

# Form 941 Employer's Quarterly Federal Tax Return

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029 • 2026

Report for this Quarter of 2026 (check one)

1: Jan-Mar
  2: Apr-Jun
  3: Jul-Sep
  4: Oct-Dec

Employer identification number (EIN)

Name (not your trade name)

**Dream Aesthetic**

Trade name (if any) / Address

**TX**

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation		0
2	Wages, tips, and other compensation		\$0.00
3	Federal income tax withheld from wages, tips, and other compensation		\$0.00
4	If no wages, tips, and other compensation are subject to SS or Medicare tax <input type="checkbox"/> Check and go to line 6		
5a	Taxable social security wages	\$0.00 x 0.124 =	\$0.00
5c	Taxable Medicare wages & tips	\$0.00 x 0.029 =	\$0.00
5e	Total social security and Medicare taxes (add 5a + 5c)		\$0.00
6	Total taxes before adjustments (line 3 + line 5e)		\$0.00
7-9	Current quarter's adjustments		\$0.00
10	Total taxes after adjustments		\$0.00
11	Qualified small business payroll tax credit		\$0.00
12	Total taxes after adjustments and credits (line 10 - line 11)		<b>\$0.00</b>
13	Total deposits for this quarter, including overpayment from prior quarter		\$0.00
14	Balance due (line 12 - line 13)		<b>\$0.00</b>

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and complete.