

LOOP MEDIA INC  
2600 WEST OLIVE AVE  
SUITE 5470  
BURBANK, CA 91505  
ATTN: SONYA MENDOZA

Paylocity Corporation  
1400 American Lane  
Schaumburg, IL 60173

(224) 857-5989

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## COMPANY PACKAGE - Fourth Quarter 2025

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Dear Tax Client:

Attached is the Reconciliation Recap and a copy of tax returns filed on your behalf. The Reconciliation Recap is a summary of activity for each tax. Each line displays the tax liability, tax deposits, prior period adjustments and the variance. If a variance is present, a debit or credit will be processed on or after the date on the Reconciliation Recap.

We will debit or credit your account for the variance amount shown in the top right corner.

Fraction	The tax liability is only marginally different from the deposits due to rounding.
Deposit	An additional tax payment is required to meet the tax liability.
Credit	An over collection of tax liability has occurred and will be refunded by Paylocity.
Refund	An overpayment of tax liability has occurred and will be refunded by the taxing authority.
Carry	An overpayment of tax liability has occurred and will be applied to future deposits.
No Action	No adjusting entry was made.

### IMPORTANT TAX INFORMATION

Recently the Internal Revenue Service issued Rev. Proc. 2012-32 which modifies the rules governing Reporting Agents authorized under Form 8655 by requiring Payroll Service Providers to notify their customers at least quarterly that signing Form 8655 does not eliminate the taxpayer's liability for the failure to file employment tax returns or remit employment taxes. Therefore, each quarter Paylocity will send the following communication to you as required by IRS.

Paylocity is required to make you aware that employers are responsible for the timely filing of employment tax returns and the timely payment of employment taxes for your employees, even if you have authorized a third party to file the returns and make the payments. Therefore, the Internal Revenue Service recommends that you enroll in the US Treasury Departments Electronic Federal Tax Payment System, or EFTPS. Enrolling in EFTPS allows you to independently verify that timely Federal Tax Payments have been made for you. You may enroll in EFTPS online by following the link below or call 800-555-4477. Please note that state tax authorities generally offer similar means to verify tax payments. Please contact the appropriate tax agencies directly for details.

<https://www.eftps.com/eftps/enrollment/new-enrollment-flow?execution=e1s1>

Thank you for your support.  
Paylocity Tax Team

LOOP MEDIA INC  
 2600 WEST OLIVE AVE  
 SUITE 5470  
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 ATTN: SONYA MENDOZA

**Reconciliation Recap - Re: Fourth Quarter 2025**

Fraction	.00
Deposit*	1,289.55
Credit*	.01-
Carry I*	.00
Carry II	.00
Refund	.00
Adjustment	.00

**Additional Cash Collections  
 Debit (20-Jan-2026): 1,289.54**

Tax Code	Description	EIN	Liability	Prepaid	Deposits	Prior Adjustment	Variance	Deposit Type	Cash Type
FITW	EE FWH	47-3975872	.00	.00	.00				
SS	EE OASDI	47-3975872	.00	.00	.00				
SS-R	ER OASDI	47-3975872	.00	.00	.00				
MED	EE Medicare	47-3975872	.00	.00	.00				
MED-R	ER Medicare	47-3975872	.00	.00	.00				
MEDHI	EE Addtl Med	47-3975872	.00	.00	.00				
SS3P	3 Party Sick	47-3975872	.00	.00	.00				
FE0000-123	EE Uncl Tips	47-3975872	.00	.00	.00				
FUTA	ER FUTA	47-3975872	.00	.00	.00		.01-	Credit	Credit
FE0000-806	CA FUTA Wage	47-3975872	.00	.00	.00		1,289.55	Deposit	Debit
FE0000-836	NY FUTA Wage	47-3975872	.00	.00	.00				
AZ	EE SWH	47-3975872	.00	.00	.00				
AZSUI	ER SUI	9377290-4	.00	.00	.00				
CA	EE SWH	098-8453-7	.00	.00	.00				
CASDI-E	EE SDI		.00	.00	.00				
CASUI	ER SUI	098-8453-7	.00	.00	.00				
CAETT	CA ETT		.00	.00	.00				
CO	EE SWH	95051422	.00	.00	.00				
COSUI	ER SUI	09742169	.00	.00	.00				
COSUR	CO Support Surc		.00	.00	.00				
COAST	Solvency		.00	.00	.00				
COPFL	CO FMLI	1025312000	.00	.00	.00				
COPFL-EE	CO EE PLI		.00	.00	.00				
COPFL-ER	CO ER PLI		.00	.00	.00				
CT	EE SWH	101215481-000	.00	.00	.00				

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**Reconciliation Recap - Re: Fourth Quarter 2025**

Fraction	.00
Deposit*	1,289.55
Credit*	.01-
Carry I*	.00
Carry II	.00
Refund	.00
Adjustment	.00

Tax Code	Description	EIN	Liability	Prepaid	Deposits	Prior Adjustment	Variance	Deposit Type	Cash Type
CTSUI	ER SUI	0812110000	.00	.00	.00				
CTPFL-E	CT EE PFML	47-3975872	.00	.00	.00				
FLSUI	ER SUI	3932779	.00	.00	.00				
GA	EE SWH	3541537-XK	.00	.00	.00				
GASUI	ER SUI	658828-09	.00	.00	.00				
GAAST	Admin Assess		.00	.00	.00				
IA	EE SWH	306905517	.00	.00	.00				
IASUI	ER SUI	00672266	.00	.00	.00				
ID	EE SWH	005944749	.00	.00	.00				
IDSUI	ER SUI	0003807983	.00	.00	.00				
IDWD	ER WDF		.00	.00	.00				
IDAST	ER Reserve		.00	.00	.00				
IL	EE SWH	47-3975872	.00	.00	.00				
ILSUI	ER SUI	5151958	.00	.00	.00				
KY	EE SWH	897847	.00	.00	.00				
KYSUI	ER SUI	00 276930 5	.00	.00	.00				
KY-JEF1	Jefferson, KY		.00	.00	.00				
KY-JEF1 SD	Jefferson, SD		.00	.00	.00				
KY-LOU1 SD	Louisville, SD		.00	.00	.00				
KY-LOU1	Louisville	101280-2819	.00	.00	.00				
MN	EE SWH	8476028	.00	.00	.00				
MNSUI	ER SUI	05275982	.00	.00	.00				
MNDW	ER DWA		.00	.00	.00				
MNSUR	ER SUI AA		.00	.00	.00				
MNAST	ER SUI IAF		.00	.00	.00				

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**Reconciliation Recap - Re: Fourth Quarter 2025**

Fraction	.00
Deposit*	1,289.55
Credit*	.01-
Carry I*	.00
Carry II	.00
Refund	.00
Adjustment	.00

Tax Code	Description	EIN	Liability	Prepaid	Deposits	Prior Adjustment	Variance	Deposit Type	Cash Type
NC	EE SWH	601484863	.00	.00	.00				
NCSUI	ER SUI	0000918125	.00	.00	.00				
NJ	EE SWH	473-975-872/000	.00	.00	.00				
NJSUI	ER SUI	473-975-872/000	.00	.00	.00				
NJWD	NJ ER Workforce		.00	.00	.00				
NJSUI-E	NJ EE SUI		.00	.00	.00				
NJWD-E	NJ EE WFDP		.00	.00	.00				
NJFLI-E	EE FLI		.00	.00	.00				
NJSDI	ER SDI		.00	.00	.00				
NJSDI-E	EE SDI		.00	.00	.00				
NJWD-ES	EE SWA		.00	.00	.00				
NY	EE SWH	473975872	.00	.00	.00				
NY-NYC1	New York City		.00	.00	.00				
NY-NYC2	NY City NR		.00	.00	.00				
NYSUI	ER SUI	5642121-2	.00	.00	.00				
NYCLA	Re-employment		.00	.00	.00				
NY-MTA1	NY MCTMT	473975872	.00	.00	.00				
NY-MTA2	NY MCTMT-Zone 2		.00	.00	.00				
TNSUI	ER SUI	0979-266 3	.00	.00	.00				
TXSUI	ER SUI	20-977943-9	.00	.00	.00				
TXAST	Obligation		.00	.00	.00				
TXETT	ER E & T Assess		.00	.00	.00				
UT	EE SWH	15634931005WTH	.00	.00	.00				
UTSUI	ER SUI	C-1-632767-1	.00	.00	.00				
WASUI	ER SUI	000-899164-00-3	.00	.00	.00				



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### Deposit Recap - Re: Fourth Quarter 2025

	Count	Amount
Check	0	.00
EFT	22	1,289.54
Other (e.g. Wire)	0	.00
<b>Total</b>	<b>22</b>	<b>1,289.54</b>

