IPLOYEE: AL001 - ANT Social Security No:	275-86-5380	SSN Verified:	No faults, W2 Information, Job	Costing and Inventory De	faults, and Project Track	ing Defaults)	
Status:	Active	Need Final Check?	No	Status Chg Reason:	and I Toject Track	Login ID:	
Hourly Rate:	\$ 1.00	Annual Rate:	\$ 2,080.00	Workstate:	UT	Reporting Class:	W2
Pay Frequency:	Semi-Monthly - Direct d		\$ 2,000.00	Time Entry:	No	Household Worker:	No
Distributed Salary:	No	ESS Web Portal:	No	Email:	140	nousenoid Worker.	140
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
lob:	140	Cost Code:	140	Skill ID:	140	BOM Group Type:	140
Project:		Expense Type:		Category:		Costing Code:	
Jse ESS Time Entry:	No	ESS Entry Type:	Daily Entry - Basic	Workers Comp Cd:		costing code.	
•			Review Information, Employe				
lire Date:	11/21/2018	Start Date:	11/21/2018	Coverage Start Date:		Rehire Date:	03/21/2019
Termination Date:	11/21/2010	Last Raise Date:	03/01/2019	Last Raise Amt:	\$ 0.00	Next Raise Date:	03/21/2013
lext Raise Amt:	\$ 0.00	Last Review Date:	00/01/2013	Next Review Date:	Ψ 0.00	Career Status:	
Position:	φ 0.00	Department:		Location:		EEOC Disabled:	No
Client Code:		EEOC Job Cat:	Not Defined	Location.		Offer of Coverage:	None
1095-B Origin	None	Exclude from 1095:	No	Self Insured:	No	Offer of Coverage.	None
•			rs, Highest Education Level		NO		
Fitle:	TION (Gender / Etimic ID,	Gender:	15, Highest Education Level	Birth Date:		Ethnic ID:	
Maiden Name:		Gender.		Marital Status:		Etillic ID.	
Naiden Name: Address1:	74 East Resaca Drive B	12		Address2:			
	Sandy	State:	UT	Zip:	84070	Country	
City: Phone Number 1:	Sariuy	State.	O1	Phone Number 2:	04070	Country:	
				Priorie Number 2.			
Phone Number 3:	Not Defined	GPA:	0.00	Sahaal Nama:		Study Emphasia:	
School Type:	Not Delined		0.00	School Name:	None	Study Emphasis:	
Beg. Date Attended:	N	End Date Attended:		Degree Earned:	None		•
Military Status:	None	Military Branch:	None	Retirement Date:		Years Served:	0
Disabled Vet?:	No	D64 DI T4 D	ora Destina Destas Na III-i	ID Consider Lovel and I	January America		
,		ion, Benefit Plan Test, Di	rug Resting, Badge No, Uni				
Status:	Citizen			Alien Reg. No.		Expiration Date:	
Doc 1 Title:				Doc 2 Title:			
ssuing Authority:				Issuing Authority:		5 10 11 5 1	
Document No.		Reverification Date:		Document No.		Reverification Date:	
Expiration Date:	N.			Expiration Date:	M		
Comp. Type:	None			Key Employee:	None		
	No	Shareholder > 10%	No	Highest Paid 25%	No	V-uzh-z-v	
•					Nio	Look Data Tastast.	
Orug Test Req?:	No	Drug Test Passed?:	No	Use Tobacco?:	No	Last Date Tested:	
Drug Test Req?: Next Scheduled:	No		No		NO		
Selective Bargain? Drug Test Req?: Next Scheduled: Badge No. Security Exp. Date:	No	Drug Test Passed?:  Expiration Date: Issuing Agency:	No	Union ID:	NO	Security Level:	None

## **ViSUS LLC**

			Contou by i	Limployee ID			
IPLOYEE: AW001 - AD Social Security No:	OCOCK, WESTON S 430-99-9002	CON Varificat					
-		SSN Verified:	No				
Status:	Active	isaction Classification D		ob Costing and Inventory D	efaults, and Project Tracl	king Defaults)	
		Need Final Check?	No	Status Chg Reason:		Login ID:	
lourly Rate:	\$ 10.00	Annual Rate:	\$ 20,800.00	Workstate:	AR	Reporting Class:	W2
Pay Frequency:	Semi-Monthly - Direct d		Full Time	Time Entry:	No	Household Worker:	No
istributed Salary:	No	ESS Web Portal:	No	Email:	weston.adcock@yaho	oo.com	
xempt:	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
ob:		Cost Code:		Skill ID:		<b>BOM Group Type:</b>	
Project:		Expense Type:		Category:		Costing Code:	
Ise ESS Time Entry:	No	ESS Entry Type:	Daily Entry - Basic	Workers Comp Cd:		_	
		tes, Raise Information, F	Review Information, Emplo	yment)			
lire Date:	11/21/2019	Start Date:		Coverage Start Date:		Rehire Date:	
ermination Date:		Last Raise Date:		Last Raise Amt:	\$ 0.00	Next Raise Date:	
ext Raise Amt:	\$ 0.00	Last Review Date:		Next Review Date:		Career Status:	
osition:		Department:		Location:		EEOC Disabled:	No
lient Code:		EEOC Job Cat:	Not Defined			Offer of Coverage:	None
095-B Origin	None	Exclude from 1095:	No	Self Insured:	No	oner or coverage.	140110
ERSONAL INFORMAT	ΓΙΟΝ (Gender / Ethnic ID,	Address, Phone Numbe	rs, Highest Education Leve	el, Military Service)			
itle:		Gender:		Birth Date:		Ethnic ID:	
laiden Name:				Marital Status:		Lanne ID.	
ddress1:	154 CR 371			Address2:			
ity:	Bono	State:	AR	Zip:	72416	Country:	
hone Number 1:				Phone Number 2:	72110	Country.	
hone Number 3:				. Hono Humbor 2.			
chool Type:	Not Defined	GPA:	0.00	School Name:		Ctudy Frankasia	
eg. Date Attended:		End Date Attended:		Degree Earned:	None	Study Emphasis:	
lilitary Status:	None	Military Branch:	None		None		
isabled Vet?:	No	mintary Branch.	None	Retirement Date:		Years Served:	0
		on Renefit Plan Test Dr	rua Restina Radae No. Un	ion ID, Security Level and	Innaise Assess		
tatus:	Citizen	on, bonont rian rost, br	dg resting, badge No, On		issuing Agency)		
oc 1 Title:	OldZoll			Alien Reg. No.		Expiration Date:	
suing Authority:				Doc 2 Title:			
ocument No.		Poverification Date:		Issuing Authority:			
xpiration Date:		Reverification Date:		Document No.		Reverification Date:	
omp. Type:	None			Expiration Date:	Total -		
		01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Key Employee:	None		
elective Bargain?		Shareholder > 10%	No	Highest Paid 25%	No		
rug Test Req?:	No	Drug Test Passed?:	No	Use Tobacco?:	No	Last Date Tested:	
ext Scheduled:							
adge No. ecurity Exp. Date:		Expiration Date:		Union ID:		Security Level:	None
		Issuing Agency:					

