

10/21/2024

Department of the Treasury  
Internal Revenue Service Center  
Memphis, TN 38101-0017

Taxpayer: El Valle Markets LLC

TIN: 84-3537676

Address: 308 Government Rd  
Mattawa, WA 99349

Tax Period: Sept 30, 2023

Tax Form: 941

To Whom it May Concern;

Enclosed is another copy of the 941 for September 30, 2023. We filed the 941 on time and to the correct location. All deposits were made timely.

Sincerely,

A handwritten signature in blue ink that reads "Tirso Macias". The signature is written in a cursive style with a large initial 'T'.

Tirso Macias

CP 259, 941 Q3 2023



Department of the Treasury  
Internal Revenue Service  
Memphis, TN 38101-0017

224347.480865.286338.7351 1 AV 0.545 866



|                    |                    |
|--------------------|--------------------|
| Notice             | CP259              |
| Tax period         | September 30, 2023 |
| Notice date        | October 7, 2024    |
| Employer ID number | 84-3537676         |
| To contact us      | Phone 800-829-0115 |
| Select code        | 02                 |

Page 1 of 4



EL VALLE MARKETS INC  
%ABC SERVICES NETWORK  
448 PO BOX  
448 PO BOX  
EPHRATA WA 98823-0448



\*843537676222\*

Message about your September 30, 2023 Form 941

## You didn't file a Form 941 tax return

We show that you haven't filed your tax return for the tax period ending on September 30, 2023.

You must file Form 941 or tell us why you don't have to file no later than November 6, 2024.

### What you need to do immediately

#### If you're required to file Form 941 for the tax period ending on September 30, 2023, but haven't done so

- File the return as you normally do. See "Electronic Option for Business and Self-Employed Taxpayers" and "Where to File Paper Returns With or Without Payment" on [irs.gov](https://www.irs.gov) for more information, or
- Mail a signed and completed Form 941 to us using the enclosed envelope. Remember: Employers must deposit and report employment taxes. If you made federal tax deposits for this tax period, you must file a return.

#### If you don't think you have to file Form 941 for the tax period ending on September 30, 2023

- Call us at the number at the top of this notice and explain why you don't have to file, or
- Complete the Response form on Page 3 to indicate whether any of the circumstances apply to you. Mail it to us using the enclosed envelope or fax it to 855-800-5944.

### If we don't hear from you

If you don't file a tax return by November 6, 2024, or dispute this notice, we may file a substitute return for you and charge penalty and interest on the amount of tax calculated.

### Additional information

- Visit [www.irs.gov/cp259](https://www.irs.gov/cp259).
- Please refer to the "Filing and Paying Your Business Taxes" on [irs.gov](https://www.irs.gov) for more information.
- For tax forms, instructions, and publications, visit [www.irs.gov/forms-pubs](https://www.irs.gov/forms-pubs) or call 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Continued on back...



Department of the Treasury  
Internal Revenue Service  
Memphis, TN 38101-0017

|                    |                    |
|--------------------|--------------------|
| Notice             | CP259              |
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| Employer ID number | 84-3537676         |
| Select code        | 02                 |

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INTERNAL REVENUE SERVICE  
MEMPHIS, TN 38101-0017



\*843537676222\*

Fold here

## Response form for Form 941

If you don't think you have to file, complete both sides of this form. Mail to us using the enclosed envelope or fax it to 855-800-5944. Be sure our address shows through the window. You can call us at the number at the top of this notice and tell us why you don't think you have to file instead of returning this form.

### Provide your contact information

If your address has changed, please provide the current address below.

EL VALLE MARKETS INC  
308 GOVERNMENT RD  
MATTAWA WA 99349-5117084

|  |  |                 |                   |
|--|--|-----------------|-------------------|
| <input type="checkbox"/> a.m.<br><input type="checkbox"/> p.m. | <input type="checkbox"/> a.m.<br><input type="checkbox"/> p.m. |                 |                   |
| Primary phone  | Best time to call  | Secondary phone | Best time to call |

### 1. Indicate whether any of the following circumstances apply to you

If you don't think you have to file a tax return for the tax period ending on September 30, 2023

Explain why you don't think you are required to file a tax return for September 30, 2023.

