

nrspurple.com

With NRS Purple Payroll, your business will be saving time and money!

Our Payroll Pros are here to assist you with getting started.

To proceed, you'll be required to provide 4 pieces of business information:

941 from last Quarter or Federal ID Letter

A 941 is an Employer's Quarterly tax return

O

A Federal ID Letter is an SS-4 Form from the IRS indicating the Employer Identification Number (EIN#)

Voided check from bank account

A voided check from the business bank containing the routing number and account number where the payroll payments to employees and the payroll taxes will come from

3 State Unemployment ID and Rate

Each state has an Unemployment Tax Rate which can be found on an Employer Tax Rate notice or letter

State Withholding ID (for required states)

Businesses in states that collect income tax have a State Withholding ID*

Examples of the above 4 required proof documents:



Name (no	identification number (EIN) 1 2 - 3 4 5 at your trade name) Nikita Bilyk	Report for this Quarter of 2018 (Check one.) 1: January, February, March 2: April, May, Jun 3: July, August, September 4: October, November, December			
Trade no	me (f any) Readdle Inc.				
Address	795 Folsom Street, 1st Floor				
	Number Street	Suite or room number	Go to www.irs.gov/Form941 for		
	San Francisco	CA 94107	instructions and the latest information.		
	City	State ZIP code	50 50		
	Foreign country name Foreign province separate instructions before you complete Form 941.				
		Type or print tribini and bender			
	Answer these questions for this quarter.				
1 Nu	Answer these questions for this quarter, umber of employees who received wages, tips, or or cluding: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept.				
1 Nu	umber of employees who received wages, tips, or o				

or

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice:

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you
EIN . This EIN will identify you, your business accounts, tax returns, and
documents, even if you have no employees. Please keep this notice in your permanent
records.

When filing tax documents, payments, and related correspondence, it is very important
that you use your EIN and complete name and address exactly as shown above. Any variation
may cause a delay in processing, result in incorrect information in your account, or even
cause you to be assigned more than one EIN. If the information is not correct as shown
above, please make the correction using the attached tear off stub and creturn it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 [TTY/IDD 1-800-829-4059] or visit your local IRS office.

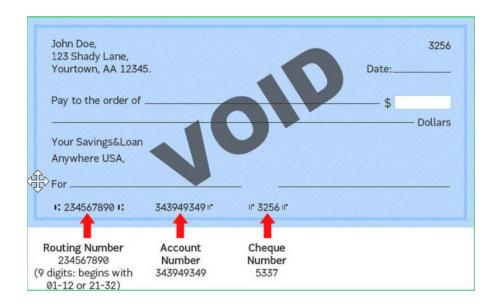
IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is CAME. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.



B

STATE OF GEORGIA - DEPARTMENT OF LABOR

EMPLOYER TAX RATE NOTICE Rate Applicable To Taxable Wages Paid For Period Tax Rate Computation Date JUN 30 2011 01-01-2012 through 12-31-2012 **DOL Account Number:** الماليان المطالبان أبارا المطالب المطالب الطالب الطالب TOTAL TAX RATE * is: Duncan Fisher 4.87 % Atlanta, GA 30339 MESSAGE TO EMPLOYER: Premium costs for most employers are determined by experience factors including employer's tax account balance, benefit charges, number of employees, average payroll and applicable tax rates. Computation Status: Regular 3-YEAR TAXABLE PAYROLL f. PERCENT APPLIED BASE-TABLE TAX RATE TAXABLE WAGE BASE IS: faxable wages for 3-year period anding on the computation date \$179,365.00 Official Code of Georgia Annotated Sections 34-8-151 through 34-8-157 AVERAGE ANNUAL PAYROLL
3-year payroll total divided by 3 7.44 % 3.55 % Under Georgia law, emotyors are rated based on their actual experience in the payment of contributions relative to unemployment benefits charged against them. The contribution are reflects such experience. An employer's rate for any calendar year is determined on the basis of his or her record as of the computation date for that calendar year, FOR INFORMATION PHONE 404–232–3300 BASE RATE ADJUSTMENT FACTOR \$59,788.00 STATEWIDE RESERVE RATIO CUMULATIVE TAX PAID c. CUMULATIVE TAX PAID

Total amount of tax paid from date liable, including taxes paid by any predecessors tained by applying tewide Reserve \$11,388.85 0.00 % . 35 d. CUMULATIVE DEBITS...
Total amount of benefit charges from date liable, including any from predect Any employer who has failed to file all reserved liberapleyment insurance. You and Market and the second liberapleyment insurance in the second liberaple specific promotion by the computation date will be assigned the MAXIMUM specifically rate, plus minute any increases or decreases resulting from polication and the Stiteward Reserve Ratio. This provision also applies to any delinquent reports not filled by predecessor employers. i. BASE RATE k. CONTRIBUTION SOLVENCY FACTOR RATE Base Table Tax Rate including any necess adjustments. ercentage decreas 1 base table rates e. TOTAL TAX RESERVE lative tax paid minus cumulative debits 4.79 % 0 % \$4,453.15 DEFICIT

FORMULA and STEPS USED IN COMPUTING TAX RATE

- FUNDILLA and STEPS USEII IN COMPUTING TAX RATE

 (1) a r 3 = b (Taxable ways testel for 3 vs. divided by 3 = Avarge Annual Payrell)

 (2) c d = c (Cumulative Tax Paid minus Cumulative Benefit Charges = Total Tax Reserve)

 (3) e r b = f (Total Tax Reserve divided by Average Annual Payrell = Percent Applied

 (4) Apply Percent Applied to Base Tax Table to get Base Table Tax Rate

 (5) If adultment is consisted asols approaches, factor (bax | or j) to Base Table Tax Rate

 (6) Add Administrative Assessments of 0.03% be Constitution Res to get TOTAL TAX.PATE

 (2007) **Except government exhittes, non-prefit organizations and emplayers with an assigned

 Total Tax Rate of 0.03 vs. r 2.72 vs.

*Except government entities, non-profit organ Total Tax Rate of 0.03 % or 7.29 %

THIS IS NOT A BILL

GA Administrative

GA SUI (state unemployment insurance)

DOL-826 (R-12/08) FL4301



New Jersey Department of Labor and Workforce Development Division of Employer Accounts PO Box 397

Trenton, New Jersey 08625-0397

05/30/2012

NOTICE OF SUBJECTIVITY TO THE N.J. UNEMPLOYMENT COMPENSATION LAW

YOUR PERMANENT EMPLOYER ID. NO.

Duncan Fisher 123 Main St. Dallas, TX 75218

Contributory FINANCING METHOD DISABILITY PLAN 01/01/2012 DATE EMPL. LIAB. BEGINS SUBJECT STATUS ATTAINED DATE 02/01/2012 02/02/2012 NJ SUI (state DATE WORKER LIABILITY BEGINS 2.9825 unemployment insurance) EMPLOYER U.C. RATE 0.1175 EMPLOYER WORKFORCE RATE D.000 EMPLOYER HEALTH CARE RATE 0.500 NJ SDI Rates (state EMPLOYER T.D. RATE 0.3825 WORKER U.C. RATE disability insurance) WORKER WORKFORCE RATE 0.0425 WORKER HEALTH CARE RATE 0.000 WORKER T.D. RATE 0.200 WORKER F.L.I. RATE 0.080

Dear Employer:

2023

Our records show that you recently registered with New Jersey for tax purposes. Based on that registration, we have determined that you are an employer subject to the N.J. Unemployment Compensation Law Under Section 19 (h) 1.

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G-7/SchB QUARTERLY RETURN FOR SEMI-WEEKLY PAYER (Rev. 6/04) MAIL TO: Georgia Department or Revenue P.O. Box 105678 Atlanta, GA 30348-5678

						Telephone No. (404) 417-3210			
GA Withholding ID 193485-IA	FEI Number 56-7435288		Period Ending 03-31-23		Due Date 04-30-23		Vendor Code 077		
Tax withheld this period	15691.70	Tax withhel	d this period	16818.4		x withheld th	is period	16406.07	
Adjustment to tax	0.00	Adjustment	to tax	0.0	Ad	ljustment to t	ax	0.00	
Tax Due (Line 1 + or - Line 2)	15691.70	Tax Due (Li	ne 1 + or - Line 2) 16818.4	19 Ta	x Due (Line 1	+ or - Li	ne 2) 16406.07	
Tax Paid	15691.70	Tax Paid		16818.4	19 Ta	x Paid		16406.07	
Quarterly Tax Liability	48916.26	Amount Pai	d	48916.2		ditional EFT	Due	0.00	
IAME AND ADDRESS Sugar Shack	Explanation of adjustments			I declare under the penalty of perjury that this return has been examined by me and to the best of my knowledge is a true and complete return.					
259 Sugar STREET Sugar GA 30344				\$	Signature	W. Con	m	Title ATTY-IN-FAC	
bugur on occur				ı	Date 04/2	8/2023	Teleph	one (877) 706-051	

Employer's Record of Georgia Tax Liability (Schedule B)