ocial Security No:	631-32-9189	SSN Verified:	No efaults W2 Information 16	ob Costing and Inventory D	efaults, and Project Tra	cking Defaults)	
tatus:	Quit	Need Final Check?	No	Status Chg Reason:	eradits, and ritoject ma	Login ID:	
lourly Rate:	\$ 31.25	Annual Rate:	\$ 65,000.00	Workstate:	TX	Reporting Class:	W2
ay Frequency:	Semi-Monthly - Direct d		<b>4</b> 00,000.00	Time Entry:	No	Household Worker:	No
istributed 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
ob:		Cost Code:		Skill ID:		<b>BOM Group Type:</b>	
Project:		Expense Type:		Category:		Costing Code:	
Ise ESS Time Entry:	No	ESS Entry Type:	Daily Entry - Basic	Workers Comp Cd:			
MPLOYMENT INFOR	MATION (Employment Da	tes, Raise Information, F	Review Information, Emplo	oyment)			
lire Date:	09/11/2017	Start Date:	09/11/2017	Coverage Start Date:		Rehire Date:	
ermination Date:	01/31/2018	Last Raise Date:		Last Raise Amt:	\$ 0.00	Next Raise Date:	
lext Raise Amt:	\$ 0.00	Last Review Date:		Next Review Date:		Career Status:	
Position:		Department:		Location:		<b>EEOC Disabled:</b>	No
Client Code:		EEOC Job Cat:	Not Defined			Offer of Coverage:	None
095-B Origin	None	Exclude from 1095:	No	Self Insured:	No		
ERSONAL INFORMA	TION (Gender / Ethnic ID,	Address, Phone Numbe	ers, Highest Education Lev	vel, 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						
/ERIFICATIONS (I-9 /	Benefit / Security Informati	ion, Benefit Plan Test, D	rug Resting, Badge No, U	nion ID, Security Level and	Issuing Agency)		
Status:	Citizen			Alien Reg. No.		Expiration Date:	
Ooc 1 Title:				Doc 2 Title:			
ssuing Authority:				<b>Issuing Authority:</b>			
Document No.		Reverification Date:		Document No.		Reverification Date:	
xpiration Date:				<b>Expiration Date:</b>			
Comp. Type:	None			Key Employee:	None		
Selective Bargain?	No	Shareholder > 10%	No	Highest Paid 25%	No		
Orug Test Req?:	No	Drug Test Passed?:	No	Use Tobacco?:	No	Last Date Tested:	
Next Scheduled:							
Badge No.		<b>Expiration Date:</b>		Union ID:		Security Level:	None
		Issuing Agency:					

ocial Security No:	528-65-7734	SSN Verified:	No				
MPLOYEE SETUP (S	tatus, Pay Attributes, Trans	saction Classification De	faults, W2 Information, Jo	ob Costing and Inventory D	efaults, and Project Trac	king Defaults)	
Status:	Active	Need Final Check?	No	Status Chg Reason:		Login ID:	
lourly Rate:	\$ 0.00	Annual Rate:	\$ 0.00	Workstate:	UT	Reporting Class:	W2
ay Frequency:	Semi-Monthly - Direct d	Time Status:		Time Entry:	No	Household Worker:	No
istributed Salary:	No	ESS Web Portal:	No	Email:	steven_callahan@vis	us.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
lob:		Cost Code:		Skill ID:		<b>BOM Group Type:</b>	
Project:		Expense Type:		Category:		Costing Code:	
Jse ESS Time Entry:	No	ESS Entry Type:	Daily Entry - Basic	Workers Comp Cd:			
MPLOYMENT INFOR	MATION (Employment Da	tes, Raise Information, F	Review Information, Emplo	oyment)			
lire 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:		<b>Next Review Date:</b>		Career Status:	
Position:		Department:		Location:		<b>EEOC Disabled:</b>	No
Client Code:		<b>EEOC Job Cat:</b>	Not Defined			Offer of Coverage:	None
1095-B Origin	None	Exclude from 1095:	No	Self Insured:	No		
PERSONAL INFORMAT	TION (Gender / Ethnic ID,	Address, Phone Number	rs, Highest Education Lev	vel, 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 / I	Benefit / Security Informati	ion, Benefit Plan Test, D	rug Resting, Badge No, U	Inion ID, Security Level and	Issuing Agency)		
Status:	Citizen			Alien Reg. No.		Expiration Date:	
Doc 1 Title:				Doc 2 Title:			
ssuing Authority:				Issuing Authority:			
Document No.		Reverification Date:		Document No.		Reverification Date:	
Expiration Date:				<b>Expiration Date:</b>			
Comp. Type:	None			Key Employee:	None		
Selective Bargain?	No	Shareholder > 10%	No	Highest Paid 25%	No		
Drug Test Reg?:	No	Drug Test Passed?:	No	Use Tobacco?:	No	Last Date Tested:	
Next Scheduled:		•					
		Expiration Date:		Union ID:		Security Level:	None
Badge No.							