- ☐ My business ceased operations on: \_\_\_\_\_.
- ☐ I didn't pay wages to employees during this period.
- ☐ My business no longer has any employees and doesn't expect to pay wages in the future. Last date wages paid: \_\_\_\_\_.
- ☐ I reported all wages on Form 943/944. (Please attach a signed copy of the Form 943/944 return).
- ☐ Other reason for not filing (explain below; attach additional sheets if necessary).

Continued on back...



|                    |                    |
|--------------------|--------------------|
| Notice             | CP259              |
| Tax period         | September 30, 2023 |
| Notice date        | October 7, 2024    |
| Employer ID number | 84-3537676         |

Page 4 of 4

If you have a credit or if you already made a payment or deposit

- You must file a tax return to be eligible for a refund.
- To receive a refund, you must file within 3 years from the due date of the tax return, or within 2 years from the date you paid the tax on that return.
- You must file a tax return in order to apply a carry forward credit.

2. Please sign this form and mail or fax it to us

Under penalties of perjury, to the best of my knowledge, the information in this form, and any attachments, is correct and complete.

Tirso Macias owner  
Signature Title

10-21-24  
Date

Tirso Macias  
Please print name

**941 for 2023: Employer's QUARTERLY Federal Tax Return**

Department of the Treasury — Internal Revenue Service

950122

OMB No. 1545-0029

|                                      |                         |                      |  |
|--------------------------------------|-------------------------|----------------------|--|
| Employer identification number (EIN) | 84-3537676              |                      |  |
| Name (not your trade name)           | El Valle Markets Inc    |                      |  |
| Trade name (if any)                  |                         |                      |  |
| Address                              | 308 Government Rd.      |                      |  |
| Number                               | Street                  | Suite or room number |  |
| Mattawa                              | WA                      | 99349                |  |
| City                                 | State                   | ZIP code             |  |
|                                      |                         |                      |  |
| Foreign country name                 | Foreign province/county | Foreign postal code  |  |

