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CFS Tax Software
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CFS Tax Software Inc
1445 Los Angeles Ave Ste 214
Simi Valley CA 93065
Tel: (800) 343-1157 Fax: (805) 522-0187

July 3, 2013

Landscape Masters Inc.
Lawns are Green
9876 West 189th St Suite 109
Torrance CA 90504-0001

The following forms have been prepared for your immediate attention:

Form 941 - Employer's Quarterly Federal Tax Return:

1. Sign and date the return.
2. Mail the return to the address below on or before July 31, 2013.

Internal Revenue Service
P.O. Box 37941
Hartford, CT 06176-7941

3. Enclose a check in the amount of \$2,430.77 made payable to the United States Treasury. On the check write 'Form 941, 33-5667111, 6/30/2013'. Include payment voucher Form 941-V.

Forms DE 9/DE 9C - Quarterly Contribution Return and Report of Wages (and Continuation):

1. Sign and date both the DE 9 and DE 9C returns.
2. Mail the returns to the address below on or before July 31, 2013.

State of California
Employment Development Department
P.O. Box 989071
West Sacramento, CA 95798-9071

Form DE-88 - California Report of Contributions:

1. Mail the coupon to the address below on or before July 31, 2013.

State of California
Employment Development Department
P.O. Box 826276
Sacramento, CA 94230-6276

2. Enclose a check in the amount of \$226.35 made payable to the Employment Development Department. On the check write 'Form DE-88, 333-4444-1'.

Sincerely,

All State Preparers

Landscape Masters Inc.
Payroll Journal, January 2013

Date: 05/03/2013 TIN: 33-5667111 :

Page: 1 A

Check No.	Pay Date	Net	Taxable Comp	Reg wages	OT wages	Vac hourly	Tips (paid)	Fringe Bene	Nonpayroll	Fed Tax W/H	Soc. Sec. Wages	Soc. Sec. W/H	Medicare Wages
Harris, Sally S		445-64-5678											
1001	1/29/2013	305.46	359.80	359.80						26.81	359.80	22.31	359.80
Subtotal January:		305.46	359.80	359.80	0.00	0.00	0.00	0.00	0.00	26.81	359.80	22.31	359.80
Subtotal YTD:		305.46	359.80	359.80	0.00	0.00	0.00	0.00	0.00	26.81	359.80	22.31	359.80
John, Adams J		111-32-1315											
1002	1/15/2013	562.48	705.60	705.60						73.49	705.60	43.75	705.60
1003	1/29/2013	562.48	705.60	705.60						73.49	705.60	43.75	705.60
Subtotal January:		1,124.96	1,411.20	1,411.20	0.00	0.00	0.00	0.00	0.00	146.98	1,411.20	87.50	1,411.20
Subtotal YTD:		1,124.96	1,411.20	1,411.20	0.00	0.00	0.00	0.00	0.00	146.98	1,411.20	87.50	1,411.20
McDonalds, Ronald		656-77-8981											
1004	1/29/2013	365.40	400.00	400.00						0.00	400.00	24.80	400.00
Subtotal January:		365.40	400.00	400.00	0.00	0.00	0.00	0.00	0.00	0.00	400.00	24.80	400.00
Subtotal YTD:		365.40	400.00	400.00	0.00	0.00	0.00	0.00	0.00	0.00	400.00	24.80	400.00
Roundhouse, Roger A		333-08-0657											
1005	1/29/2013	451.24	523.44	523.44						26.93	523.44	32.45	523.44
Subtotal January:		451.24	523.44	523.44	0.00	0.00	0.00	0.00	0.00	26.93	523.44	32.45	523.44
Subtotal YTD:		451.24	523.44	523.44	0.00	0.00	0.00	0.00	0.00	26.93	523.44	32.45	523.44
Smith, Harold H		645-64-6464											
1006	1/29/2013	365.40	400.00	400.00						0.00	400.00	24.80	400.00
Subtotal January:		365.40	400.00	400.00	0.00	0.00	0.00	0.00	0.00	0.00	400.00	24.80	400.00
Subtotal YTD:		365.40	400.00	400.00	0.00	0.00	0.00	0.00	0.00	0.00	400.00	24.80	400.00
Smith, Tom T		222-32-4657											
	1/15/2013	745.60	921.40	1,060.00						81.49	985.00	61.07	985.00
	1/29/2013	745.60	921.40	1,060.00						81.49	985.00	61.07	985.00
Subtotal January:		1,491.20	1,842.80	2,120.00	0.00	0.00	0.00	0.00	0.00	162.98	1,970.00	122.14	1,970.00
Subtotal YTD:		1,491.20	1,842.80	2,120.00	0.00	0.00	0.00	0.00	0.00	162.98	1,970.00	122.14	1,970.00
Thames, Liz T		645-67-8978											
	1/29/2013	0.00	0.00							0.00			
Subtotal January:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal YTD:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employer Totals		7 Employee(s)											
Subtotal January:		4,103.66	4,937.24	5,214.44	0.00	0.00	0.00	0.00	0.00	363.70	5,064.44	314.00	5,064.44
Total YTD:		4,103.66	4,937.24	5,214.44	0.00	0.00	0.00	0.00	0.00	363.70	5,064.44	314.00	5,064.44