			Sorted by i	mployee ID			
IPLOYEE: DM001 - DC Social Security No:	474-76-3466	SSN Verified:	No				
EMPLOYEE SETUP (S	Status, Pay Attributes, Trar	nsaction Classification D	efaults, W2 Information, Jo	bb Costing and Inventory De	efaults, and Project Trac	cking 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	Trouberrold Worker.	140
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
lob:		Cost Code:		Skill ID:		BOM Group Type:	NO
Project:		Expense Type:		Category:		Costing Code:	
Jse ESS Time Entry:	No	ESS Entry Type:	Daily Entry - Basic	Workers Comp Cd:		costing code.	
MPLOYMENT INFOR	MATION (Employment Da	tes, Raise Information, F	Review Information, Emplo	yment)			
lire Date:	08/23/2021	Start Date:	08/23/2021	Coverage Start Date:		Rehire Date:	
ermination Date:		Last Raise Date:		Last Raise Amt:	\$ 0.00	Next Raise Date:	
lext Raise Amt:	\$ 0.00	Last Review Date:		Next Review Date:	Ψ 0.00	Career Status:	
osition:		Department:		Location:		EEOC Disabled:	NI-
Client Code:		EEOC Job Cat:	Not Defined	Location.			No
095-B Origin	None	Exclude from 1095:	No	Self Insured:	No	Offer of Coverage:	None
PERSONAL INFORMAT	TION (Gender / Ethnic ID,		rs, Highest Education Leve		INO		
Title:		Gender:	,g-reet Eddodion Eov	Birth Date:		=1	
laiden Name:		Gondon.		Marital Status:		Ethnic ID:	
Address1:	19 Clarion Ridge			Address2:			
City:	The Woodlands	State:	TX	Zip:	77200	•	
hone Number 1:	U.S. Standard	(193) 644-3473 0	Cell	Phone Number 2:	77382	Country:	
hone Number 3:		(100) 011 017 00	OCII	Phone Number 2:	U.S. Standard	(936) 271-0204	Land line
school Type:	Not Defined	GPA:	0.00	Cobool Name			
Beg. Date Attended:	, rot 2 om rou	End Date Attended:	0.00	School Name:		Study Emphasis:	
filitary Status:	None		Mana	Degree Earned:	None		
Disabled Vet?:	No	Military Branch:	None	Retirement Date:		Years Served:	0
		P	<b>.</b>				
		on, Benefit Plan Test, Dr	rug Resting, Badge No, Un	ion ID, Security Level and I	ssuing Agency)		
tatus:	Citizen			Alien Reg. No.		Expiration Date:	
oc 1 Title:				Doc 2 Title:			
ssuing Authority:				Issuing Authority:			
ocument No.		Reverification Date:		Document No.		Reverification Date:	
xpiration Date:				<b>Expiration Date:</b>			
omp. Type:	None			Key Employee:	None		
	No	Shareholder > 10%	No	Highest Paid 25%	No		
			NIa		No		
rug Test Req?:	No	Drug Test Passed?:	No	Use Tobacco?:	INO	Last Date Tested:	
elective Bargain? Prug Test Req?: lext Scheduled:	No	Drug Test Passed?:	NO	Ose Tobacco ::	NO	Last Date Tested:	
rug Test Req?:	No	Drug Test Passed?:  Expiration Date:	NO	Union ID:	NO	Security Level:	None

PLOYEE: GA001 - GO Social Security No:	529-29-4804	SSN Verified:	No faults, W2 Information, Job	Costing and Inventory De	sfaults, and Project Track	ing Defaults)	
Status:	Active	Need Final Check?	No	Status Chg Reason:		Login ID:	
lourly Rate:	\$ 0.00	Annual Rate:	\$ 93,656.00	Workstate:	TX	Reporting Class:	W2
ay Frequency:	Semi-Monthly - Direct d		<b>\$</b> 00,000.00	Time Entry:	No	Household Worker:	No
istributed Salary:	No	ESS Web Portal:	No	Email:			,
xempt:	No	Hire Act Eligible:	No	Trans Class 1:		Trans Class 2:	
tatutory Emp?:	No	Pension Plan?:	No	3rd Party Sick Pay?:	No	Electronic W2?:	No
ob:		Cost Code:		Skill ID:		BOM Group Type:	
roject:		Expense Type:		Category:		Costing Code:	
se ESS Time Entry:	No	ESS Entry Type:	Daily Entry - Basic	Workers Comp Cd:			
			Review Information, Employr				
ire Date:	05/01/2016	Start Date:	05/01/2016	Coverage Start Date:		Rehire Date:	
ermination Date:		Last Raise Date:		Last Raise Amt:	\$ 0.00	Next Raise Date:	
ext Raise Amt:	\$ 0.00	Last Review Date:		Next Review Date:		Career Status:	
osition:		Department:		Location:		EEOC Disabled:	No
lient Code:		EEOC Job Cat:	Not Defined			Offer of Coverage:	None
095-B Origin	None	Exclude from 1095:	No	Self Insured:	No	_	
ERSONAL INFORMAT	TION (Gender / Ethnic ID,	Address, Phone Numbe	rs, Highest Education Level	, Military Service)			
ïtle:		Gender:		Birth Date:		Ethnic ID:	
laiden Name:				Marital Status:			
ddress1:	2808 Brothers Blvd			Address2:			
ity:	College Station	State:	TX	Zip:	77845	Country:	
hone Number 1:				Phone Number 2:			
hone Number 3:							
School Type:	Not Defined	GPA:	0.00	School Name:		Study Emphasis:	
eg. Date Attended:		End Date Attended:		Degree Earned:	None		
lilitary Status:	None	Military Branch:	None	Retirement Date:		Years Served:	0
isabled Vet?:	No	•					
'ERIFICATIONS (I-9 / I	Benefit / Security Informati	on, Benefit Plan Test, D	rug Resting, Badge No, Unio	on ID, Security Level and	Issuing Agency)		
tatus:	Citizen			Alien Reg. No.		Expiration Date:	
oc 1 Title:				Doc 2 Title:			
ssuing Authority:				Issuing Authority:			
ocument No.		Reverification Date:		Document No.		Reverification Date:	
xpiration Date:				<b>Expiration Date:</b>			
omp. Type:	None			Key Employee:	None		
elective Bargain?	No	Shareholder > 10%	No	Highest Paid 25%	No		
rug Test Req?:	No	Drug Test Passed?:	No	Use Tobacco?:	No	Last Date Tested:	
lext Scheduled:							
Badge No.		Expiration Date:		Union ID:		Security Level:	None
auge No.				••		occurry Ector.	110110