**Report for this Quarter of 2023**  
(Check one.)

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

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

REV 08/28/23 QBDT

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

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

| 1   | Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) | 1  | 28         |  |          |  |          |                                   |            |                  |           |                                    |  |                  |  |                                       |  |                  |  |                                 |  |                  |  |                                   |            |                  |          |  |  |                  |  |
|---|--|--|------------|--|----------|--|----------|-----------------------------------|------------|------------------|-----------|------------------------------------|--|------------------|--|---------------------------------------|--|------------------|--|---------------------------------|--|------------------|--|-----------------------------------|------------|------------------|----------|--|--|------------------|--|
| 2   | Wages, tips, and other compensation  | 2  | 260,405.20 |  |          |  |          |                                   |            |                  |           |                                    |  |                  |  |                                       |  |                  |  |                                 |  |                  |  |                                   |            |                  |          |  |  |                  |  |
| 3   | Federal income tax withheld from wages, tips, and other compensation   | 3  | 4,064.00   |  |          |  |          |                                   |            |                  |           |                                    |  |                  |  |                                       |  |                  |  |                                 |  |                  |  |                                   |            |                  |          |  |  |                  |  |
| 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. |            |  |          |  |          |                                   |            |                  |           |                                    |  |                  |  |                                       |  |                  |  |                                 |  |                  |  |                                   |            |                  |          |  |  |                  |  |
| <table border="1"> <thead> <tr> <th></th> <th>Column 1</th> <th></th> <th>Column 2</th> </tr> </thead> <tbody> <tr> <td>5a Taxable social security wages*</td> <td>260,405.20</td> <td><math>\times 0.124 =</math></td> <td>32,290.24</td> </tr> <tr> <td>5a (i) Qualified sick leave wages*</td> <td></td> <td><math>\times 0.062 =</math></td> <td></td> </tr> <tr> <td>5a (ii) Qualified family leave wages*</td> <td></td> <td><math>\times 0.062 =</math></td> <td></td> </tr> <tr> <td>5b Taxable social security tips</td> <td></td> <td><math>\times 0.124 =</math></td> <td></td> </tr> <tr> <td>5c Taxable Medicare wages &amp; tips.</td> <td>260,405.20</td> <td><math>\times 0.029 =</math></td> <td>7,551.75</td> </tr> <tr> <td>5d Taxable wages &amp; tips subject to Additional Medicare Tax withholding</td> <td></td> <td><math>\times 0.009 =</math></td> <td></td> </tr> </tbody> </table> |  |  |            |  | Column 1 |  | Column 2 | 5a Taxable social security wages* | 260,405.20 | $\times 0.124 =$ | 32,290.24 | 5a (i) Qualified sick leave wages* |  | $\times 0.062 =$ |  | 5a (ii) Qualified family leave wages* |  | $\times 0.062 =$ |  | 5b Taxable social security tips |  | $\times 0.124 =$ |  | 5c Taxable Medicare wages & tips. | 260,405.20 | $\times 0.029 =$ | 7,551.75 | 5d Taxable wages & tips subject to Additional Medicare Tax withholding |  | $\times 0.009 =$ |  |
|   | Column 1   |  | Column 2   |  |          |  |          |                                   |            |                  |           |                                    |  |                  |  |                                       |  |                  |  |                                 |  |                  |  |                                   |            |                  |          |  |  |                  |  |
| 5a Taxable social security wages*   | 260,405.20   | $\times 0.124 =$                                 | 32,290.24  |  |          |  |          |                                   |            |                  |           |                                    |  |                  |  |                                       |  |                  |  |                                 |  |                  |  |                                   |            |                  |          |  |  |                  |  |
| 5a (i) Qualified sick leave wages*  |  | $\times 0.062 =$                                 |            |  |          |  |          |                                   |            |                  |           |                                    |  |                  |  |                                       |  |                  |  |                                 |  |                  |  |                                   |            |                  |          |  |  |                  |  |
| 5a (ii) Qualified family leave wages*   |  | $\times 0.062 =$                                 |            |  |          |  |          |                                   |            |                  |           |                                    |  |                  |  |                                       |  |                  |  |                                 |  |                  |  |                                   |            |                  |          |  |  |                  |  |
| 5b Taxable social security tips   |  | $\times 0.124 =$                                 |            |  |          |  |          |                                   |            |                  |           |                                    |  |                  |  |                                       |  |                  |  |                                 |  |                  |  |                                   |            |                  |          |  |  |                  |  |
| 5c Taxable Medicare wages & tips.   | 260,405.20   | $\times 0.029 =$                                 | 7,551.75   |  |          |  |          |                                   |            |                  |           |                                    |  |                  |  |                                       |  |                  |  |                                 |  |                  |  |                                   |            |                  |          |  |  |                  |  |
| 5d Taxable wages & tips subject to Additional Medicare Tax withholding  |  | $\times 0.009 =$                                 |            |  |          |  |          |                                   |            |                  |           |                                    |  |                  |  |                                       |  |                  |  |                                 |  |                  |  |                                   |            |                  |          |  |  |                  |  |
| 5e  | Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d  | 5e   | 39,841.99  |  |          |  |          |                                   |            |                  |           |                                    |  |                  |  |                                       |  |                  |  |                                 |  |                  |  |                                   |            |                  |          |  |  |                  |  |
| 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  | 43,905.99  |  |          |  |          |                                   |            |                  |           |                                    |  |                  |  |                                       |  |                  |  |                                 |  |                  |  |                                   |            |                  |          |  |  |                  |  |
| 7   | Current quarter's adjustment for fractions of cents  | 7  | 0.13       |  |          |  |          |                                   |            |                  |           |                                    |  |                  |  |                                       |  |                  |  |                                 |  |                  |  |                                   |            |                  |          |  |  |                  |  |
| 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   | 43,906.12  |  |          |  |          |                                   |            |                  |           |                                    |  |                  |  |                                       |  |                  |  |                                 |  |                  |  |                                   |            |                  |          |  |  |                  |  |
| 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 2023 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 2023 for leave taken after March 31, 2020, and before April 1, 2021.