Landscape Masters Inc.
Payroll Journal, January 2013

Date: 05/03/2013 TIN: 33-5667111 :

Page: 1 B

Check No.	Pay Date	Medicare W/H	Add. Med. Wages	Add. Med. W/H	State Tax Wages	State Tax W/H	CA SDI Wages	CA SDI W/H	401k W/H	Sect 125 DC W/H	Sect 125 HC W/H	health W/H	State UI Wages
Harris, Sally S		445-64-5678											
1001	1/29/2013	5.22			359.80	0.00							359.80
Subtotal January:		5.22	0.00	0.00	359.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	359.80
Subtotal YTD:		5.22	0.00	0.00	359.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	359.80
John, Adams J		111-32-1315											
1002	1/15/2013	10.23			705.60	8.59	705.60	7.06					705.60
1003	1/29/2013	10.23			705.60	8.59	705.60	7.06					705.60
Subtotal January:		20.46	0.00	0.00	1,411.20	17.18	1,411.20	14.12	0.00	0.00	0.00	0.00	1,411.20
Subtotal YTD:		20.46	0.00	0.00	1,411.20	17.18	1,411.20	14.12	0.00	0.00	0.00	0.00	1,411.20
McDonalds, Ronald		656-77-8981											
1004	1/29/2013	5.80			400.00	0.00	400.00	4.00					400.00
Subtotal January:		5.80	0.00	0.00	400.00	0.00	400.00	4.00	0.00	0.00	0.00	0.00	400.00
Subtotal YTD:		5.80	0.00	0.00	400.00	0.00	400.00	4.00	0.00	0.00	0.00	0.00	400.00
Roundhouse, Roger A		333-08-0657											
1005	1/29/2013	7.59			523.44	0.00	523.44	5.23					523.44
Subtotal January:		7.59	0.00	0.00	523.44	0.00	523.44	5.23	0.00	0.00	0.00	0.00	523.44
Subtotal YTD:		7.59	0.00	0.00	523.44	0.00	523.44	5.23	0.00	0.00	0.00	0.00	523.44
Smith, Harold H		645-64-6464											
1006	1/29/2013	5.80			400.00	0.00	400.00	4.00					400.00
Subtotal January:		5.80	0.00	0.00	400.00	0.00	400.00	4.00	0.00	0.00	0.00	0.00	400.00
Subtotal YTD:		5.80	0.00	0.00	400.00	0.00	400.00	4.00	0.00	0.00	0.00	0.00	400.00
Smith, Tom T		222-32-4657											
	1/15/2013	14.28			921.40	9.11	985.00	9.85	63.60	75.00			985.00
	1/29/2013	14.28			921.40	9.11	985.00	9.85	63.60	75.00			985.00
Subtotal January:		28.56	0.00	0.00	1,842.80	18.22	1,970.00	19.70	127.20	150.00	0.00	0.00	1,970.00
Subtotal YTD:		28.56	0.00	0.00	1,842.80	18.22	1,970.00	19.70	127.20	150.00	0.00	0.00	1,970.00
Thames, Liz T		645-67-8978											
	1/29/2013					0.00							0.00
Subtotal January:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal YTD:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employer Totals		7 Employee(s)											
Subtotal January:		73.43	0.00	0.00	4,937.24	35.40	4,704.64	47.05	127.20	150.00	0.00	0.00	5,064.44
Total YTD:		73.43	0.00	0.00	4,937.24	35.40	4,704.64	47.05	127.20	150.00	0.00	0.00	5,064.44

Landscape Masters Inc.
Payroll Journal (Condensed), January 2013

Date: 05/03/2013 TIN: 33-5667111 :

