INT** (Rev. January 2024)	**Interest Income**
	1 Interest income $	For calendar year ______	
	2 Early withdrawal penalty $		**Copy 1**
PAYER'S TIN | RECIPIENT'S TIN	**3** Interest on U.S. Savings Bonds and Treasury obligations $		**For State Tax Department**
RECIPIENT'S name	**4** Federal income tax withheld $	**5** Investment expenses $	
Street address (including apt. no.)	**6** Foreign tax paid $	**7** Foreign country or U.S. territory	
City or town, state or province, country, and ZIP or foreign postal code	**8** Tax-exempt interest $	**9** Specified private activity bond interest $	
	10 Market discount $	**11** Bond premium $	
FATCA filing requirement ☐	**12** Bond premium on Treasury obligations $	**13** Bond premium on tax-exempt bond $	
Account number (see instructions)	**14** Tax-exempt and tax credit bond CUSIP no.	**15** State | **16** State identification no.	**17** State tax withheld $ $

☐ VOID ☐ CORRECTED

Certain Government Payments

OMB No. 1545-0120

Form **1099-G**

(Rev. March 2024)

For calendar year ______

Copy 1

For State Tax Department

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		**1** Unemployment compensation $	
		2 State or local income tax refunds, credits, or offsets $	
PAYER'S TIN	RECIPIENT'S TIN	**3** Box 2 amount is for tax year	**4** Federal income tax withheld $
RECIPIENT'S name		**5** RTAA payments $	**6** Taxable grants $
Street address (including apt. no.)		**7** Agriculture payments $	**8** Check if box 2 is trade or business income ☐
City or town, state or province, country, and ZIP or foreign postal code		**9** Market gain $	
Account number (see instructions)		**10a** State / **10b** State identification no.	**11** State income tax withheld $ $

☐ VOID ☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	FILER'S TIN	OMB No. 1545-2205	**Payment Card and Third Party Network Transactions**
	PAYEE'S TIN	Form **1099-K** (Rev. March 2024)	
	1a Gross amount of payment card/third party network transactions $	For calendar year ________	
	1b Card Not Present transactions $	**2** Merchant category code	**Copy 1** **For State Tax Department**
Check to indicate if FILER is a (an): Payment settlement entity (PSE) ☐ Electronic Payment Facilitator (EPF)/Other third party ☐ — Check to indicate transactions reported are: Payment card ☐ Third party network ☐	**3** Number of payment transactions	**4** Federal income tax withheld $	
PAYEE'S name	**5a** January $	**5b** February $	
Street address (including apt. no.)	**5c** March $	**5d** April $	
	5e May $	**5f** June $	
City or town, state or province, country, and ZIP or foreign postal code	**5g** July $	**5h** August $	
PSE'S name and telephone number	**5i** September $	**5j** October $	
	5k November $	**5l** December $	
Account number (see instructions)	**6** State	**7** State identification no.	**8** State income tax withheld $ $

Company LLC

BUSINESS CHECKING, Period Ending 12/31/2025

RECONCILIATION REPORT

Reconciled on: 01/06/2026

Reconciled by: Mary Middleton

Any changes made to transactions after this date aren't included in this report.

Summary	USD
Statement beginning balance	92,222.12
Checks and payments cleared (52)	-41,521.82
Deposits and other credits cleared (6)	32,512.39
Statement ending balance	83,212.69
Uncleared transactions as of 12/31/2024	-1,552.50
Register balance as of 12/31/2024	78,220.19
Cleared transactions after 12/31/2024	0.00
Uncleared transactions after 12/31/2024	-110.98
Register balance as of 01/06/2025	78,149.21

Details

Checks and payments cleared (52)

DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
12/01/2024	Expense		Prime Video	-11.99
12/01/2024	Expense			-185.29
12/03/2024	Check	2592	Prime Video	-3,770.00
12/03/2024	Expense		Prime Video	-8.71
12/03/2024	Expense			-3.26
12/04/2024	Expense			-10.00
12/04/2024	Expense			-222.21
12/05/2024	Expense			-52.35
12/06/2024	Expense		IGA	-246.50
12/08/2024	Expense			-460.36
12/09/2024	Expense		CVS	-146.01
12/09/2024	Expense		IGA	-862.41
12/12/2024	Expense		Prime Video	-66.47
12/12/2024	Check	2593		-6,544.00
12/12/2024	Expense		Prime Video	-52.50
12/14/2024	Expense		Prime Video	-207.09
12/15/2024	Expense		USPS	-3.99
12/15/2024	Expense		IGA	-117.67
12/16/2024	Expense		Prime Video	-400.00
12/17/2024	Check	2481	Prime Video	-10,000.00
12/19/2024	Expense		Circle K	-178.97
12/31/2024	Expense		Circle K	-30.68
Total				-41,521.82

Additional Information

Uncleared checks and payments as of 12/31/2024

DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
05/14/2024	Expense			-1,552.50
Total				-1,552.50

Uncleared checks and payments after 12/31/2024

DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
01/01/2025	Expense		Prime Video	-11.99
01/01/2025	Expense		Prime Video	-2.17
01/03/2025	Expense		Prime Video	-8.71
01/03/2025	Expense			-46.00
Total				-111.52

Camden NATIONAL BANK

PO Box 310, Camden, ME 04843

Contact Us

For You 24/7: 800-860-8821

CamdenNational.bank

Statement Date: 12/31/25

Primary Account: XXXXXXXXXXX

Account Holder Name
Address
Camden, ME 04843

Summary of Accounts

Account Number	Type of Account	Current Balance
XXXXXXXXXXX	Business Connect Checking	$26,733.13

Business Connect Checking **Account: XXXXXXXXXXX**

Account Title: Company Name

Business Connect Checking		Acct. Enclosures	10
Account Number	XXXXXXXX	Statement Dates	12/01/25 thru 12/31/25
Balance Last Statement	$5,462.02	Days in the statement period	31
15 Deposits/Credits	$21,617.82	Average Ledger Bal.	$3,340.26
19 Checks/Debits	$11,346.71	Average Collected Bal.	$3,340.26
Service Fee	$.00		
Interest Paid	$.00		
Balance This Statement	$26,733.13		

Transaction Activity

Date	Description	Withdrawal(-)	Deposit(+)	Balance

Summary by Check Number

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount