

ViSUS LLC
PR Employee Listing
Sorted by Employee ID

EMPLOYEE: AL001 - ANTOLA, LUIS C

Social Security No: 275-86-5380 SSN Verified: No

EMPLOYEE SETUP (Status, Pay Attributes, Transaction Classification Defaults, W2 Information, Job Costing and Inventory Defaults, and Project Tracking Defaults)

Status:	Active	Need Final Check?	No	Status Chg Reason:		Login ID:	
Hourly Rate:	\$ 1.00	Annual Rate:	\$ 2,080.00	Workstate:	UT	Reporting Class:	W2
Pay Frequency:	Semi-Monthly - Direct d	Time Status:		Time Entry:	No	Household Worker:	No
Distributed Salary:	No	ESS Web Portal:	No	Email:		Trans Class 2:	
Exempt:	No	Hire Act Eligible:	No	Trans Class 1:		Electronic W2?:	No
Statutory Emp?:	No	Pension Plan?:	No	3rd Party Sick Pay?:	No	BOM Group Type:	
Job:		Cost Code:		Skill ID:		Costing Code:	
Project:		Expense Type:		Category:			
Use ESS Time Entry:	No	ESS Entry Type:	Daily Entry - Basic	Workers Comp Cd:			

EMPLOYMENT INFORMATION (Employment Dates, Raise Information, Review Information, Employment)

Hire Date:	11/21/2018	Start Date:	11/21/2018	Coverage Start Date:		Rehire Date:	03/21/2019
Termination Date:		Last Raise Date:	03/01/2019	Last Raise Amt:	\$ 0.00	Next Raise Date:	
Next Raise Amt:	\$ 0.00	Last Review Date:		Next Review Date:		Career Status:	
Position:		Department:		Location:		EEOC Disabled:	No
Client Code:		EEOC Job Cat:	Not Defined			Offer of Coverage:	None
1095-B Origin	None	Exclude from 1095:	No	Self Insured:	No		

PERSONAL INFORMATION (Gender / Ethnic ID, Address, Phone Numbers, Highest Education Level, Military Service)

Title:		Gender:		Birth Date:		Ethnic ID:	
Maiden Name:				Marital Status:			
Address1:	74 East Resaca Drive B12			Address2:			
City:	Sandy	State:	UT	Zip:	84070	Country:	
Phone Number 1:				Phone Number 2:			
Phone Number 3:							
School Type:	Not Defined	GPA:	0.00	School Name:		Study Emphasis:	
Beg. Date Attended:		End Date Attended:		Degree Earned:	None		
Military Status:	None	Military Branch:	None	Retirement Date:		Years Served:	0
Disabled Vet?:	No						

VERIFICATIONS (I-9 / Benefit / Security Information, Benefit Plan Test, Drug Resting, Badge No, Union ID, Security Level and Issuing Agency)

Status:	Citizen	Alien Reg. No.		Expiration Date:	
Doc 1 Title:		Doc 2 Title:			
Issuing Authority:		Issuing Authority:			
Document No.		Document No.		Reverification Date:	
Expiration Date:		Expiration Date:			
Comp. Type:	None	Key Employee:	None		
Selective Bargain?	No	Highest Paid 25%	No		
Drug Test Req?:	No	Use Tobacco?:	No	Last Date Tested:	
Next Scheduled:					
Badge No.		Union ID:		Security Level:	None
Security Exp. Date:		Issuing Agency:			

VISUS LLC
PR Employee Listing
Sorted by Employee ID

EMPLOYEE: AW001 - ADCOCK, WESTON S

Social Security No: 430-99-9002 **SSN Verified:** No

EMPLOYEE SETUP (Status, Pay Attributes, Transaction Classification Defaults, W2 Information, Job Costing and Inventory Defaults, and Project Tracking Defaults)

Status: Active	Need Final Check? No	Status Chg Reason:	Login ID:
Hourly Rate: \$ 10.00	Annual Rate: \$ 20,800.00	Workstate: AR	Reporting Class: W2
Pay Frequency: Semi-Monthly - Direct d	Time Status: Full Time	Time Entry: No	Household Worker: No
Distributed Salary: No	ESS Web Portal: No	Email: weston.adcock@yahoo.com	
Exempt: No	Hire Act Eligible: No	Trans Class 1:	Trans Class 2:
Statutory Emp?: No	Pension Plan?: No	3rd Party Sick Pay?: No	Electronic W2?: No
Job:	Cost Code:	Skill ID:	BOM Group Type:
Project:	Expense Type:	Category:	Costing Code:
Use ESS Time Entry: No	ESS Entry Type: Daily Entry - Basic	Workers Comp Cd:	

EMPLOYMENT INFORMATION (Employment Dates, Raise Information, Review Information, Employment)

Hire Date: 11/21/2019	Start Date:	Coverage Start Date:	Rehire Date:
Termination Date:	Last Raise Date:	Last Raise Amt: \$ 0.00	Next Raise Date:
Next Raise Amt: \$ 0.00	Last Review Date:	Next Review Date:	Career Status:
Position:	Department:	Location:	EEOC Disabled: No
Client Code:	EEOC Job Cat: Not Defined		Offer of Coverage: None
1095-B Origin: None	Exclude from 1095: No	Self Insured: No	

PERSONAL INFORMATION (Gender / Ethnic ID, Address, Phone Numbers, Highest Education Level, Military Service)

Title:	Gender:	Birth Date:	Ethnic ID:
Maiden Name:		Marital Status:	
Address1: 154 CR 371		Address2:	
City: Bono	State: AR	Zip: 72416	Country:
Phone Number 1:		Phone Number 2:	
Phone Number 3:			
School Type: Not Defined	GPA: 0.00	School Name:	Study Emphasis:
Beg. Date Attended:	End Date Attended:	Degree Earned: None	
Military Status: None	Military Branch: None	Retirement Date:	Years Served: 0
Disabled Vet?: No			

VERIFICATIONS (I-9 / Benefit / Security Information, Benefit Plan Test, Drug Resting, Badge No, Union ID, Security Level and Issuing Agency)

Status: Citizen		Alien Reg. No.	Expiration Date:
Doc 1 Title:		Doc 2 Title:	
Issuing Authority:		Issuing Authority:	
Document No.	Reverification Date:	Document No.	Reverification Date:
Expiration Date:		Expiration Date:	
Comp. Type: None		Key Employee: None	
Selective Bargain?: No	Shareholder > 10%: No	Highest Paid 25%: No	
Drug Test Req?: No	Drug Test Passed?: No	Use Tobacco?: No	Last Date Tested:
Next Scheduled:			
Badge No.	Expiration Date:	Union ID:	Security Level: None
Security Exp. Date:	Issuing Agency:		

ViSUS LLC
PR Employee Listing
Sorted by Employee ID

EMPLOYEE: BN001 - BAIN, NICK

Social Security No: 631-32-9189 **SSN Verified:** No

EMPLOYEE SETUP (Status, Pay Attributes, Transaction Classification Defaults, W2 Information, Job Costing and Inventory Defaults, and Project Tracking Defaults)

Status: Quit	Need Final Check? No	Status Chg Reason:	Login ID:
Hourly Rate: \$ 31.25	Annual Rate: \$ 65,000.00	Workstate: TX	Reporting Class: W2
Pay Frequency: Semi-Monthly - Direct d	Time Status:	Time Entry: No	Household Worker: No
Distributed Salary: No	ESS Web Portal: No	Email:	Trans Class 2:
Exempt: No	Hire Act Eligible: No	Trans Class 1:	Electronic W2?: No
Statutory Emp?: No	Pension Plan?: No	3rd Party Sick Pay?: No	BOM Group Type:
Job:	Cost Code:	Skill ID:	Costing Code:
Project:	Expense Type:	Category:	
Use ESS Time Entry: No	ESS Entry Type: Daily Entry - Basic	Workers Comp Cd:	

EMPLOYMENT INFORMATION (Employment Dates, Raise Information, Review Information, Employment)

Hire Date: 09/11/2017	Start Date: 09/11/2017	Coverage Start Date:	Rehire Date:
Termination Date: 01/31/2018	Last Raise Date:	Last Raise Amt: \$ 0.00	Next Raise Date:
Next Raise Amt: \$ 0.00	Last Review Date:	Next Review Date:	Career Status:
Position:	Department:	Location:	EEOC Disabled: No
Client Code:	EEOC Job Cat: Not Defined		Offer of Coverage: None
1095-B Origin None	Exclude from 1095: No	Self Insured: No	

PERSONAL INFORMATION (Gender / Ethnic ID, Address, Phone Numbers, Highest Education Level, Military Service)

Title:	Gender:	Birth Date:	Ethnic ID:
Maiden Name:		Marital Status:	
Address1: 207 Bucknell Court		Address2:	
City: College Station	State: TX	Zip: 77840	Country:
Phone Number 1:		Phone Number 2:	
Phone Number 3:			
School Type: Not Defined	GPA: 0.00	School Name:	Study Emphasis:
Beg. Date Attended:	End Date Attended:	Degree Earned: None	
Military Status: None	Military Branch: None	Retirement Date:	Years Served: 0
Disabled Vet?: No			

VERIFICATIONS (I-9 / Benefit / Security Information, Benefit Plan Test, Drug Resting, Badge No, Union ID, Security Level and Issuing Agency)

Status: Citizen	Alien Reg. No.	Expiration Date:
Doc 1 Title:	Doc 2 Title:	
Issuing Authority:	Issuing Authority:	
Document No.	Document No.	Reverification Date:
Expiration Date:	Expiration Date:	
Comp. Type: None	Key Employee: None	
Selective Bargain? No	Highest Paid 25%: No	
Drug Test Req?: No	Use Tobacco?: No	Last Date Tested:
Next Scheduled:		
Badge No.	Union ID:	Security Level: None
Security Exp. Date:	Issuing Agency:	

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Sorted by Employee ID

EMPLOYEE: CS001 - CALLAHAN, STEVEN

Social Security No: 528-65-7734 **SSN Verified:** No

EMPLOYEE SETUP (Status, Pay Attributes, Transaction Classification Defaults, W2 Information, Job Costing and Inventory Defaults, and Project Tracking Defaults)

Status: Active	Need Final Check? No	Status Chg Reason:	Login ID:
Hourly Rate: \$ 0.00	Annual Rate: \$ 0.00	Workstate: UT	Reporting Class: W2
Pay Frequency: Semi-Monthly - Direct d	Time Status:	Time Entry: No	Household Worker: No
Distributed Salary: No	ESS Web Portal: No	Email: steven_callahan@visus.net	
Exempt: No	Hire Act Eligible: No	Trans Class 1:	Trans Class 2:
Statutory Emp?: No	Pension Plan?: No	3rd Party Sick Pay?: No	Electronic W2?: No
Job:	Cost Code:	Skill ID:	BOM Group Type:
Project:	Expense Type:	Category:	Costing Code:
Use ESS Time Entry: No	ESS Entry Type: Daily Entry - Basic	Workers Comp Cd:	

EMPLOYMENT INFORMATION (Employment Dates, Raise Information, Review Information, Employment)

Hire Date: 02/01/2018	Start Date: 02/01/2018	Coverage Start Date:	Rehire Date: 03/01/2021
Termination Date:	Last Raise Date: 10/16/2018	Last Raise Amt: \$ 0.00	Next Raise Date:
Next Raise Amt: \$ 0.00	Last Review Date:	Next Review Date:	Career Status:
Position:	Department:	Location:	EEOC Disabled: No
Client Code:	EEOC Job Cat: Not Defined		Offer of Coverage: None
1095-B Origin None	Exclude from 1095: No	Self Insured: No	

PERSONAL INFORMATION (Gender / Ethnic ID, Address, Phone Numbers, Highest Education Level, Military Service)

Title:	Gender:	Birth Date:	Ethnic ID:
Maiden Name:		Marital Status:	
Address1: 438 West 1050 North		Address2:	
City: Centerville	State: UT	Zip: 84014	Country:
Phone Number 1:		Phone Number 2:	
Phone Number 3:			
School Type: Not Defined	GPA: 0.00	School Name:	Study Emphasis:
Beg. Date Attended:	End Date Attended:	Degree Earned: None	
Military Status: None	Military Branch: None	Retirement Date:	Years Served: 0
Disabled Vet?: No			

VERIFICATIONS (I-9 / Benefit / Security Information, Benefit Plan Test, Drug Resting, Badge No, Union ID, Security Level and Issuing Agency)

Status: Citizen		Alien Reg. No.	Expiration Date:
Doc 1 Title:		Doc 2 Title:	
Issuing Authority:		Issuing Authority:	
Document No.	Reverification Date:	Document No.	Reverification Date:
Expiration Date:		Expiration Date:	
Comp. Type: None		Key Employee: None	
Selective Bargain? No	Shareholder > 10%: No	Highest Paid 25%: No	
Drug Test Req?: No	Drug Test Passed?: No	Use Tobacco?: No	Last Date Tested:
Next Scheduled:			
Badge No.	Expiration Date:	Union ID:	Security Level: None
Security Exp. Date:	Issuing Agency:		

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EMPLOYEE: DM001 - DOBIN, MARK W

Social Security No: 474-76-3466 **SSN Verified:** No

EMPLOYEE SETUP (Status, Pay Attributes, Transaction Classification Defaults, W2 Information, Job Costing and Inventory Defaults, and Project Tracking Defaults)

Status: Active	Need Final Check? No	Status Chg Reason:	Login ID:
Hourly Rate: \$ 0.00	Annual Rate: \$ 0.00	Workstate: TX	Reporting Class: W2
Pay Frequency: Semi-Monthly - Direct d	Time Status:	Time Entry: No	Household Worker: No
Distributed Salary: No	ESS Web Portal: No	Email: mdobin@aol.com	
Exempt: No	Hire Act Eligible: No	Trans Class 1:	Trans Class 2:
Statutory Emp?: No	Pension Plan?: No	3rd Party Sick Pay?: No	Electronic W2?: No
Job:	Cost Code:	Skill ID:	BOM Group Type:
Project:	Expense Type:	Category:	Costing Code:
Use ESS Time Entry: No	ESS Entry Type: Daily Entry - Basic	Workers Comp Cd:	

EMPLOYMENT INFORMATION (Employment Dates, Raise Information, Review Information, Employment)

Hire Date: 08/23/2021	Start Date: 08/23/2021	Coverage Start Date:	Rehire Date:
Termination Date:	Last Raise Date:	Last Raise Amt: \$ 0.00	Next Raise Date:
Next Raise Amt: \$ 0.00	Last Review Date:	Next Review Date:	Career Status:
Position:	Department:	Location:	EEOC Disabled: No
Client Code:	EEOC Job Cat: Not Defined		Offer of Coverage: None
1095-B Origin: None	Exclude from 1095: No	Self Insured: No	

PERSONAL INFORMATION (Gender / Ethnic ID, Address, Phone Numbers, Highest Education Level, Military Service)

Title:	Gender:	Birth Date:	Ethnic ID:
Maiden Name:		Marital Status:	
Address1: 19 Clarion Ridge		Address2:	
City: The Woodlands	State: TX	Zip: 77382	Country:
Phone Number 1: U.S. Standard	(I)93) 644-3473 0 Cell	Phone Number 2: U.S. Standard	(936) 271-0204 Land line
Phone Number 3:			
School Type: Not Defined	GPA: 0.00	School Name:	Study Emphasis:
Beg. Date Attended:	End Date Attended:	Degree Earned: None	
Military Status: None	Military Branch: None	Retirement Date:	Years Served: 0
Disabled Vet?: No			

VERIFICATIONS (I-9 / Benefit / Security Information, Benefit Plan Test, Drug Resting, Badge No, Union ID, Security Level and Issuing Agency)

Status: Citizen	Alien Reg. No.:	Expiration Date:
Doc 1 Title:	Doc 2 Title:	
Issuing Authority:	Issuing Authority:	
Document No.:	Document No.:	Reverification Date:
Expiration Date:	Expiration Date:	
Comp. Type: None	Key Employee: None	
Selective Bargain?: No	Highest Paid 25%: No	
Drug Test Req?: No	Use Tobacco?: No	Last Date Tested:
Next Scheduled:		
Badge No.:	Union ID:	Security Level: None
Security Exp. Date:	Issuing Agency:	

ViSUS LLC
PR Employee Listing
Sorted by Employee ID

EMPLOYEE: GA001 - GOOCH, AMY A

Social Security No: 529-29-4804

SSN Verified: No

EMPLOYEE SETUP (Status, Pay Attributes, Transaction Classification Defaults, W2 Information, Job Costing and Inventory Defaults, and Project Tracking Defaults)

Status: Active	Need Final Check? No	Status Chg Reason:	Login ID:
Hourly Rate: \$ 0.00	Annual Rate: \$ 93,656.00	Workstate: TX	Reporting Class: W2
Pay Frequency: Semi-Monthly - Direct d	Time Status:	Time Entry: No	Household Worker: No
Distributed Salary: No	ESS Web Portal: No	Email:	
Exempt: No	Hire Act Eligible: No	Trans Class 1:	Trans Class 2:
Statutory Emp?: No	Pension Plan?: No	3rd Party Sick Pay?: No	Electronic W2?: No
Job:	Cost Code:	Skill ID:	BOM Group Type:
Project:	Expense Type:	Category:	Costing Code:
Use ESS Time Entry: No	ESS Entry Type: Daily Entry - Basic	Workers Comp Cd:	

EMPLOYMENT INFORMATION (Employment Dates, Raise Information, Review Information, Employment)

Hire Date: 05/01/2016	Start Date: 05/01/2016	Coverage Start Date:	Rehire Date:
Termination Date:	Last Raise Date:	Last Raise Amt: \$ 0.00	Next Raise Date:
Next Raise Amt: \$ 0.00	Last Review Date:	Next Review Date:	Career Status:
Position:	Department:	Location:	EEOC Disabled: No
Client Code:	EEOC Job Cat: Not Defined		Offer of Coverage: None
1095-B Origin None	Exclude from 1095: No	Self Insured: No	

PERSONAL INFORMATION (Gender / Ethnic ID, Address, Phone Numbers, Highest Education Level, Military Service)

Title:	Gender:	Birth Date:	Ethnic ID:
Maiden Name:		Marital Status:	
Address1: 2808 Brothers Blvd		Address2:	
City: College Station	State: TX	Zip: 77845	Country:
Phone Number 1:		Phone Number 2:	
Phone Number 3:			
School Type: Not Defined	GPA: 0.00	School Name:	Study Emphasis:
Beg. Date Attended:	End Date Attended:	Degree Earned: None	
Military Status: None	Military Branch: None	Retirement Date:	Years Served: 0
Disabled Vet?: No			

VERIFICATIONS (I-9 / Benefit / Security Information, Benefit Plan Test, Drug Resting, Badge No, Union ID, Security Level and Issuing Agency)

Status: Citizen	Alien Reg. No.	Expiration Date:
Doc 1 Title:	Doc 2 Title:	
Issuing Authority:	Issuing Authority:	
Document No.	Document No.	Reverification Date:
Expiration Date:	Expiration Date:	
Comp. Type: None	Key Employee: None	
Selective Bargain? No	Highest Paid 25%: No	
Drug Test Req?: No	Use Tobacco?: No	Last Date Tested:
Next Scheduled:		
Badge No.	Union ID:	Security Level: None
Security Exp. Date:	Issuing Agency:	

VISUS LLC
PR Employee Listing
Sorted by Employee ID

EMPLOYEE: HD001 - HOLBROOK, DAVID S

Social Security No: 431-21-2455 **SSN Verified:** No

EMPLOYEE SETUP (Status, Pay Attributes, Transaction Classification Defaults, W2 Information, Job Costing and Inventory Defaults, and Project Tracking Defaults)

Status: Maternity / Family Leav	Need Final Check? No	Status Chg Reason:	Login ID:
Hourly Rate: \$ 25.00	Annual Rate: \$ 52,000.00	Workstate: AR	Reporting Class: W2
Pay Frequency: Semi-Monthly - Direct d	Time Status: Part Time	Time Entry: No	Household Worker: No
Distributed Salary: No	ESS Web Portal: No	Email:	
Exempt: No	Hire Act Eligible: No	Trans Class 1:	Trans Class 2:
Statutory Emp?: No	Pension Plan?: No	3rd Party Sick Pay?: No	Electronic W2?: No
Job:	Cost Code:	Skill ID:	BOM Group Type:
Project:	Expense Type:	Category:	Costing Code:
Use ESS Time Entry: No	ESS Entry Type: Daily Entry - Basic	Workers Comp Cd:	

EMPLOYMENT INFORMATION (Employment Dates, Raise Information, Review Information, Employment)

Hire Date: 07/01/2019	Start Date: 07/01/2019	Coverage Start Date:	Rehire Date:
Termination Date:	Last Raise Date:	Last Raise Amt: \$ 0.00	Next Raise Date:
Next Raise Amt: \$ 0.00	Last Review Date:	Next Review Date:	Career Status:
Position:	Department:	Location:	EEOC Disabled: No
Client Code:	EEOC Job Cat: Not Defined		Offer of Coverage: None
1095-B Origin None	Exclude from 1095: No	Self Insured: No	

PERSONAL INFORMATION (Gender / Ethnic ID, Address, Phone Numbers, Highest Education Level, Military Service)

Title:	Gender:	Birth Date:	Ethnic ID:
Maiden Name:		Marital Status:	
Address1: 418 W Philadelphia Road		Address2:	
City: Jones Boro	State: AR	Zip: 72401	Country:
Phone Number 1:		Phone Number 2:	
Phone Number 3:			
School Type: Not Defined	GPA: 0.00	School Name:	Study Emphasis:
Beg. Date Attended:	End Date Attended:	Degree Earned: None	
Military Status: None	Military Branch: None	Retirement Date:	Years Served: 0
Disabled Vet?: No			

VERIFICATIONS (I-9 / Benefit / Security Information, Benefit Plan Test, Drug Resting, Badge No, Union ID, Security Level and Issuing Agency)

Status: Citizen		Alien Reg. No.	Expiration Date:
Doc 1 Title:		Doc 2 Title:	
Issuing Authority:		Issuing Authority:	
Document No.	Reverification Date:	Document No.	Reverification Date:
Expiration Date:		Expiration Date:	
Comp. Type: None		Key Employee: None	
Selective Bargain? No	Shareholder > 10%: No	Highest Paid 25%: No	
Drug Test Req?: No	Drug Test Passed?: No	Use Tobacco?: No	Last Date Tested:
Next Scheduled:			
Badge No.	Expiration Date:	Union ID:	Security Level: None
Security Exp. Date:	Issuing Agency:		

ViSUS LLC
PR Employee Listing
Sorted by Employee ID

EMPLOYEE: PS001 - PETRUZZA, STEVE

Social Security No: 112-13-9122 **SSN Verified:** No

EMPLOYEE SETUP (Status, Pay Attributes, Transaction Classification Defaults, W2 Information, Job Costing and Inventory Defaults, and Project Tracking Defaults)

Status: Terminated	Need Final Check? No	Status Chg Reason:	Login ID:
Hourly Rate: \$ 30.00	Annual Rate: \$ 62,400.00	Workstate: UT	Reporting Class: W2
Pay Frequency: Semi-Monthly - Checks	Time Status:	Time Entry: No	Household Worker: No
Distributed Salary: No	ESS Web Portal: No	Email: steve.petruzza@gmail.com	
Exempt: No	Hire Act Eligible: No	Trans Class 1:	Trans Class 2:
Statutory Emp?: No	Pension Plan?: No	3rd Party Sick Pay?: No	Electronic W2?: No
Job:	Cost Code:	Skill ID:	BOM Group Type:
Project:	Expense Type:	Category:	Costing Code:
Use ESS Time Entry: No	ESS Entry Type: Daily Entry - Basic	Workers Comp Cd:	

EMPLOYMENT INFORMATION (Employment Dates, Raise Information, Review Information, Employment)

Hire Date: 01/01/2019	Start Date: 01/01/2019	Coverage Start Date:	Rehire Date:
Termination Date: 07/01/2020	Last Raise Date:	Last Raise Amt: \$ 0.00	Next Raise Date:
Next Raise Amt: \$ 0.00	Last Review Date:	Next Review Date:	Career Status:
Position:	Department:	Location:	EEOC Disabled: No
Client Code:	EEOC Job Cat: Not Defined		Offer of Coverage: None
1095-B Origin None	Exclude from 1095: No	Self Insured: No	

PERSONAL INFORMATION (Gender / Ethnic ID, Address, Phone Numbers, Highest Education Level, Military Service)

Title:	Gender:	Birth Date:	Ethnic ID:
Maiden Name:		Marital Status:	
Address1: 1535 East 320 South		Address2:	
City: Hyrum	State: UT	Zip: 84319	Country:
Phone Number 1:		Phone Number 2:	
School Type: Not Defined	GPA: 0.00	School Name:	Study Emphasis:
Beg. Date Attended:	End Date Attended:	Degree Earned: None	
Military Status: None	Military Branch: None	Retirement Date:	Years Served: 0
Disabled Vet?: No			

VERIFICATIONS (I-9 / Benefit / Security Information, Benefit Plan Test, Drug Resting, Badge No, Union ID, Security Level and Issuing Agency)

Status: Citizen	Alien Reg. No.	Expiration Date:
Doc 1 Title:	Doc 2 Title:	
Issuing Authority:	Issuing Authority:	
Document No.	Document No.	Reverification Date:
Expiration Date:	Expiration Date:	
Comp. Type: None	Key Employee: None	
Selective Bargain? No	Highest Paid 25%: No	
Drug Test Req?: No	Use Tobacco?: No	Last Date Tested:
Next Scheduled:		
Badge No.	Union ID:	Security Level: None
Security Exp. Date:	Issuing Agency:	

ViSUS LLC
PR Employee Listing
Sorted by Employee ID

EMPLOYEE: SJ001 - SCHREINER, JOHN

Social Security No: 398-84-8750

SSN Verified: No

EMPLOYEE SETUP (Status, Pay Attributes, Transaction Classification Defaults, W2 Information, Job Costing and Inventory Defaults, and Project Tracking Defaults)

Status: Active	Need Final Check? No	Status Chg Reason:	Login ID:
Hourly Rate: \$ 0.00	Annual Rate: \$ 0.00	Workstate: UT	Reporting Class: W2
Pay Frequency: Semi-Monthly - Direct d	Time Status:	Time Entry: No	Household Worker: No
Distributed Salary: No	ESS Web Portal: No	Email:	
Exempt: No	Hire Act Eligible: No	Trans Class 1:	Trans Class 2:
Statutory Emp?: No	Pension Plan?: No	3rd Party Sick Pay?: No	Electronic W2?: No
Job:	Cost Code:	Skill ID:	BOM Group Type:
Project:	Expense Type:	Category:	Costing Code:
Use ESS Time Entry: No	ESS Entry Type: Daily Entry - Basic	Workers Comp Cd:	

EMPLOYMENT INFORMATION (Employment Dates, Raise Information, Review Information, Employment)

Hire Date: 02/01/2018	Start Date: 02/01/2018	Coverage Start Date:	Rehire Date: 03/01/2021
Termination Date:	Last Raise Date: 10/16/2018	Last Raise Amt: \$ 0.00	Next Raise Date:
Next Raise Amt: \$ 0.00	Last Review Date:	Next Review Date:	Career Status:
Position:	Department:	Location:	EEOC Disabled: No
Client Code:	EEOC Job Cat: Not Defined		Offer of Coverage: None
1095-B Origin None	Exclude from 1095: No	Self Insured: No	

PERSONAL INFORMATION (Gender / Ethnic ID, Address, Phone Numbers, Highest Education Level, Military Service)

Title:	Gender:	Birth Date:	Ethnic ID:
Maiden Name:		Marital Status:	
Address1: 1779 Monte Vista Cir		Address2:	
City: Salt Lake City	State: UT	Zip: 84108	Country:
Phone Number 1:		Phone Number 2:	
Phone Number 3:			
School Type: Not Defined	GPA: 0.00	School Name:	Study Emphasis:
Beg. Date Attended:	End Date Attended:	Degree Earned: None	
Military Status: None	Military Branch: None	Retirement Date:	Years Served: 0
Disabled Vet?: No			

VERIFICATIONS (I-9 / Benefit / Security Information, Benefit Plan Test, Drug Resting, Badge No, Union ID, Security Level and Issuing Agency)

Status: Citizen	Alien Reg. No.	Expiration Date:
Doc 1 Title:	Doc 2 Title:	
Issuing Authority:	Issuing Authority:	
Document No.	Document No.	Reverification Date:
Expiration Date:	Expiration Date:	
Comp. Type: None	Key Employee: None	
Selective Bargain? No	Highest Paid 25%: No	
Drug Test Req?: No	Use Tobacco?: No	Last Date Tested:
Next Scheduled:		
Badge No.	Union ID:	Security Level: None
Security Exp. Date:	Issuing Agency:	

ViSUS LLC
PR Employee Listing
Sorted by Employee ID

EMPLOYEE: VS001 - VEMULA, SHAILAJA

Social Security No: 597-81-5043 **SSN Verified:** No

EMPLOYEE SETUP (Status, Pay Attributes, Transaction Classification Defaults, W2 Information, Job Costing and Inventory Defaults, and Project Tracking Defaults)

Status: Quit	Need Final Check? No	Status Chg Reason:	Login ID:
Hourly Rate: \$ 20.00	Annual Rate: \$ 41,600.00	Workstate: AR	Reporting Class: W2
Pay Frequency: Semi-Monthly - Direct d	Time Status:	Time Entry: No	Household Worker: No
Distributed Salary: No	ESS Web Portal: No	Email:	
Exempt: No	Hire Act Eligible: No	Trans Class 1:	Trans Class 2:
Statutory Emp?: No	Pension Plan?: No	3rd Party Sick Pay?: No	Electronic W2?: No
Job:	Cost Code:	Skill ID:	BOM Group Type:
Project:	Expense Type:	Category:	Costing Code:
Use ESS Time Entry: No	ESS Entry Type: Daily Entry - Basic	Workers Comp Cd:	

EMPLOYMENT INFORMATION (Employment Dates, Raise Information, Review Information, Employment)

Hire Date: 02/18/2019	Start Date: 02/18/2019	Coverage Start Date:	Rehire Date:
Termination Date: 07/06/2019	Last Raise Date: 07/06/2019	Last Raise Amt: \$ 0.00	Next Raise Date:
Next Raise Amt: \$ 0.00	Last Review Date:	Next Review Date:	Career Status:
Position:	Department:	Location:	EEOC Disabled: No
Client Code:	EEOC Job Cat: Not Defined		Offer of Coverage: None
1095-B Origin None	Exclude from 1095: No	Self Insured: No	

PERSONAL INFORMATION (Gender / Ethnic ID, Address, Phone Numbers, Highest Education Level, Military Service)

Title:	Gender:	Birth Date:	Ethnic ID:
Maiden Name:		Marital Status:	
Address1: 13102 Mulberry Park Dr.		Address2: Apt 914	
City: Orlando	State: FL	Zip: 32821	Country:
Phone Number 1:		Phone Number 2:	
Phone Number 3:			
School Type: Not Defined	GPA: 0.00	School Name:	Study Emphasis:
Beg. Date Attended:	End Date Attended:	Degree Earned: None	
Military Status: None	Military Branch: None	Retirement Date:	Years Served: 0
Disabled Vet?: No			

VERIFICATIONS (I-9 / Benefit / Security Information, Benefit Plan Test, Drug Resting, Badge No, Union ID, Security Level and Issuing Agency)

Status: Citizen		Alien Reg. No.	Expiration Date:
Doc 1 Title:		Doc 2 Title:	
Issuing Authority:		Issuing Authority:	
Document No.	Reverification Date:	Document No.	Reverification Date:
Expiration Date:		Expiration Date:	
Comp. Type: None		Key Employee: None	
Selective Bargain? No	Shareholder > 10% No	Highest Paid 25% No	
Drug Test Req?: No	Drug Test Passed?: No	Use Tobacco?: No	Last Date Tested:
Next Scheduled:			
Badge No.	Expiration Date:	Union ID:	Security Level: None
Security Exp. Date:	Issuing Agency:		

ViSUS LLC
PR Employee Feature Summary Totals (Current)
For the period: 01/01/22 - 06/30/22

Feature	Hours	Amount
EMPLOYEE: AL001 - ANTOLA, LUIS C.		
EARNINGS		
Salary	1040.0400	\$45,475.08
EARNINGS TOTAL:		\$45,475.08
TAX DEDUCTIONS		
Social Security		-\$2,819.40
Medicare		-\$659.40
Federal Income Tax		-\$2,928.10
State Income Tax		-\$2,250.96
TAX DEDUCTIONS TOTAL:		-\$8,657.86
OTHER DEDUCTIONS		
EFT Direct Deposit		-\$36,817.22
OTHER DEDUCTIONS TOTAL:		-\$36,817.22
EMPLOYEE (AL001) TOTAL:		\$0.00
EMPLOYEE: AW001 - ADCOCK, WESTON S.		
EARNINGS		
Hourly	8.0300	\$80.30
EARNINGS TOTAL:		\$80.30
TAX DEDUCTIONS		
Social Security		-\$4.98
Medicare		-\$1.16
TAX DEDUCTIONS TOTAL:		-\$6.14
OTHER DEDUCTIONS		
EFT Direct Deposit		-\$74.16
OTHER DEDUCTIONS TOTAL:		-\$74.16
EMPLOYEE (AW001) TOTAL:		\$0.00
EMPLOYEE: CS001 - CALLAHAN, STEVEN		
EARNINGS		
Salary	960.0000	\$38,500.08
EARNINGS TOTAL:		\$38,500.08
TAX DEDUCTIONS		
Social Security		-\$2,387.04
Medicare		-\$558.24
Federal Income Tax		-\$2,091.10
State Income Tax		-\$1,905.72
TAX DEDUCTIONS TOTAL:		-\$6,942.10
OTHER DEDUCTIONS		
EFT Direct Deposit		-\$31,557.98
OTHER DEDUCTIONS TOTAL:		-\$31,557.98
EMPLOYEE (CS001) TOTAL:		\$0.00
EMPLOYEE: DM001 - DOBIN, MARK W.		
EARNINGS		
Salary	480.0000	\$7,500.00
EARNINGS TOTAL:		\$7,500.00
TAX DEDUCTIONS		
Social Security		-\$465.00
Medicare		-\$108.72
TAX DEDUCTIONS TOTAL:		-\$573.72
OTHER DEDUCTIONS		

ViSUS LLC
PR Employee Feature Summary Totals (Current)
For the period: 01/01/22 - 06/30/22

Feature	Hours	Amount
EMPLOYEE: DM001 - DOBIN, MARK W.		(CONTINUED)
EFT Direct Deposit		-\$6,926.28
	OTHER DEDUCTIONS TOTAL:	-\$6,926.28
	EMPLOYEE (DM001) TOTAL:	\$0.00
EMPLOYEE: GA001 - GOOCH, AMY A.		
EARNINGS		
Salary	1039.9992	\$52,000.08
Bonus		\$4,000.00
	EARNINGS TOTAL:	\$56,000.08
TAX DEDUCTIONS		
Social Security		-\$3,472.04
Medicare		-\$811.96
Federal Income Tax		-\$7,161.21
	TAX DEDUCTIONS TOTAL:	-\$11,445.21
OTHER DEDUCTIONS		
EFT Direct Deposit		-\$44,554.87
	OTHER DEDUCTIONS TOTAL:	-\$44,554.87
	EMPLOYEE (GA001) TOTAL:	\$0.00
EMPLOYEE: SJ001 - SCHREINER, JOHN		
EARNINGS		
Salary	960.0000	\$38,500.08
	EARNINGS TOTAL:	\$38,500.08
TAX DEDUCTIONS		
Social Security		-\$2,387.04
Medicare		-\$558.24
Federal Income Tax		-\$3,123.10
State Income Tax		-\$1,905.72
	TAX DEDUCTIONS TOTAL:	-\$7,974.10
OTHER DEDUCTIONS		
EFT Direct Deposit		-\$30,525.98
	OTHER DEDUCTIONS TOTAL:	-\$30,525.98
	EMPLOYEE (SJ001) TOTAL:	\$0.00
	REPORT TOTAL:	\$0.00

PR Employee Feature Summary Grand Totals (Current)

For the period: 01/01/22 - 06/30/22

Feature	Hours	Debit	Credit	Net
EMPLOYEE PORTION TOTALS				
EARNINGS				
Salary	4,480.0392	\$197,139.93	\$15,164.61	\$181,975.32
Hourly	8.0300	\$80.30	\$0.00	\$80.30
Bonus	0.0000	\$4,000.00	\$0.00	\$4,000.00
EARNINGS TOTALS:	4,488.0692	\$201,220.23	\$15,164.61	\$186,055.62
TAX DEDUCTIONS				
Social Security	0.0000	\$940.21	\$12,475.71	(\$11,535.50)
Medicare	0.0000	\$219.88	\$2,917.60	(\$2,697.72)
Federal Income Tax	0.0000	\$1,264.22	\$16,567.73	(\$15,303.51)
State Income Tax	0.0000	\$505.20	\$6,567.60	(\$6,062.40)
Federal Unemployment	0.0000	\$0.00	\$0.00	\$0.00
State Unemployment	0.0000	\$0.00	\$0.00	\$0.00
TAX DEDUCTIONS TOTALS:	0.0000	\$2,929.51	\$38,528.64	(\$35,599.13)
OTHER DEDUCTIONS				
EFT Direct Deposit	0.0000	\$12,235.10	\$162,691.59	(\$150,456.49)
OTHER DEDUCTIONS TOTALS:	0.0000	\$12,235.10	\$162,691.59	(\$150,456.49)
* EMPLOYEE PORTION TOTALS:	4,488.0692	\$216,384.84	\$216,384.84	\$0.00
GRAND TOTALS:				
	4,488.0692	\$216,384.84	\$216,384.84	\$0.00

* Amounts shown in grey do not affect subtotals.

Form 941 for 2022: Employer's QUARTERLY Federal Tax Return

(Rev. March 2022)

Department of the Treasury -- Internal Revenue Service

970122

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 2022 (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.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1)	1	<input type="text" value="6"/>
2	Wages, tips, and other compensation	2	<input type="text" value="95,067.96"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="7,909.65"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages* <input type="text" value="95,067.96"/>	x 0.124 =	<input type="text" value="11,788.43"/>
5a	(i) Qualified sick leave wages* <input type="text"/>	x 0.062 =	<input type="text"/>
5a	(ii) Qualified family leave wages* <input type="text"/>	x 0.062 =	<input type="text"/>
5b	Taxable social security tips <input type="text"/>	x 0.124 =	<input type="text"/>
5c	Taxable Medicare wages & tips <input type="text" value="95,067.96"/>	x 0.029 =	<input type="text" value="2,756.97"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding <input type="text"/>	x 0.009 =	<input type="text"/>
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	<input type="text" value="14,545.40"/>
5f	Section 3121(q) Notice and Demand -- Tax due on unreported tips (see instructions)	5f	<input type="text"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="22,455.05"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text"/>
8	Current quarter's adjustment for sick pay	8	<input type="text"/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text"/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="22,455.05"/>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<input type="text"/>
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	<input type="text"/>
11c	Reserved for future use	11c	<input type="text"/>

*Include taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2020, and before April 1, 2021.

► You MUST complete all three pages of Form 941 and SIGN it.

Next ►

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

DXA

Form 941 (Rev. 3-2022)

Name (not your trade name)

ViSUS LLC

Employer identification number (EIN)

45-5506766

Part 1: Answer these questions for this quarter. (continued)

11d	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	11d	
11e	Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarter)	11e	
11f	Number of individuals provided COBRA premium assistance		
11g	Total nonrefundable credits. Add lines 11a, 11b, 11d, and 11e	11g	
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12	22,455.05
13a	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13a	22,455.05
13b	Reserved for future use	13b	
13c	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	13c	
13d	Reserved for future use	13d	
13e	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	13e	
13f	Refundable portion of COBRA premium assistance credit (see instructions for applicable quarter)	13f	
13g	Total deposits and refundable credits. Add lines 13a, 13c, 13e, and 13f	13g	22,455.05
13h	Reserved for future use	13h	
13i	Reserved for future use	13i	
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	
15	Overpayment. If line 13g is more than line 12, enter the difference		

Check one: ☐ Apply to next return. ☐ Send a refund.

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.

► You MUST complete all three pages of Form 941 and SIGN it.

Next ►

Name (not your trade name)

ViSUS LLC

Employer identification number (EIN)

45-5506766

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.
- 19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19
- 20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20
- 21 Reserved for future use 21
- 22 Reserved for future use 22
- 23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 23
- 24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24
- 25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25
- 26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 26
- 27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27
- 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28

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 all three 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 Roger P Beynon CPA CFE

PTIN P00883396

Preparer's signature

Date

Firm's name (or yours
if self-employed)

Beynon & Associates

EIN 87-0451634

Address

PO Box 1268

Phone

(801) 268-8149

City

Bountiful

State

UT

ZIP code

84011

Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors

Calendar Year 2022 Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

970311

Employer identification number 45-5506766

Name (not your trade name) ViSUS LLC

Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. When you file this form with Form 941 or Form 941-SS, DO NOT change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Enter your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for details.

Report for this Quarter (Check one.)

☒ 1
☐ 2
☐ 3
☐ 4

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

Month 1

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20	3,564.77	28	
5		13		21		29	
6		14		22		30	
7	3,584.40	15		23		31	
8		16		24			

Tax liability for Month 1

7,149.17

Month 2

1		9		17		25	
2		10		18	3,552.49	26	
3		11		19		27	
4	3,552.49	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2

7,104.98

Month 3

1		9		17		25	
2		10		18	3,552.49	26	
3		11		19		27	
4	3,552.49	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	1,095.92
8		16		24			

Tax liability for Month 3

8,200.90

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ►

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter

22,455.05

**Utah State Tax Commission**

Taxpayer Services Division 210 N 1950 W Salt Lake City UT 84134

Date Generated: April 27, 2022

TAPWITH2017+

Utah Tax Form Transcript

This transcript contains the information in our system at the time the transcript was created.

TC-941E, Employer Withholding Return

TAP Confirmation #: 0-917-228-416

FEIN

45-5506766

Account Id

14651251-003-WTH

Filing Period Begin

01-Jan-2022

Filing Period End

31-Mar-2022

Amended Return

No

Received Date

1. FILING PERIOD WITHHOLDING DETAIL

Filing Period	Utah Wages	Federal Tax Withheld	UTAH State Tax Withheld
Jan - Mar	\$61,237.62	\$4,077.96	\$3,031.20
Apr - Jun	\$0.00	\$0.00	\$0.00
Jul - Sep	\$0.00	\$0.00	\$0.00
Oct - Dec	\$0.00	\$0.00	\$0.00

[Job Search \(/jobseeker/index.html\)](/jobseeker/index.html)

[Employers \(/employer/index.html\)](/employer/index.html)

[Assistance \(/assistance/index.html\)](/assistance/index.html)

Workforce Services

Unemployment Insurance

On-Line EFT Receipt of Acknowledgment

KEEP THIS COPY FOR YOUR RECORDS — PLEASE DO NOT MAIL

UI Employer Account #: C 7-573751-0

Employer Name: VISUS, LLC

Year/Qtr: 2022 Q1

Thank you for scheduling your payment.

Confirmation #: 7016599877

Transaction Authorized By: Roger

Total Amount Paid: \$183.68

Amount Applied to this Account: \$183.68

Settlement Date: Friday, April 29, 2022

Withdraw Money From the Following: Checking Account

Bank Account Number: ****9715

Bank Routing Number: *****2971 (WELLS FARGO BANK NA)

I understand that I can cancel this transaction up until 2:00 PM (Mountain Time) on 04/28/2022.

For instructions on how to cancel this transaction, please click here ([./Public/DeleteEFTPayment.aspx](/Public/DeleteEFTPayment.aspx)).

[Job Search \(/jobseeker/index.html\)](/jobseeker/index.html)[Employers \(/employer/index.html\)](/employer/index.html)[Assistance \(/assistance/index.html\)](/assistance/index.html)

Workforce Services

Unemployment Insurance

On-Line Quarterly Report

KEEP THIS COPY FOR YOUR RECORDS — PLEASE DO NOT MAIL

UI Employer Account #: C 7-573751-0

Employer Name: VISUS, LLC

Year/Qtr: 2022 Q1

	<u>1st Mo.</u>	<u>2nd Mo.</u>	<u>3rd Mo.</u>
Number of Employees Per Month	3	3	3
Total Wages Paid This Quarter			\$61,227.00
Wages in Excess of \$41,600.00			\$0.00
Subject Wages			\$61,227.00
Contribution Rate			0.003
Contribution Due			\$183.68
Interest			\$0.00
Late Filing Penalty			\$0.00
Total Due For This Quarter			<u>\$183.68</u>
Total Due On Account (includes Outstanding Balance)			<u><u>\$183.68</u></u>

IMPORTANT: This printout contains a recap of your Quarterly Report for the quarter and year indicated above. The Outstanding Balance and Total Due On Account amounts reflect your current Accounts Receivable Status with our department as of 4/27/2022 7:46:02 AM.

[Job Search \(/jobseeker/index.html\)](#)[Employers \(/employer/index.html\)](#)[Assistance \(/assistance/index.html\)](#)

Workforce Services

Unemployment Insurance

On-Line Wage List Summary Report

KEEP THIS COPY FOR YOUR RECORDS — PLEASE DO NOT MAIL

UI Employer Account #: C 7-573751-0

Employer Name: VISUS, LLC

Year/Qtr: 2022 Q1

Total Wages This Quarter: \$61,227.00

Excess Wages This Quarter: \$0.00

Employees Listed This Quarter: 3

Date of Report: 4/27/2022

SSN	Employee Name	2022 Wages N/A	2022 Wages Jan 1 - Mar 31	Excess Wages Jan 1 - Mar 31
*****5380	LUIC C ANTOLA	\$0.00	\$22,727.00	\$0.00
*****8750	JOHN SCHREINER	\$0.00	\$19,250.00	\$0.00
*****7734	STEVEN CALLAHAN	\$0.00	\$19,250.00	\$0.00

Form 941 for 2022: Employer's QUARTERLY Federal Tax Return

(Rev. June 2022)

Department of the Treasury -- Internal Revenue Service

970122

OMB No. 1545-0029

Employer identification number (EIN)	4	5	-	5	5	0	6	7	6	6
Name (not your trade name)	ViSUS LLC									
Trade name (if any)										
Address	1071 South 900 East									
	Number		Street		Suite or room number					
	Salt Lake City				UT		84105			
	City				State		ZIP code			
	Foreign country name				Foreign province/county		Foreign postal code			

Report for this Quarter of 2022 (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.

1	Number of employees who received wages, tips, or other compensation for the pay period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	5
2	Wages, tips, and other compensation	2	90,987.66
3	Federal income tax withheld from wages, tips, and other compensation	3	7,393.86
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
5a	Taxable social security wages* .	Column 1 90,987.66	x 0.124 = Column 2 11,282.47
5a	(i) Qualified sick leave wages* .		x 0.062 =
5a	(ii) Qualified family leave wages* .		x 0.062 =
5b	Taxable social security tips . . .		x 0.124 =
5c	Taxable Medicare wages & tips .	90,987.66	x 0.029 = 2,638.64
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		x 0.009 =
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	13,921.11
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	21,314.97
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	21,314.97
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	
11c	Reserved for future use	11c	

*Include taxable qualified sick and family leave wages paid in this quarter of 2022 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in this quarter of 2022 for leave taken after March 31, 2020, and before April 1, 2021.

► You MUST complete all three pages of Form 941 and SIGN it.

Next ►

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

DXA

Form 941 (Rev. 6-2022)

Name (not your trade name)

ViSUS LLC

Employer identification number (EIN)

45-5506766

Part 1: Answer these questions for this quarter. (continued)

11d	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	11d	
11e	Reserved for future use	11e	
11f	Reserved for future use		
11g	Total nonrefundable credits. Add lines 11a, 11b, and 11d	11g	
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12	21,314.97
13a	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13a	21,314.97
13b	Reserved for future use	13b	
13c	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	13c	
13d	Reserved for future use	13d	
13e	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	13e	
13f	Reserved for future use	13f	
13g	Total deposits and refundable credits. Add lines 13a, 13c, and 13e	13g	21,314.97
13h	Reserved for future use	13h	
13i	Reserved for future use	13i	
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	
15	Overpayment. If line 13g is more than line 12, enter the difference		Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

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.

► You MUST complete all three pages of Form 941 and SIGN it.

Next ►

Name (not your trade name)

ViSUS LLC

Employer identification number (EIN)

45-5506766

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.
- 19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19
- 20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20
- 21 Reserved for future use 21
- 22 Reserved for future use 22
- 23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 23
- 24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24
- 25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25
- 26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 26
- 27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27
- 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28

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 all three 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

Roger P Beynon CPA CFE

PTIN

P00883396

Preparer's signature

Date

Firm's name (or yours
if self-employed)

Beynon & Associates

EIN

87-0451634

Address

PO Box 1268

Phone

(801) 268-8149

City

Bountiful

State

UT

ZIP code

84011

Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule DepositorsCalendar Year 2022

Department of the Treasury - Internal Revenue Service

Employer identification number 45-5506766Name (not your trade name) ViSUS LLC

Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. When you file this form with Form 941 or Form 941-SS, DO NOT change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Enter your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for details.

OMB No. 1545-0029

970311

Report for this Quarter (Check one.)

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Month 1

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20	3,552.49	28	
5	3,552.49	13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 1

7,104.98

Month 2

1		9		17		25	
2		10	3,552.49	18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24	3,552.49		

Tax liability for Month 2

7,104.98

Month 3

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7	3,552.49	15		23	3,552.52	31	
8		16		24			

Tax liability for Month 3

7,105.01

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter

21,314.97

**Utah State Tax Commission**

Taxpayer Services Division 210 N 1950 W Salt Lake City UT 84134

Date Generated: July 25, 2022

TAPWTH2017+

Utah Tax Form Transcript

This transcript contains the information in our system at the time the transcript was created.

TC-941E, Employer Withholding Return

TAP Confirmation #: 0-915-700-608

FEIN

45-5506766

Account Id

14651251-003-WTH

Filing Period Begin

01-Apr-2022

Filing Period End

30-Jun-2022

Amended Return

No

Received Date

1. FILING PERIOD WITHHOLDING DETAIL

Filing Period	Utah Wages	Federal Tax Withheld	UTAH State Tax Withheld
Jan - Mar	\$61,237.62	\$4,077.96	\$3,031.20
Apr - Jun	\$61,237.62	\$4,064.34	\$3,031.20
Jul - Sep	\$0.00	\$0.00	\$0.00
Oct - Dec	\$0.00	\$0.00	\$0.00

**Texas Workforce Commission's Unemployment Tax Services
Employer's Quarterly Report - Filed on July 25, 2022**

***** EMPLOYER FILE COPY *****

As of July 25, 2022 06:29 AM

The amounts displayed may be different than those submitted when the report was filed, due to transactions that were applied later.

Wage Report - Period Apr May Jun 2022

Confirmation Number:	30921654	
TWC Tax Account Number:	15-256680-8	
Employer:	VISUS LLC % VALERIO PASUCCI 1071 SOUTH 900 EAST SALT LAKE CITY, UT 84105-1349	
Report Due Date:	Jul 31, 2022	
Payment Due Date:	Jul 31, 2022	
Filed On:	Jul 25, 2022 06:29 AM	
Filed By:	Pasucci, Valerio	
Were any of the Texas employees listed on this report paid wages to another state during 2022?	No	

Wage Report Information

Number of Employees:	
Apr 2022:	2
May 2022:	2
Jun 2022:	2
Texas County:	ANDERSON

Employee Wage Summary

Texas Total Wages Reported:	\$29,750.00
Other States Taxable Wages:	\$0.00
Texas Taxable Wages:	\$3,750.00

Tax Summary

Tax Rate:	0.31%
Tax = Texas Taxable Wages x Tax Rate	
Tax:	\$11.63
Late Reporting Penalty:	\$0.00
Late Payment Interest:	\$0.00
Report Amount:	\$11.63

Employee Wage Details - Filed on July 25, 2022

Workforce Services
Unemployment Insurance
On-Line EFT Receipt of Acknowledgment
KEEP THIS COPY FOR YOUR RECORDS — PLEASE DO NOT MAIL

UI Employer Account #: C 7-573751-0

Employer Name: VISUS, LLC

Year/Qtr: 2022 Q2

Thank you for scheduling your payment.

Confirmation #: 7017077531

Transaction Authorized By: Roger

Total Amount Paid: \$172.12

Amount Applied to this Account: \$172.12

Settlement Date: Friday, July 29, 2022

Withdraw Money From the Following: Checking Account

Bank Account Number: ****9715

Bank Routing Number: *****2971 (WELLS FARGO BANK NA)

I understand that I can cancel this transaction up until 2:00 PM (Mountain Time) on 07/28/2022.

For instructions on how to cancel this transaction, please click here ([../Public/DeleteEFTPayment.aspx](#)).

Workforce Services
Unemployment Insurance
On-Line Quarterly Report

KEEP THIS COPY FOR YOUR RECORDS — PLEASE DO NOT MAIL

UI Employer Account #: C 7-573751-0
Employer Name: VISUS, LLC
Year/Qtr: 2022 Q2

	<u>1st Mo.</u>	<u>2nd Mo.</u>	<u>3rd Mo.</u>
Number of Employees Per Month	3	3	3
Total Wages Paid This Quarter			\$61,237.00
Wages in Excess of \$41,600.00			\$3,864.00
Subject Wages			\$57,373.00
Contribution Rate			0.003
Contribution Due			\$172.12
Interest			\$0.00
Late Filing Penalty			\$0.00
Total Due For This Quarter			<u>\$172.12</u>
Total Due On Account (includes Outstanding Balance)			<u><u>\$172.12</u></u>

IMPORTANT: This printout contains a recap of your Quarterly Report for the quarter and year indicated above. The Outstanding Balance and Total Due On Account amounts reflect your current Accounts Receivable Status with our department as of 7/25/2022 5:32:34 AM.

Workforce Services
Unemployment Insurance
On-Line Wage List Summary Report
KEEP THIS COPY FOR YOUR RECORDS — PLEASE DO NOT MAIL

UI Employer Account #: C 7-573751-0

Employer Name: VISUS, LLC

Year/Qtr: 2022 Q2

Total Wages This Quarter: \$61,237.00

Excess Wages This Quarter: \$3,864.00

Employees Listed This Quarter: 3

Date of Report: 7/25/2022

SSN	Employee Name	2022 Wages Jan 1 - Mar 31	2022 Wages Apr 1 - Jun 30	Excess Wages Apr 1 - Jun 30
*****5380	LUIC C ANTOLA	\$22,727.00	\$22,737.00	\$3,864.00
*****7734	STEVEN CALLAHAN	\$19,250.00	\$19,250.00	\$0.00
*****8750	JOHN SCHREINER	\$19,250.00	\$19,250.00	\$0.00