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

Name (not your trade name)

El Valle Markets Inc

Employer identification number (EIN)

84-3537676

**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    | 43,906.12   |
| 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   | 43,918.56   |
| 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   | 43,918.56   |
| 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   | 12.44 | 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.**

Name (not your trade name)

El Valle Markets Inc

Employer identification number (EIN)

84-3537676

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

17 If your business has closed or you stopped paying wages . . . . . ☐ Check here, and enter the final date you paid wages

18 If you'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

Michele McKerrihan

(509) 717-3038

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

54102

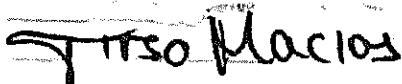
☐ No.

REV 08/28/23 Q80T

**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

Tirso Macias

Print your title here

Owner

Date 10/20/2023

Best daytime phone (509) 932-4219

**Paid Preparer Use Only**

Check if you're self-employed ☐

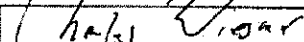
Preparer's name

Charles Wiegand

PTIN

P01701134

Preparer's signature



Date

10/10/2023

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

ABC Services Network

EIN

46-1429544

Address

PO Box 448

Phone

(509) 717-3038

City

Ephrata

State

WA

ZIP code

98823

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number  
(EIN)

84-3537676

Name (not your trade name)

El Valle Markets Inc

Calendar year

2023

(Also check quarter)

**Report for this Quarter...**

(Check one.)

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

Use this schedule to show your **TAX LIABILITY** for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't 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're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

**Month 1**

|   |          |    |  |    |          |    |  |
|---|----------|----|--|----|----------|----|--|
| 1 |          | 9  |  | 17 |          | 25 |  |
| 2 |          | 10 |  | 18 |          | 26 |  |
| 3 |          | 11 |  | 19 | 6,170.66 | 27 |  |
| 4 |          | 12 |  | 20 |          | 28 |  |
| 5 | 5,870.82 | 13 |  | 21 | 15.08    | 29 |  |
| 6 |          | 14 |  | 22 |          | 30 |  |
| 7 |          | 15 |  | 23 |          | 31 |  |
| 8 |          | 16 |  | 24 |          |    |  |

**Tax liability for Month 1**

12,056.56

**Month 2**

|   |          |    |          |    |  |    |          |
|---|----------|----|----------|----|--|----|----------|
| 1 |          | 9  |          | 17 |  | 25 |          |
| 2 | 6,496.06 | 10 |          | 18 |  | 26 |          |
| 3 |          | 11 |          | 19 |  | 27 |          |
| 4 |          | 12 |          | 20 |  | 28 |          |
| 5 |          | 13 |          | 21 |  | 29 |          |
| 6 |          | 14 |          | 22 |  | 30 | 6,305.20 |
| 7 |          | 15 |          | 23 |  | 31 |          |
| 8 |          | 16 | 6,354.78 | 24 |  |    |          |

**Tax liability for Month 2**

19,156.04

**Month 3**

|   |  |    |          |    |  |    |          |
|---|--|----|----------|----|--|----|----------|
| 1 |  | 9  |          | 17 |  | 25 |          |
| 2 |  | 10 |          | 18 |  | 26 |          |
| 3 |  | 11 |          | 19 |  | 27 | 6,421.50 |
| 4 |  | 12 |          | 20 |  | 28 |          |
| 5 |  | 13 | 6,272.02 | 21 |  | 29 |          |
| 6 |  | 14 |          | 22 |  | 30 |          |
| 7 |  | 15 |          | 23 |  | 31 |          |
| 8 |  | 16 |          | 24 |  |    |          |

**Tax liability for Month 3**

12,693.52

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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**

43,906.12

For Paperwork Reduction Act Notice, see separate instructions.

BAA

Schedule B (Form 941) (Rev. 1-2017)