Page: 1

Check No.	Pay Date	Taxable Comp	Fed Tax W/H	Soc. Sec. W/H	Medicare W/H	State Tax W/H	CA SDI W/H	Net
Harris, Sally S			445-64-5678					
1001	1/29/2013	359.80	26.81	22.31	5.22	0.00		305.46
Subtotal January:		359.80	26.81	22.31	5.22	0.00	0.00	305.46
Subtotal YTD:		359.80	26.81	22.31	5.22	0.00	0.00	305.46
John, Adams J			111-32-1315					
1002	1/15/2013	705.60	73.49	43.75	10.23	8.59	7.06	562.48
1003	1/29/2013	705.60	73.49	43.75	10.23	8.59	7.06	562.48
Subtotal January:		1,411.20	146.98	87.50	20.46	17.18	14.12	1,124.96
Subtotal YTD:		1,411.20	146.98	87.50	20.46	17.18	14.12	1,124.96
McDonalds, Ronald			656-77-8981					
1004	1/29/2013	400.00	0.00	24.80	5.80	0.00	4.00	365.40
Subtotal January:		400.00	0.00	24.80	5.80	0.00	4.00	365.40
Subtotal YTD:		400.00	0.00	24.80	5.80	0.00	4.00	365.40
Roundhouse, Roger A			333-08-0657					
1005	1/29/2013	523.44	26.93	32.45	7.59	0.00	5.23	451.24
Subtotal January:		523.44	26.93	32.45	7.59	0.00	5.23	451.24
Subtotal YTD:		523.44	26.93	32.45	7.59	0.00	5.23	451.24
Smith, Harold H			645-64-6464					
1006	1/29/2013	400.00	0.00	24.80	5.80	0.00	4.00	365.40
Subtotal January:		400.00	0.00	24.80	5.80	0.00	4.00	365.40
Subtotal YTD:		400.00	0.00	24.80	5.80	0.00	4.00	365.40
Smith, Tom T			222-32-4657					
	1/15/2013	921.40	81.49	61.07	14.28	9.11	9.85	745.60
	1/29/2013	921.40	81.49	61.07	14.28	9.11	9.85	745.60
Subtotal January:		1,842.80	162.98	122.14	28.56	18.22	19.70	1,491.20
Subtotal YTD:		1,842.80	162.98	122.14	28.56	18.22	19.70	1,491.20
Thames, Liz T			645-67-8978					
	1/29/2013	0.00	0.00			0.00		0.00
Subtotal January:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal YTD:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employer Totals			7 Employee(s)					
Subtotal January:		4,937.24	363.70	314.00	73.43	35.40	47.05	4,103.66
Total YTD:		4,937.24	363.70	314.00	73.43	35.40	47.05	4,103.66

Federal Payroll Deposit Record - Form 941

Quarter Beginning: 01/01/2013 Employer: Landscape Masters Inc.

I.D.#: 33-5667111

Liability Ending Date	SS Wages for Period	Medicare Wages for Period	Add. Med. Wages for Period	Social Security tax (12.4%)	Medicare tax (2.9%)	Additional Medicare tax (0.9%)	Federal Withholding for period	Total Liability	Actual payment	Date Paid
01/15/2013	1,690.60	1,690.60	0.00	209.63 +	49.03 +	0.00 +	154.98 =	413.64	413.64	01/15/2013
01/31/2013	3,373.84	3,373.84	0.00	418.36	97.84	0.00	208.72	724.92	724.92	01/31/2012
02/15/2013	2,796.20	2,796.20	0.00	346.73	81.09	0.00	164.28	592.10	592.10	02/15/2013
03/01/2013	1,323.44	1,323.44	0.00	164.11	38.38	0.00	136.32	338.81	338.81	03/01/2012
03/16/2013	1,916.60	1,916.60	0.00	237.66	55.58	0.00	183.41	476.65	476.65	03/16/2013
03/31/2013	2,029.04	2,029.04	0.00	251.60	58.84	0.00	194.96	505.40	434.87	03/31/2013

Total for Quarter	<u>13,129.72</u>	<u>13,129.72</u>	<u>0.00</u>	<u>1,628.09</u>	<u>380.76</u>	<u>0.00</u>	<u>1,042.67</u>	<u>3,051.52</u>	<u>2,980.99</u>	
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Unpaid Liability 70.53

Employee Adams J. John SSN XXX-XX-XXXX Check Number 1719 Check Date 7/31/2013					W/H Status Federal: 0-Single State: CA: 0-Single or Married (2 incomes)			Employer Landscape Masters Inc. Lawns are Green 9876 West 189th St Suite 109 Torrance, CA 90504-0001 (818) 564-5678		
Period Begin 7/16/2013		Period End 7/31/2013								
Earnings					Taxes, Deductions, and Adjustments					
Description	Rate	Hours	Current	Year to Date	Description	Current	Year to Date			
Reg wages			705.60	9878.40	Fed Inc Tax	73.49	1036.36			
					Soc Sec Tax	43.75	612.50			
					Medicare Tax	10.23	143.22			
					State Inc Tax	8.59	121.85			
					CA SDI	7.06	98.84			
TOTAL GROSS PAY			705.60	9878.40	TOTAL DEDUCTIONS	143.12	2012.77			
					NET PAY	562.48	7865.63			

Landscape Masters Inc.
Lawns are Green
 9876 West 189th St Suite 109
 Torrance, CA 90504-0001
 (818) 564-5678

Bank of America
 400 West Main Street
 Simi Valley CA 93065

16-24/1550

1719

DATE: 07/31/2013

PAY TO THE ORDER OF **Adams J. John**

AMOUNT: **\$**562.48**

Five Hundred Sixty-Two and 48/100 *****Dollars

**** PREVIEW ONLY ****

Adams J. John
 897 W 89th St
 Manhattan Beach, CA 65412-0001

Treasurer

⑈ 1719 ⑆ 122550888 ⑆ 6058800 ⑈ 8877 ⑈

Employee Adams J. John SSN XXX-XX-XXXX Check Number 1719 Check Date 7/31/2013					W/H Status Federal: 0-Single State: CA: 0-Single or Married (2 incomes)			Employer Landscape Masters Inc. Lawns are Green 9876 West 189th St Suite 109 Torrance, CA 90504-0001 (818) 564-5678		
Period Begin 7/16/2013		Period End 7/31/2013								
Earnings					Taxes, Deductions, and Adjustments					
Description	Rate	Hours	Current	Year to Date	Description	Current	Year to Date			
Reg wages			705.60	9878.40	Fed Inc Tax	73.49	1036.36			
					Soc Sec Tax	43.75	612.50			
					Medicare Tax	10.23	143.22			
					State Inc Tax	8.59	121.85			
					CA SDI	7.06	98.84			
TOTAL GROSS PAY			705.60	9878.40	TOTAL DEDUCTIONS	143.12	2012.77			
					NET PAY	562.48	7865.63			

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2013**

a Employee's social security number 222-32-4657	1 Wages, tips, other comp. 22113.60	2 Federal income tax withheld 1955.76
	3 Social security wages 23640.00	4 Social security tax withheld 1465.68
b Employer ID number (EIN) 33-5667111	5 Medicare wages and tips 23640.00	6 Medicare tax withheld 342.72
	c Employer's name, address, and ZIP code Landscape Masters Inc. Lawns are Green 9876 West 189th St Suite 109 Torrance CA 90504-0001	
d Control number		
e Employee's name, address, and ZIP code Tom T. Smith 27N Hollywood Blvd Tustin CA 65412-0001		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits 1800.00	11 Nonqualified plans	12a See instructions for box 12 D 1526.40
12b DD 5238.69	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		
CA 333-4444-1	22113.60	218.64
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 23640.00	19 Local income tax 236.40	20 Locality name CA SDI

Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.
DXA Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2013**

a Employee's social security number 222-32-4657	1 Wages, tips, other comp. 22113.60	2 Federal income tax withheld 1955.76
	3 Social security wages 23640.00	4 Social security tax withheld 1465.68
b Employer ID number (EIN) 33-5667111	5 Medicare wages and tips 23640.00	6 Medicare tax withheld 342.72
	c Employer's name, address, and ZIP code Landscape Masters Inc. Lawns are Green 9876 West 189th St Suite 109 Torrance CA 90504-0001	
d Control number		
e Employee's name, address, and ZIP code Tom T. Smith 27N Hollywood Blvd Tustin CA 65412-0001		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits 1800.00	11 Nonqualified plans	12a See instructions for box 12 D 1526.40
12b DD 5238.69	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		
CA 333-4444-1	22113.60	218.64
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 23640.00	19 Local income tax 236.40	20 Locality name CA SDI

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return
DXA Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2013**

a Employee's social security number 222-32-4657	1 Wages, tips, other comp. 22113.60	2 Federal income tax withheld 1955.76
	3 Social security wages 23640.00	4 Social security tax withheld 1465.68
b Employer ID number (EIN) 33-5667111	5 Medicare wages and tips 23640.00	6 Medicare tax withheld 342.72
	c Employer's name, address, and ZIP code Landscape Masters Inc. Lawns are Green 9876 West 189th St Suite 109 Torrance CA 90504-0001	
d Control number		
e Employee's name, address, and ZIP code Tom T. Smith 27N Hollywood Blvd Tustin CA 65412-0001		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits 1800.00	11 Nonqualified plans	12a See instructions for box 12 D 1526.40
12b DD 5238.69	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		
CA 333-4444-1	22113.60	218.64
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 23640.00	19 Local income tax 236.40	20 Locality name CA SDI

Copy C For EMPLOYEE'S RECORDS (See Notice on back.)
DXA Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2013**

a Employee's social security number 222-32-4657	1 Wages, tips, other comp. 22113.60	2 Federal income tax withheld 1955.76
	3 Social security wages 23640.00	4 Social security tax withheld 1465.68
b Employer ID number (EIN) 33-5667111	5 Medicare wages and tips 23640.00	6 Medicare tax withheld 342.72
	c Employer's name, address, and ZIP code Landscape Masters Inc. Lawns are Green 9876 West 189th St Suite 109 Torrance CA 90504-0001	
d Control number		
e Employee's name, address, and ZIP code Tom T. Smith 27N Hollywood Blvd Tustin CA 65412-0001		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits 1800.00	11 Nonqualified plans	12a See instructions for box 12 D 1526.40
12b DD 5238.69	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		
CA 333-4444-1	22113.60	218.64
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 23640.00	19 Local income tax 236.40	20 Locality name CA SDI