MPLOYEE: HD001 - HC		00114 :5 .					
Social Security No:	431-21-2455	SSN Verified:	No	10 %			
Status:				ob Costing and Inventory D	efaults, and Project Tra	acking Defaults)	
	Maternity / Family Leav \$ 25.00		No 0.50.000.00	Status Chg Reason:		Login ID:	
lourly Rate:		Annual Rate:	\$ 52,000.00	Workstate:	AR	Reporting Class:	W2
ay Frequency:	Semi-Monthly - Direct d		Part Time	Time Entry:	No	Household Worker:	No
istributed Salary:	No	ESS Web Portal:	No	Email:			
xempt:	No	Hire Act Eligible:	No	Trans Class 1:		Trans Class 2:	
tatutory Emp?:	No	Pension Plan?:	No	3rd Party Sick Pay?:	No	Electronic W2?:	No
ob:		Cost Code:		Skill ID:		<b>BOM Group Type:</b>	
roject:		Expense Type:		Category:		Costing Code:	
lse ESS Time Entry:		ESS Entry Type:	Daily Entry - Basic	Workers Comp Cd:			
	MATION (Employment Da	tes, Raise Information, I	Review Information, Emplo	oyment)			
ire Date:	07/01/2019	Start Date:	07/01/2019	Coverage Start Date:		Rehire Date:	
ermination Date:		Last Raise Date:		Last Raise Amt:	\$ 0.00	Next Raise Date:	
ext Raise Amt:	\$ 0.00	Last Review Date:		<b>Next Review Date:</b>		Career Status:	
osition:		Department:		Location:		EEOC Disabled:	No
Client Code:		<b>EEOC Job Cat:</b>	Not Defined			Offer of Coverage:	None
095-B Origin	None	Exclude from 1095:	No	Self Insured:	No		
ERSONAL INFORMAT	TION (Gender / Ethnic ID,	Address, Phone Number	ers, Highest Education Lev	rel, Military Service)			
itle:		Gender:		Birth Date:		Ethnic ID:	***************************************
laiden Name:				Marital Status:		Edillic ID.	
ddress1:	418 W Philadelphia Roa	d		Address2:			
ity:	Jones Boro	State:	AR	Zip:	72401	Country:	
hone Number 1:				Phone Number 2:	12101	Country.	
hone Number 3:				r none ramber 2.			
chool Type:	Not Defined	GPA:	0.00	School Name:		Study Emphasis:	
eg. Date Attended:		End Date Attended:		Degree Earned:	None	otday Emphasis.	
lilitary Status:	None	Military Branch:	None	Retirement Date:	None	Va 0 1	
isabled Vet?:	No	minuary Dranom.	110110	Retirement Date.		Years Served:	0
		on, Benefit Plan Test, Di	rug Resting Badge No Lli	nion ID, Security Level and	Issuing Agonov)		
tatus:	Citizen	, , , , , , , , , , , , , , , , , , , ,		Alien Reg. No.		Fundamentian Data	
oc 1 Title:				Doc 2 Title:		Expiration Date:	
suing Authority:				Issuing Authority:			
ocument No.		Reverification Date:		,		<b>D</b> 10 11 <b>D</b> 1	
xpiration Date:		notoninoation bate.		Document No.		Reverification Date:	
omp. Type:	None			Expiration Date:	Mana		
elective Bargain?	No	Shareholder > 10%	No	Key Employee:	None		
rug Test Reg?:	No		No	Highest Paid 25%	No		
ext Scheduled:	INO	Drug Test Passed?:	No	Use Tobacco?:	No	Last Date Tested:	
		Francisco D. C.					
adge No.		Expiration Date:		Union ID:		Security Level:	None
ecurity Exp. Date:		Issuing Agency:					

			Sorted by	Employee ID			
MPLOYEE: PS001 - PE Social Security No:	112-13-9122	SSN Verified:	No				
EMPLOYEE SETUP (S	Status, Pay Attributes, Trar	nsaction Classification D	efaults, W2 Information, Je	ob Costing and Inventory De	efaults, and Project Track	ing 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:		ESS Entry Type:	Daily Entry - Basic	Workers Comp Cd:			
EMPLOYMENT INFOR	RMATION (Employment Da	tes, Raise Information, I	Review Information, Emplo	oyment)			
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	and the same of th	
PERSONAL INFORMA	TION (Gender / Ethnic ID,	Address, Phone Number	ers, Highest Education Lev	vel, 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:		,	
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	•				rears ocrycu.	O
VERIFICATIONS (I-9 /	Benefit / Security Informati	on, Benefit Plan Test, D	rug Resting, Badge No, Ur	nion ID, Security Level and	Issuina Agency)		
Status:	Citizen		0. 0.	Alien Reg. No.		Expiration Date:	
Doc 1 Title:				Doc 2 Title:		Expiration bate.	
Issuing Authority:				Issuing Authority:			
Document No.		Reverification Date:		Document No.		Reverification Date:	
Expiration Date:				Expiration Date:		revermeation 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:		•	5	200 10240001.		Last Date 185180.	
Badge No.		Expiration Date:		Union ID:		Security Loyals	None
Security Exp. Date:		Issuing Agency:		Smon ib.		Security Level:	None
,,							