Tax Code	Description	EIN	Period End	Due	Created	Deposited	Method	Type	Confirmation	Tax
FUTA	ER FUTA	47-3975872	31-Dec-2025	02-Feb-2026			EFT	Annual		1,289.54
FUTA	ER FUTA								Total	1,289.54
CO	EE SWH	95051422	03-Oct-2025	08-Oct-2025	06-Oct-2025	08-Oct-2025	EFT	Deposit	EFT_COMM01_2773868	.00
CO	EE SWH	95051422	10-Oct-2025	15-Oct-2025	10-Oct-2025	15-Oct-2025	EFT	Deposit	EFT_COMM01_2780858	.00
CO	EE SWH	95051422	17-Oct-2025	22-Oct-2025	20-Oct-2025	22-Oct-2025	EFT	Deposit	EFT_COMM01_2790218	.00
CO	EE SWH	95051422	24-Oct-2025	29-Oct-2025	27-Oct-2025	29-Oct-2025	EFT	Deposit	EFT_COMM01_2798580	.00
CO	EE SWH	95051422	31-Oct-2025	05-Nov-2025	03-Nov-2025	05-Nov-2025	EFT	Deposit	EFT_COMM01_2806479	.00
CO	EE SWH	95051422	07-Nov-2025	13-Nov-2025	10-Nov-2025	13-Nov-2025	EFT	Deposit	EFT_COMM01_2813302	.00
CO	EE SWH	95051422	14-Nov-2025	19-Nov-2025	17-Nov-2025	19-Nov-2025	EFT	Deposit	EFT_COMM01_2819957	.00
CO	EE SWH	95051422	21-Nov-2025	26-Nov-2025	24-Nov-2025	26-Nov-2025	EFT	Deposit	EFT_COMM01_2825590	.00
CO	EE SWH	95051422	28-Nov-2025	03-Dec-2025	01-Dec-2025	03-Dec-2025	EFT	Deposit	EFT_COMM01_2830151	.00
CO	EE SWH	95051422	05-Dec-2025	10-Dec-2025	08-Dec-2025	10-Dec-2025	EFT	Deposit	EFT_COMM01_2835584	.00
CO	EE SWH	95051422	12-Dec-2025	17-Dec-2025	15-Dec-2025	17-Dec-2025	EFT	Deposit	EFT_COMM01_2842184	.00
CO	EE SWH	95051422	19-Dec-2025	24-Dec-2025	22-Dec-2025	24-Dec-2025	EFT	Deposit	EFT_COMM01_2848251	.00
CO	EE SWH	95051422	26-Dec-2025	31-Dec-2025	29-Dec-2025	31-Dec-2025	EFT	Deposit	EFT_COMM01_2853109	.00
CO	EE SWH	95051422	31-Dec-2025	06-Jan-2026	02-Jan-2026	06-Jan-2026	EFT	Deposit	EFT_COMM01_2859168	.00
CO	EE SWH								Total	.00
ID	EE SWH	005944749	31-Oct-2025	20-Nov-2025	18-Nov-2025	20-Nov-2025	EFT	Deposit	EFT_COMM01_2821025	.00
ID	EE SWH	005944749	30-Nov-2025	22-Dec-2025	22-Dec-2025	23-Dec-2025	EFT	Deposit	EFT_COMM01_2848251	.00
ID	EE SWH	005944749	31-Dec-2025	20-Jan-2026			EFT	Deposit		.00
ID	EE SWH								Total	.00
KY	EE SWH	897847	31-Oct-2025	17-Nov-2025	11-Nov-2025	17-Nov-2025	EFT	Deposit		.00
KY	EE SWH	897847	30-Nov-2025	15-Dec-2025	10-Dec-2025	15-Dec-2025	EFT	Deposit		.00
KY	EE SWH								Total	.00
NC	EE SWH	601484863	31-Oct-2025	17-Nov-2025	13-Nov-2025	17-Nov-2025	EFT	Deposit	EFT_COMM01_2817206	.00



940 FUTA DEPOSIT NOTICE

QUARTER 25-4

47-3975872  
LOOP MEDIA INC  
2600 W OLIVE AVE  
SUITE 5470  
BURBANK CA 91505

QUARTER END DATE 31-DEC-2025

TAX DEPOSIT DUE DATE 02-FEB-2026

WAGES	.00
EXCESS OVER \$7000 /EXEMPT	.00
TAXABLE WAGES	.00
TAX RATE	.006
BALANCE DUE	.00
PRIOR PERIOD ADJUSTMENT	.00
ADDITIONAL DUE (CREDIT REDUCTION STATE(S))	1,289.55
TOTAL TAX DUE	1,289.55

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 2025**  
 (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.