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return
DXA Dept. of the Treasury - IRS

44444	For Official Use Only OMB No. 1545-0008																																																																	
a Employer's name, address, and ZIP code Landscape Masters Inc. Lawns are Green 9876 West 189th St Suite 109 Torrance CA 90504-0001		c Tax year/Form corrected 2013 / W-2 c	d Employee's correct SSN 222-32-4657																																																															
		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) Complete boxes f and/or g only if incorrect on form previously filed ▶																																																																
		f Employee's previously reported SSN																																																																
		g Employee's previously reported name																																																																
b Employer's Federal EIN 33-5667111		h Employee's first name and initial Tom T.	Last name Smith	Suff.																																																														
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).		27N Hollywood Blvd Tustin CA 65412-0001	i Employee's address and ZIP code																																																															
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy A -- For Social Security Administration

Form **W-2c** (Rev. 2-2009)

Corrected Wage and Tax Statement

Department of the Treasury
Internal Revenue Service

0000/1086

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Landscape Masters Inc. Lawns are Green 9876 West 189th St Suite 109 Torrance CA 90504-0001 (818) 564-5678		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2013 Miscellaneous Income Form 1099-MISC Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S federal identification number 33-5667111		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number XXX-XX-8418		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address Jason Thomas Jason's Backhoe Service Torrance CA 90504-1111		7 Nonemployee compensation \$ 3750.00	8 Substitute payments in lieu of dividends or interest \$	
Account number (see instructions) \$		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
		11 Foreign tax paid \$	12 Foreign country or U.S. possession \$	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		15a Section 409A deferrals \$	15b Section 409A income \$	
		16 State tax withheld \$	17 State/Payer's state no. \$	
			18 State income \$	

Form **1099-MISC** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service
DXA

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Landscape Masters Inc. Lawns are Green 9876 West 189th St Suite 109 Torrance CA 90504-0001 (818) 564-5678		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2013 Miscellaneous Income Form 1099-MISC Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S federal identification number 33-5667111		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number XXX-XX-8418		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
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Form **1099-MISC** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service
DXA

Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business.

Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040).

Box 11. Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040. See the Form 1040 instructions.

Box 12. Shows the country or U.S. possession to which the foreign tax was paid.

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under a NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions.

Boxes 16-18. Shows state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099misc.

Employer identification number (EIN) 33-5667111
Name (not your trade name) Landscape Masters Inc.
Trade name (if any) Lawns are Green
Address 9876 West 189th St Suite 109
Torrance, CA 90504-0001

Report for this Quarter of 2013 (Check one.)
 1: January, February, March
 2: April, May, June
 3: July, August, September
 4: October, November, December
 Instructions and prior year forms are available at www.irs.gov/form941.

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

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) . . . **1**

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

3 Income tax withheld from wages, tips, and other compensation **3**

4 If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages	<input type="text" value="11,826.84"/>	x .124 =	<input type="text" value="1,466.53"/>
5b Taxable social security tips	<input type="text"/>	x .124 =	<input type="text"/>
5c Taxable Medicare wages & tips	<input type="text" value="11,826.84"/>	x .029 =	<input type="text" value="342.98"/>
5d Taxable wages & tips subject to Additional Medicare Tax withholding . .	<input type="text"/>	x .009 =	<input type="text"/>

5e 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 Total deposits for this quarter, including overpayment applied from prior quarter and overpayment applied from Form 941-X or Form 944-X filed in the current quarter **11**

12a COBRA premium assistance payments (see instructions) **12a**

12b Number of individuals provided COBRA premium assistance . . .

13 Add lines 11 and 12a **13**

14 Balance due. If line 10 is more than line 13, enter the difference and see instructions **14**

15 Overpayment. If line 13 is more than line 10, enter the difference Check one: Apply to next return. Send a refund.

Name (not your trade name) Landscape Masters Inc.	Employer identification number (EIN) 33-5667111
--	--

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

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

- 16 Check one: Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are 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	1,138.56	
	Month 2	832.28	
	Month 3	829.78	
	Total liability for quarter	2,800.62	Total must equal line 10.

- 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.

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

- 17 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages .
- 18 If you are a seasonal employer and you do not have to file a return for every quarter of the year Check here.