			Corted by En	ipiojee ib			
PLOYEE: SJ001 - SCH Social Security No:	398-84-8750	SSN Verified:	No No staulta W2 Information John	Costing and Inventory De	faulta and Project Track	sing Defaulte)	
			efaults, W2 Information, Job		riaulis, and Project Track		
Status:	Active	Need Final Check?	No © 0.00	Status Chg Reason:	UT	Login ID:	14/0
Hourly Rate:	\$ 0.00	Annual Rate:	\$ 0.00	Workstate:	UT	Reporting Class:	W2
Pay Frequency:	Semi-Monthly - Direct d			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:		ESS Entry Type:	Daily Entry - Basic	Workers Comp Cd:			
EMPLOYMENT INFOR	` ' '		Review Information, Employr	ment)			
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:		<b>EEOC Disabled:</b>	No
Client Code:		EEOC Job Cat:	Not Defined			Offer of Coverage:	None
1095-B Origin	None	Exclude from 1095:	No	Self Insured:	No		
PERSONAL INFORMAT	TION (Gender / Ethnic ID,	Address, Phone Numbe	rs, 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	mintary Branon.	110110	Rothelle Bate.		rears ocrited.	Ü
		ion. Benefit Plan Test. Di	rug Resting, Badge No, Unio	on ID. Security Level and I	ssuing Agency)		
Status:	Citizen	, 20.10.11, 10.1, 1001, 201, 201	ag resting, bargeris, sim	Alien Reg. No.		Expiration Date:	
Doc 1 Title:	Oluzon			Doc 2 Title:		Expiration bate.	
Issuing Authority:				Issuing Authority:			
Document No.		Reverification Date:		Document No.		Reverification Date:	
Expiration Date:		Revermention Date.		Expiration Date:		Nevermeation Date:	
	None				None		
Comp Typo:	None			Key Employee: Highest Paid 25%			
	No	Charabalalara 400/		HIGHOST MAIN 75%	No		
Selective Bargain?	No	Shareholder > 10%	No				
Selective Bargain? Drug Test Req?:	No No	Shareholder > 10%  Drug Test Passed?:	No No	Use Tobacco?:	No	Last Date Tested:	
Selective Bargain? Drug Test Req?: Next Scheduled:		Drug Test Passed?:		Use Tobacco?:			
Comp. Type: Selective Bargain? Drug Test Req?: Next Scheduled: Badge No. Security Exp. Date:						Last Date Tested: Security Level:	None

IMPLOYEE SETUP (S	tatus, Pay Attributes, Tran	saction Classification De	efaults, VV2 Information, J	ob Costing and Inventory De	eraults, and Project	racking Defaults)	
tatus:	Quit	Need Final Check?	No	Status Chg Reason:		Login ID:	
lourly Rate:	\$ 20.00	Annual Rate:	\$ 41,600.00	Workstate:	AR	Reporting Class:	W2
ay Frequency:	Semi-Monthly - Direct d	Time Status:		Time Entry:	No	Household Worker:	No
istributed Salary:	No	ESS Web Portal:	No	Email:			
xempt:	No	Hire Act Eligible:	No	Trans Class 1:		Trans Class 2:	
tatutory Emp?:	No	Pension Plan?:	No	3rd Party Sick Pay?:	No	Electronic W2?:	No
ob:		Cost Code:		Skill ID:		<b>BOM Group Type:</b>	
Project:		Expense Type:		Category:		Costing Code:	
Jse ESS Time Entry:	No	ESS Entry Type:	Daily Entry - Basic	Workers Comp Cd:			
MPLOYMENT INFOR	MATION (Employment Da	tes, Raise Information, F	Review Information, Emplo	oyment)			
lire Date:	02/18/2019	Start Date:	02/18/2019	Coverage Start Date:		Rehire Date:	
ermination 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:		<b>Next Review Date:</b>		Career Status:	
Position:		Department:		Location:		EEOC Disabled:	No
Client Code:		<b>EEOC Job Cat:</b>	Not Defined			Offer of Coverage:	None
1095-B Origin	None	Exclude from 1095:	No	Self Insured:	No		
PERSONAL INFORMAT	TION (Gender / Ethnic ID,	Address, Phone Number	rs, Highest Education Lev	vel, Military Service)			
Γitle:		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						
	Benefit / Security Informati	ion, Benefit Plan Test, D	rug Resting, Badge No, U	nion ID, Security Level and	Issuing Agency)		
Status:	Citizen			Alien Reg. No.		Expiration Date:	
Doc 1 Title:				Doc 2 Title:		•	
ssuing Authority:				Issuing Authority:			
Document No.		Reverification Date:		Document No.		Reverification Date:	
Expiration Date:				<b>Expiration Date:</b>			
Comp. Type:	None			Key Employee:	None		
Selective Bargain?	No	Shareholder > 10%	No	Highest Paid 25%	No		
Orug Test Req?:	No	Drug Test Passed?:	No	Use Tobacco?:	No	Last Date Tested:	
Next Scheduled:		•					
		Evnivation Data:		Union ID:		Security Level:	None
Badge No.		Expiration Date:		OHIOH ID.		Security Level.	140116

## 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
	EMDLOVEE (AMOOA) TOTAL	
EMPLOYEE: CS001 - CALLAHAN, STEVEN	EMPLOYEE (AW001) TOTAL:	\$0.00
EARNINGS		<b>*</b> 00 <b>5</b> 00 00
Salary	960.0000 EARNINGS TOTAL:	\$38,500.08
	EARNINGS TOTAL:	\$38,500.08
TAX DEDUCTIONS		
Social Security		-\$2,387.04
Medicare Federal Income Tax		-\$558.24
State Income Tax		-\$2,091.10 -\$1,905.72
otato moome tax	TAX DEDUCTIONS TOTAL:	
	WW. DEBOOTION OF TOTAL	-\$6,942.10
OTHER DEDUCTIONS		004 557 00
EFT Direct Deposit	OTHER DEDUCTIONS TOTAL:	-\$31,557.98
	OTHER DEDOCTIONS TOTAL.	-\$31,557.98
THE OVER DUMAN DODING MADING	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	TAV B	-\$108.72
	TAX DEDUCTIONS TOTAL:	-\$573.72
OTHER DEDUCTIONS		