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

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See 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 are self-employed

Preparer's name	All State Preparers	PTIN	P01234567
Preparer's signature	<input type="text"/>	Date	<input type="text"/>
Firm's name (or yours if self-employed)	CFS Tax Software Inc	EIN	42-8855794
Address	1445 Los Angeles Ave Ste 214		
City	Simi Valley	State	CA
		Phone	(800) 555-1234
		ZIP code	93065

Landscape Masters Inc.
Check Register for Jan 31, 2013

Date: 05/06/2013

TIN: 33-5667111 :

Page: 1

	Check No.	Taxable Comp	Fed Tax W/H	Soc. Sec. W/H	Medicare W/H	State Tax W/H	CA SDI W/H	Net
Harris, Sally S	1001	359.80	26.81	22.31	5.22	0.00		305.46
John, Adams J	1003	705.60	73.49	43.75	10.23	8.59	7.06	562.48
McDonalds, Ronald	1004	400.00	0.00	24.80	5.80	0.00	4.00	365.40
Roundhouse, Roger A	1005	523.44	26.93	32.45	7.59	0.00	5.23	451.24
Smith, Harold H	1006	400.00	0.00	24.80	5.80	0.00	4.00	365.40
Smith, Tom T	1007	921.40	81.49	61.07	14.28	9.11	9.85	745.60
Employer Totals								
		6 Employee(s)						
		3,310.24	208.72	209.18	48.92	17.70	30.14	2,795.58

Landscape Masters Inc.
Lawns are Green
 9876 West 189th St Suite 109
 Torrance, CA 90504-0001
 (818) 564-5678

Bank of America
 400 West Main Street
 Simi Valley CA 93065
 16-24/1550

1739

DATE: 07/15/2013

PAY TO THE ORDER OF Tom T. Smith

AMOUNT: \$**745.60

Seven Hundred Forty-Five and 60/100 ***** Dollars

**** PREVIEW ONLY ****

Tom T. Smith
 27N Hollywood Blvd
 Tustin, CA 65412-0001

Treasurer

⑈ 1739 ⑈ ⑆ 1225508888 ⑆ 6058800⑈8877⑈

Employee Tom T. Smith SSN XXX-XX-XXXX Check Number 1739 Check Date 7/15/2013					W/H Status Federal: 1-Single State: CA: 1-Single or Married (2 incomes) Period Begin 7/1/2013 Period End 7/15/2013			Employer Landscape Masters Inc. Lawns are Green 9876 West 189th St Suite 109 Torrance, CA 90504-0001 (818) 564-5678		
Earnings					Taxes, Deductions, and Adjustments					
Description	Rate	Hours	Current	Year to Date	Description	Current	Year to Date			
Reg wages			1060.00	13780.00	Fed Inc Tax	81.49	1059.37			
					Soc Sec Tax	61.07	793.91			
					Medicare Tax	14.28	185.64			
					State Inc Tax	9.11	118.43			
					CA SDI	9.85	128.05			
					* 401k	63.60	826.80			
					* Sect 125 DC	75.00	975.00			
					* Pre-tax deduction					
TOTAL GROSS PAY			1060.00	13780.00	TOTAL DEDUCTIONS		314.40	4087.20		
FEDERAL TAXABLE GROSS PAY			921.40	11978.20	NET PAY		745.60	9692.80		

Employee Tom T. Smith SSN XXX-XX-XXXX Check Number 1739 Check Date 7/15/2013					W/H Status Federal: 1-Single State: CA: 1-Single or Married (2 incomes) Period Begin 7/1/2013 Period End 7/15/2013			Employer Landscape Masters Inc. Lawns are Green 9876 West 189th St Suite 109 Torrance, CA 90504-0001 (818) 564-5678		
Earnings					Taxes, Deductions, and Adjustments					
Description	Rate	Hours	Current	Year to Date	Description	Current	Year to Date			
Reg wages			1060.00	13780.00	Fed Inc Tax	81.49	1059.37			
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					Medicare Tax	14.28	185.64			
					State Inc Tax	9.11	118.43			
					CA SDI	9.85	128.05			
					* 401k	63.60	826.80			
					* Sect 125 DC	75.00	975.00			
					* Pre-tax deduction					
TOTAL GROSS PAY			1060.00	13780.00	TOTAL DEDUCTIONS		314.40	4087.20		
FEDERAL TAXABLE GROSS PAY			921.40	11978.20	NET PAY		745.60	9692.80		

Landscape Masters Inc.
941/940 Summary - 2013

Date: 05/06/2013 TIN: 33-5667111

Form 940 Data	Total Payments	Exempt Sect 125	Exempt Other	Excess Payments	Total Exempt	Taxable Wages	FUTA Liability *
1st Quarter:	12,276.84	450.00	0.00	0.00	450.00	11,826.84	70.96
2nd Quarter:	10,593.60	450.00	0.00	6,287.20	6,737.20	3,856.40	23.14
3rd Quarter:	7,771.20	450.00	0.00	7,321.20	7,771.20	0.00	0.00
4th Quarter:	6,360.00	450.00	0.00	5,910.00	6,360.00	0.00	0.00
Total YTD:	37,001.64	1,800.00	0.00	19,518.40	21,318.40	15,683.24	94.10

* WARNING: FUTA liability was computed at 0.6% of taxable wages and does not include any state adjustments.

Form 941 Data	Taxable Comp	Federal Tax W/H	Soc. Sec. Wages	Soc. Sec. Tax on Wages	Soc. Sec. Tips	Soc. Sec. Tax on Tips	Medicare Wages, Tips	Medicare Taxes	Additional Med. Tax
1st Quarter:	11,445.24	991.12	11,826.84	1,466.53	0.00	0.00	11,826.84	342.98	0.00
2nd Quarter:	9,762.00	929.88	10,143.60	1,257.81	0.00	0.00	10,143.60	294.16	0.00
3rd Quarter:	6,939.60	635.92	7,321.20	907.83	0.00	0.00	7,321.20	212.31	0.00
4th Quarter:	5,528.40	488.94	5,910.00	732.84	0.00	0.00	5,910.00	171.39	0.00
Total YTD:	33,675.24	3,045.86	35,201.64	4,365.01	0.00	0.00	35,201.64	1,020.84	0.00

Form 941 Tax Liability	First Month	Second Month	Third Month	Total for Quarter
1st Quarter:	1,138.56	832.28	829.78	2,800.62
2nd Quarter:	827.28	827.28	827.28	2,481.84
3rd Quarter:	827.28	464.40	464.40	1,756.08
4th Quarter:	464.40	464.40	464.40	1,393.20
Total YTD:				8,431.74

Landscape Masters Inc.
State Liability Summary - 2013

Date: 05/06/2013 Fed. TIN: 33-5667111
 State AZ UI No.: 56589663
 Max Wage: \$7,000 Tax ID No.: 55268963A
 UI Rate: 0.00%

State Data	Total Subject UI Wages	Total UI Wages	Total UI Tax	AZ JTT Tax	State Wages	State Tax W/H
Month: 1	359.80	359.80	0.00	2.16	359.80	0.00
Month: 2	0.00	0.00	0.00	0.00	0.00	0.00
Month: 3	0.00	0.00	0.00	0.00	0.00	0.00
1st Quarter:	359.80	359.80	0.00	2.16	359.80	0.00
Month: 1	0.00	0.00	0.00	0.00	0.00	0.00
Month: 2	0.00	0.00	0.00	0.00	0.00	0.00
Month: 3	0.00	0.00	0.00	0.00	0.00	0.00
2nd Quarter:	0.00	0.00	0.00	0.00	0.00	0.00
Month: 1	0.00	0.00	0.00	0.00	0.00	0.00
Month: 2	0.00	0.00	0.00	0.00	0.00	0.00
Month: 3	0.00	0.00	0.00	0.00	0.00	0.00
3rd Quarter:	0.00	0.00	0.00	0.00	0.00	0.00
Month: 1	0.00	0.00	0.00	0.00	0.00	0.00
Month: 2	0.00	0.00	0.00	0.00	0.00	0.00
Month: 3	0.00	0.00	0.00	0.00	0.00	0.00
4th Quarter:	0.00	0.00	0.00	0.00	0.00	0.00
Total YTD:	359.80	359.80	0.00	2.16	359.80	0.00

Total State Tax Liability (UI & W/H)	First Month	Second Month	Third Month	Total for Quarter
1st Quarter:	2.16	0.00	0.00	2.16
2nd Quarter:	0.00	0.00	0.00	0.00
3rd Quarter:	0.00	0.00	0.00	0.00
4th Quarter:	0.00	0.00	0.00	0.00
Total YTD:				2.16

Landscape Masters Inc.

State Liability Summary - 2013

Date: 05/06/2013 Fed. TIN: 33-5667111
 State CA UI No.:
 Max Wage: \$7,000 Tax ID No.: 333-4444-1
 UI Rate: 5.40%