## PR Employee Feature Summary Totals (Current)

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

Hours	Feature
	EMPLOYEE: DM001 - DOBIN, MARK W.
	EFT Direct Deposit
OTHER DEDUCTIONS TOTAL:	
EMPLOYEE (DM001) TOTAL:	
	EMPLOYEE: GA001 - GOOCH, AMY A.
	EARNINGS
1039.9992	Salary
	Bonus
EARNINGS TOTAL:	
	TAX DEDUCTIONS
	Social Security
	Medicare
	Federal Income Tax
TAX DEDUCTIONS TOTAL:	
	OTHER DEDUCTIONS
	EFT Direct Deposit
OTHER DEDUCTIONS TOTAL:	
EMPLOYEE (GA001) TOTAL:	
	EMPLOYEE: SJ001 - SCHREINER, JOHN
	EARNINGS
960.0000	Salary
EARNINGS TOTAL:	
	TAX DEDUCTIONS
	Social Security
	Medicare
	Federal Income Tax
	State Income Tax
TAX DEDUCTIONS TOTAL:	
	OTHER DEDUCTIONS
	EFT Direct Deposit
OTHER DEDUCTIONS TOTAL:	
EMPLOYEE (SJ001) TOTAL:	
REPORT TOTAL:	
	OTHER DEDUCTIONS TOTAL:  EMPLOYEE (DM001) TOTAL:  1039.9992  EARNINGS TOTAL:  TAX DEDUCTIONS TOTAL:  EMPLOYEE (GA001) TOTAL:  960.0000 EARNINGS TOTAL:  TAX DEDUCTIONS TOTAL:  OTHER DEDUCTIONS TOTAL:  EMPLOYEE (SJ001) TOTAL:

## PR Employee Feature Summary Grand Totals (Current)

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

Feature		Hours	Debit	Credit	Net
EMPLOYEE PORTION TO	TALS				
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
* Amounts shown in grey do not affect	subtotals.				
	GRAND TOTALS:	4,488.0692	\$216,384.84	\$216,384.84	\$0.00

Form 941 for 2022: Employer's QUARTERLY Federal Tax Return 970122 (Rev. March 2022) Department of the Treasury -- Internal Revenue Service OMB No. 1545-0029 Report for this Quarter of 2022 Employer identification number (EIN) (Check one.) X 1: January, February, March Name (not your trade name) ViSUS LLC 2: April, May, June Trade name (if any) 3: July, August, September 1071 South 900 East Address 4: October, November, December Suite or room number Go to www.irs.gov/Form941 for instructions and the latest information. Salt Lake City 84105 UT ZIP code State Foreign country name Foreign province/county Foreign postal code Read the separate instructions before you complete Form 941. Type or print within the boxes. Part 1: Answer these questions for this quarter.

1	including: <i>Mar.</i> 12 (Quarter 1)	ages, tips, or other con	•		1 [	6
2	Wages, tips, and other compensation				2	95,067.96
3	Federal income tax withheld from wage	es, tips, and other com	pensation		3	7,909.65
4	If no wages, tips, and other compensat	tion are subject to soc	al security	or Medicare tax	[	Check and go to line 6.
	_	Column 1		Column 2		
5a	Taxable social security wages* .	95,067.96	x 0.124 =	11,788	43	*Include taxable qualified sick and family leave wages paid in 2022 for
5a	(i) Qualified sick leave wages* .		x 0.062 =			leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for
5a	(ii) Qualified family leave wages*		x 0.062 = [			taxable qualified sick and family leave wages paid in 2022 for leave
5b	Taxable social security tips		x 0.124 =			taken after March 31, 2020, and
5c	Taxable Medicare wages & tips .	95,067.96	x 0.029 =	2,756.	.97	before April 1, 2021.
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 [	14,545.40
5f	Section 3121(q) Notice and Demand	Tax due on unreported	tips (see in	structions)	5f [	
6	Total taxes before adjustments. Add lin	es 3, 5e, and 5f			6	22,455.05
7	Current quarter's adjustment for fraction	ons of cents			7	
8	Current quarter's adjustment for sick p	pay			8	
9	Current quarter's adjustments for tips	and group-term life ins	urance		9	
10	Total taxes after adjustments. Combine	e lines 6 through 9			10 [	22,455.05
11a	Qualified small business payroll tax cred	it for increasing researc	h activities.	Attach Form 8974	11a [	
11b	Nonrefundable portion of credit for quality before April 1, 2021	fied sick and family leav	-		11b[	
11c	Reserved for future use				11c	

	e (not your trade name)	En	nployer id	dentification number (EIN)	
	US LLC		45-5506766		
Part	1: Answer these questions for this quarter. (continued)				
11d	Nonrefundable portion of credit for qualified sick and family leave wages for after March 31, 2021, and before October 1, 2021				
11e	Nonrefundable portion of COBRA premium assistance credit (see instructi applicable quarter)	ons for	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 fi	rom line 10	12	22,455.05	
13a	Total deposits for this quarter, including overpayment applied from a prior qua overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the	rter and current qua	rter 13a	22,455.05	
13b	Reserved for future use		13b		
13c	Refundable portion of credit for qualified sick and family leave wages for le before April 1, 2021	eave taken	13c		
13d	Reserved for future use		13d	Participants of the second sec	
13e	Refundable portion of credit for qualified sick and family leave wages for le after March 31, 2021, and before October 1, 2021		13e		
13f	Refundable portion of COBRA premium assistance credit (see instructions quarter)	for applica	able 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 instruc-	ctions .	14		
15	Overpayment. If line 13g is more than line 12, enter the difference		eck one:	Apply to next return. Send a refund.	
Part 2	The second district and tax hability for this quarter				
f you'	re unsure about whether you're a monthly schedule depositor or a semiweek	ly schedule	e deposit	or, see section 11 of Pub. 15.	
16 C	heck one:  Line 12 on this return is less than \$2,500 or line 12 on the reand you didn't incur a \$100,000 next-day deposit obligation quarter was less than \$2,500 but line 12 on this return is \$100 federal tax liability. If you're a monthly schedule depositor, or semiweekly schedule depositor, attach Schedule B (Form 941).	during the 0,000 or mo	current ore, you n	quarter. If line 12 for the prior	
	You were a monthly schedule depositor for the entire quarter liability for the quarter, then go to Part 3.	r. Enter you	ur tax liab	ility for each month and total	
	Tax liability: Month 1				
	Month 2				
	Month 3				
		Total must			
	You were a semiweekly schedule depositor for any part of this	is quarter.	Complete	Schedule B (Form 941),	

	not your trade name)		Employer	identification number (EIN)			
	S LLC			06766			
Part 3			usiness, leave it	blank.			
17	If your business has closed or you stopped paying wages			Check here, and			
	enter the final date you paid wages ; a	also attach a state	ment 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	s for leave taken before	ore April 1, 2021 1	9			
	Qualified health plan expenses allocable to qualified family leave wag	es for leave taken b	efore April 1, 2021 2	0			
21	Reserved for future use		2	1 Secretary			
	Reserved for future use			2			
	Qualified sick leave wages for leave taken after March 31, 202			3			
	Qualified health plan expenses allocable to qualified sick			4			
	Amounts under certain collectively bargained agreements leave wages reported on line 23			5			
26	Qualified family leave were for leave taken after Manch 94	004					
	Qualified family leave wages for leave taken after March 31, 2						
	Qualified health plan expenses allocable to qualified family le			7			
	Amounts under certain collectively bargained agreements leave wages reported on line 26		•	8			
Part 4:							
	Do you want to allow an employee, a paid tax preparer, or and for details.	other person to dis	scuss this return w	ith the IRS? See the instructions			
[	Yes. Designee's name and phone number						
	Select a 5-digit Personal Identification Number (PIN)	to use when talki	ng to the IRS				
[	X No.	to doc whom talki	ig to the irec.				
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 bel	ief, it is true, correct, and complete. Declaration of preparer (other the	nan taxpayer) is bas	ed on all information	of which preparer has any knowledge.			
\	Sign your		Print your name here				
	name here	5	Print your				
	•		title here				
	D						
	Date		Best daytime p	hone			
Pai	d Preparer Use Only		Check if you	are self-employed			
Prepa	rer's name Roger P Beynon CPA CFE		PTIN	P00883396			
Prepar	rer's signature		Date				
	name (or yours Beynon & Associates		EIN	87-0451634			
Addres	PO Box 1268		Phone	(801) 268-8149			
City	Bountiful	State UT	ZIP code	84011			

(	Schedule B (For Calendar Year <u>2022</u> Employer identification r		abili	ty for Semiweekly Scher ent of the Treasury - Internal Reve	dule enue S	Repor	No. 1545-0029 970311 t for this Quarter (Check one.)
l v nbtl	lame (not your trade nam	e) [	use justm e a s e. Er 15 (C	it to show your deposits. When lents reported on any Forms 94 semiweekly schedule depositor- iter your daily tax liability on the ircular E), Employer's Tax Guid	you fi 1-X or or bec numb le, for		<ol> <li>January, February, March</li> <li>April, May, June</li> <li>July, August, September</li> <li>October, November, December</li> </ol>
1	ionar i	9	17		25		Tax liability for Month 1
2		10	18		26		7,149.17
3		11	19		7		
4		12	20	3,564.77	_] 27 		
5		13	21		29		$\exists$
6		14	22		30		
7	3,584.40	15	23		31		
8		16	24				
M	onth 2	7			7		
1		9	17		25		Tax liability for Month 2
2		10	18	3,552.49	26		7,104.98
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				
M	onth 3	1 [	ſ		ו ר		
1		9	17		25		Tax liability for Month 3
2		10	18	3,552.49	26		8,200.90
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				Total liability for the quarter
				y for the quarter (Month 1 must equal line 12 on F			22,455.05



## **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

45-5506766

Account Id 14651251-003-WTH Filing Period Begin 01-Jan-2022

Filing Period End 31-Mar-2022

Filing Period End 31-Mar-2022
Amended Return No

Received Date

FEIN

#### 1. FILING PERIOD WITHHOLDING DETAIL

Filing Period	<b>Utah Wages</b>	Federal Tax Withheld	<b>UTAH State Tax Withheld</b>
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)

Employers (/employer/index.html)

Assistance (/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).

Job Search (/jobseeker/index.html)

Employers (/employer/index.html)

Assistance (/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

	1st Mo.	2nd Mo.	3rd Mo.	
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				\$183.68
Total Due On Account (includes Outstanding Balance)				\$183.68

**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)

970122

Department of the Treasury -- Internal Revenue Service OMB No. 1545-0029 Report for this Quarter of 2022 Employer identification number (EIN) (Check one.) 1: January, February, March Name (not your trade name) Visus LLC 2: April, May, June Trade name (if any) 3: July, August, September 1071 South 900 East Address 4: October, November, December Suite or room number Go to www.irs.gov/Form941 for instructions and the latest information. Salt Lake City UT 84105 City ZIP code State Foreign country name Foreign province/county Foreign postal code Read the separate instructions before you complete Form 941. Type or print within the boxes. Part 1: Answer these questions for this quarter. Number of employees who received wages, tips, or other compensation for the pay period 5 including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) . . . . . . 90,987.66 2 Wages, tips, and other compensation ............. 7,393.86 Federal income tax withheld from wages, tips, and other compensation ..... 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  $90,987.66 \times 0.124 =$ \*Include taxable qualified sick and 11,282.47 5a Taxable social security wages\* family leave wages paid in this quarter of 2022 for leave taken 5a (i) Qualified sick leave wages\* x 0.062 =after March 31, 2021, and before October 1, 2021, on line 5a. Use (ii) Qualified family leave wages\* x 0.062 =5a lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in this quarter of 2022 x 0.124 =Taxable social security tips 5b for leave taken after March 31. 90,987.66 2,638.64 2020, and before April 1, 2021. 5c Taxable Medicare wages & tips x 0.029 =Taxable wages & tips subject to 5d  $\times 0.009 =$ Additional Medicare Tax withholding 13,921.11 5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d 5f 5f Section 3121(q) Notice and Demand -- Tax due on unreported tips (see instructions) . . 21,314.97 Total taxes before adjustments. Add lines 3, 5e, and 5f 6 Current quarter's adjustment for fractions of cents 8 Current quarter's adjustment for sick pay Current quarter's adjustments for tips and group-term life insurance 9 21,314.97 10 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11a 11a 11b Nonrefundable portion of credit for qualified sick and family leave wages for leave taken 11b before April 1, 2021 Reserved for future use ▶ You MUST complete all three pages of Form 941 and SIGN it.

		Employer identification number (EIN)
	JS LLC	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 after March 31, 2021, and before October 1, 2021	
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 1	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.	uarter 13a 21,314.97
13b	Reserved for future use	. 13b
13c	Refundable portion of credit for qualified sick and family leave wages for leave take before April 1, 2021	
13d	Reserved for future use	. 13d
13e	Refundable portion of credit for qualified sick and family leave wages for leave take after March 31, 2021, and before October 1, 2021	
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	. 131
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	2: Tell us about your deposit schedule and tax liability for this quarter.	
you'	re unsure about whether you're a monthly schedule depositor or a semiweekly sched	dule depositor, see section 11 of Pub. 15.
6 C	Line 12 on this return is less than \$2,500 or line 12 on the return for and you didn't incur a \$100,000 next-day deposit obligation during t quarter was less than \$2,500 but line 12 on this return is \$100,000 or federal tax liability. If you're a monthly schedule depositor, complete semiweekly schedule depositor, attach Schedule B (Form 941). Go to Par	the current quarter. If line 12 for the prior more, you must provide a record of your the deposit schedule below; if you're a
	You were a monthly schedule depositor for the entire quarter. Enter liability for the quarter, then go to Part 3.	your tax liability for each month and total
	Tax liability: Month 1	
	Month 2	
	Month 3	
	Total liability for quarter Total mu	ust equal line 12.
	You were a semiweekly schedule depositor for any part of this quart	

Name (not your trade na	me)		5500300
Visus LLC	out your business. If a question does NOT		-5506766
	ss has closed or you stopped paying wages		Check here, and
enter the final of	late you paid wages; als	so attach a statement to your re	turn. See instructions.
18 If you're a sea	sonal employer and you don't have to file a re	eturn 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	olan expenses allocable to qualified family leave wage	s for leave taken before April 1, 202	1 20
21 Reserved for t	uture use		21
22 Reserved for t	uture use		22
23 Qualified sick l	eave wages for leave taken after March 31, 2021	, and before October 1, 2021	23
	th plan expenses allocable to qualified sick le		3 24
	er certain collectively bargained agreements apported on line 23	·	25
26 Qualified famil	y leave wages for leave taken after March 31, 20	21, and before October 1, 2021	26
	h plan expenses allocable to qualified family lea		27
28 Amounts unde	er certain collectively bargained agreements		
leave wages r	eported on line 26		28
	eak with your third-party designee?		
Do you want to for details.	allow an employee, a paid tax preparer, or ano	ther person to discuss this retu	irn with the IRS? See the instructions
Yes. Desi	gnee's name and phone number		
Select X	ct a 5-digit Personal Identification Number (PIN)	to use when talking to the IRS.	
	You MUST complete all three pages of Fo	rm 941 and SIGN it.	
Under penalties of perju	rry, I declare that I have examined this return, including rect, and complete. Declaration of preparer (other the	ng accompanying schedules and s	tatements, and to the best of my knowledge
and belief, it is true, cor	rect, and complete. Declaration of preparer (other th	Print your	lation of which preparer has any knowledge.
Sign y		name her	9
name	nere	Print your title here	
•	Date	Best dayti	me 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	Pho	ne (801) 268-8149
City	Bountiful	State UT ZIP	code 84011

Schedule B (Forn	1 94	41): Report of Tax Lia	bilit	y for Semiweekly Sched nt of the Treasury - Internal Reven	ule C	-1		1545-0029 970311
Calendar Year 2022				,		кер	7	or this Quarter (Check one.)
Employer identification nu						X		January, February, March
Name (not your trade name	) <u>V</u> .	BILITY for the quarter: DO NOT	use i	t to show your denosits. When y	ou file		7	April, May, June July, August, September
Use this schedule to show your TA with Form 941 or Form 941-SS, Di must fill out this form and attach it because your accumulated tax liat that corresponds to the date wage.	NO to For bility o	F change your tax liability by adj m 941 or Form 941-SS if you an n any day was \$100,000 or more e paid. See Section 11 in Pub. 1	ustme a se E. Enf 5 (Ci	ents reported on any Forms 941 emiweekly schedule depositor o er your daily tax liability on the r rcular E), Employer's Tax Guide	-X or 9 r beca numbe , for d	944-X. You ime one ired space etails.	1	October, November, December
Month 1	9		17		25			Tax liability for Month 1
2	10		18		26			7,104.98
	11		19		27			
3	] [			2 552 40	7			
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					
Month 2					_			
1	9		17		25			Tax liability for Month 2
2	10	3,552.49	18		26			7,104.98
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				
Month 3								
1	9		] 17		25			Tax liability for Month 3
2	] 10		18		26			7,105.01
3	] 11		] 19		27			
4	] 12		20		28			
5	] 13		21		29			
6	14		] 22		30	)		
3,552.49	15		23	3,552.52	31			
8	16		24					Total liability for the quarter
		Fill in your total		ility for the quarter (Month				21,314.97

## **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	<b>Utah Wages</b>	Federal Tax Withheld	<b>UTAH State Tax Withheld</b>
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.

Vage Report - Period Apr May Jun 2	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	9
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 li another state during 2022?	isted on this report paid wages to	No
Vage Report Information		
Number of Employees:		
Apr 2022:	2	
May 2022:	2	
Jun 2022:	2	
Texas County:	ANDERSON	
mployee Wage Summary		
Texas Total Wages Reported:		\$29,750.00
Other States Taxable Wages:		\$0.00
Texas Taxable Wages:		\$3,750.00
ax 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
mployee Wage Details - Filed on Ju	ny 20, 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

Number of Employees Per Month	1st Mo. 3	2nd Mo. 3	3rd Mo. 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				\$172.12
Total Due On Account (includes Outstanding Balance)				\$172.12

**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