State Data	Total Subject UI Wages	Total UI Wages	Total UI Tax	CA ETT Tax	CA SDI Wages	CA SDI Tax	State Wages	State Tax W/H
Month: 1	4,704.64	4,704.64	254.05	4.70	4,704.64	47.05	4,577.44	35.40
Month: 2	3,381.20	3,381.20	182.58	3.38	3,381.20	33.82	3,254.00	36.46
Month: 3	3,381.20	3,381.20	182.58	3.38	3,381.20	33.82	3,254.00	35.93
1st Quarter:	11,467.04	11,467.04	619.21	11.46	11,467.04	114.69	11,085.44	107.79
Month: 1	3,381.20	2,501.20	135.06	2.50	3,381.20	33.82	3,254.00	35.40
Month: 2	3,381.20	1,355.20	73.18	1.36	3,381.20	33.82	3,254.00	35.40
Month: 3	3,381.20	0.00	0.00	0.00	3,381.20	33.82	3,254.00	35.40
2nd Quarter:	10,143.60	3,856.40	208.24	3.86	10,143.60	101.46	9,762.00	106.20
Month: 1	3,381.20	0.00	0.00	0.00	3,381.20	33.82	3,254.00	35.40
Month: 2	1,970.00	0.00	0.00	0.00	1,970.00	19.70	1,842.80	18.22
Month: 3	1,970.00	0.00	0.00	0.00	1,970.00	19.70	1,842.80	18.22
3rd Quarter:	7,321.20	0.00	0.00	0.00	7,321.20	73.22	6,939.60	71.84
Month: 1	1,970.00	0.00	0.00	0.00	1,970.00	19.70	1,842.80	18.22
Month: 2	1,970.00	0.00	0.00	0.00	1,970.00	19.70	1,842.80	18.22
Month: 3	1,970.00	0.00	0.00	0.00	1,970.00	19.70	1,842.80	18.22
4th Quarter:	5,910.00	0.00	0.00	0.00	5,910.00	59.10	5,528.40	54.66
Total YTD:	34,841.84	15,323.44	827.45	15.32	34,841.84	348.47	33,315.44	340.49

Total State Tax Liability (UI & W/H)	First Month	Second Month	Third Month	Total for Quarter
1st Quarter:	341.20	256.24	255.71	853.16
2nd Quarter:	206.78	143.76	69.22	419.76
3rd Quarter:	69.22	37.92	37.92	145.06
4th Quarter:	37.92	37.92	37.92	113.76
Total YTD:				1,531.73

Workers' Compensation Insurance Report

Landscape Masters Inc.

Reporting state: CA

Reporting period: 1/1/2013 - 3/31/2013

05/06/2013

Class Code No.	Description of Work Done	Hours	Overtime Excess	WC Wages	WC Rate	WC Premium	Experience Factor	Adj. WC Premium
1801-7	Managerial	240.00	0.00	4233.60	1.00	42.34	0.90	38.10
4701-4	Clerical	485.00	0.00	9694.44	1.75	169.65	0.90	152.69
		725.00	0.00	13928.04		211.99		190.79

DE 9

EDD 11207



00090112

QUARTER

ENDED 03 31 13 DUE 04 01 13 DELINQUENT 04 30 13

13 1

333 4444 1

LANDSCAPE MASTERS INC.
LAWNS ARE GREEN
9876 WEST 189TH ST SUITE 109
TORRANCE CA 90504-0001

33 5667111

C. TOTAL SUBJECT WAGES PAID THIS QUARTER	13 478 04
D. UNEMPLOYMENT INSURANCE (Wages up to \$7,000)	
5.40 % x 13 478 04	727 81
E. EMPLOYMENT TRAINING TAX	
0.10 % x	13 48
F. STATE DISABILITY INSURANCE (Total Employee wages up to a maximum limit)	
1.00 % x 13 478 04	134 78
G. CALIFORNIA PIT WITHHELD	240 84
H. SUBTOTAL	1 116 91
I. LESS PREVIOUS PAYMENTS	0 00
J. TOTAL TAXES DUE OR OVERPAID	1 116 91

I declare that the above, to the best of my knowledge and belief, is true and correct. If a refund was claimed, a reasonable effort was made to refund any erroneous deductions to the affected employee(s).

ACCOUNTANT

(818) 564-5678

Signature

Title

Phone

Date



009C0111

PAGE 1 OF 1

QTR ENDED 03 31 13 DUE 04 01 13 DELINQUENT 04 30 13

13 1

333 4444 1

LANDSCAPE MASTERS INC.
LAWNS ARE GREEN
9876 WEST 189TH ST SUITE 109
TORRANCE CA 90504-0001

5 5 5

111 32 1315	ADAMS	J JOHN	
4 233 60		4 233 60	53 13
656 77 8981	RONALD	MCDONALDS	
400 00		400 00	0 00
333 08 0657	ROGER	A ROUNDHOUSE	
2 534 44		2 534 44	133 05
645 64 6464	HAROLD	H SMITH	
400 00		400 00	0 00
222 32 4657	TOM	T SMITH	
5 910 00		5 528 40	54 66
13 478 04		13 096 44	240 84
13 478 04		13 096 44	240 84

I declare that the information herein is correct to the best of my knowledge and belief.

Signature _____ Title ACCOUNTANT
 Date _____ Phone (818) 564-5678