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

**Part 1:** Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

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

	Column 1		Column 2
5a	Taxable social security wages .....	<input type="text" value=".00"/> x 0.124 =	<input type="text" value=".00"/>
5b	Taxable social security tips .....	<input type="text" value=".00"/> x 0.124 =	<input type="text" value=".00"/>
5c	Taxable Medicare wages & tips .....	<input type="text" value=".00"/> x 0.029 =	<input type="text" value=".00"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value=".00"/> x 0.009 =	<input type="text" value=".00"/>
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d .....	5e	<input type="text" value=".00"/>
5f	Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions) .....	5f	<input type="text" value=".00"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f .....	6	<input type="text" value=".00"/>
7	Current quarter's adjustment for fractions of cents .....	7	<input type="text" value=".00"/>
8	Current quarter's adjustment for sick pay .....	8	<input type="text" value=".00"/>
9	Current quarter's adjustments for tips and group-term life insurance .....	9	<input type="text" value=".00"/>
10	Total taxes after adjustments. Combine lines 6 through 9 .....	10	<input type="text" value=".00"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<input type="text" value=".00"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10 .....	12	<input type="text" value=".00"/>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter	13	<input type="text" value=".00"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	<input type="text" value=".00"/>
15	Overpayment. If line 13 is more than line 12, enter the difference	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

Name (not your trade name) LOOP MEDIA INC	Employer identification number (EIN) 47-3975872
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**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.

**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.

**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 both 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're self-employed .....

Preparer's name

PTIN

Preparer's signature

Date

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

EIN

Address

Phone

City

State

ZIP code

**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

**Type of Return (Check all that apply.)**

a. Amended

b. Successor employer

c. No payments to employees in 2025

d. Final: Business closed or stopped paying wages

**Aggregate Return Filers Only**

Type of filer (Check one):

Section 3504 Agent

Certified Professional Employer Organization (CPEO)

Other Third Party

Read the separate instructions before you complete this form. Please type or print within the boxes.

**Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.**

- 1a If you had to pay state unemployment tax in one state only, enter the state abbreviation ... 1a
- 1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer ..... 1b  Check here. Complete Schedule A (Form 940).
- 2 If you paid wages in a state that is subject to CREDIT REDUCTION ..... 2  Check here. Complete Schedule A (Form 940).

**Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.**

3 Total payments to all employees ..... 3

4 Payments exempt from FUTA tax ..... 4   
 Check all that apply: 4a  Fringe benefits 4c  Retirement/Pension 4e  Other  
 4b  Group-term life insurance 4d  Dependent care

5 Total of payments made to each employee in excess of \$7,000 ..... 5

6 Subtotal (line 4 + line 5 = line 6) ..... 6

7 Total taxable FUTA wages (line 3 - line 6 = line 7) See instructions. .... 7

8 FUTA tax before adjustments (line 7 x 0.006 = line 8) ..... 8

**Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.**

9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12 ..... 9

10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet ..... 10

11 If credit reduction applies, enter the total from Schedule A (Form 940) ..... 11

**Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.**

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) ..... 12

13 FUTA tax deposited for the year, including any overpayment applied from a prior year ..... 13

14 Balance due. If line 12 is more than line 13, enter the excess on line 14.  
 • If line 14 is more than \$500, you must deposit your tax.  
 • If line 14 is \$500 or less, you may pay with this return. See instructions ..... 14

15a Overpayment. If line 13 is more than line 12, enter the difference  15b Check one:  Apply to next return.  Send a refund.

15c Routing number ..... 15d Type:  Checking  Savings

15e Account number .....

You **MUST** complete both pages of this form and **SIGN** it.

<b>Name</b> (not your trade name) LOOP MEDIA INC	<b>Employer identification number (EIN)</b> 47-3975872
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**Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.**

**16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.**

<b>16a 1st quarter</b> (January 1 - March 31).....	<b>16a</b>	1,633.83	
<b>16b 2nd quarter</b> (April 1 - June 30).....	<b>16b</b>	67.27	
<b>16c 3rd quarter</b> (July 1 - September 30) .....	<b>16c</b>	.00	
<b>16d 4th quarter</b> (October 1 - December 31) .....	<b>16d</b>	1,289.55	
<b>17 Total tax liability for the year</b> (lines 16a +16b +16c +16d = line 17)	<b>17</b>	2,990.65	<b>Total must equal line 12.</b>

**Part 6: 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 IRS

**No.**

**Part 7: Sign here. You MUST complete both pages of this form 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, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**X Sign your name here**

Print your name here

Employer Copy

Print your title here

Employer Copy

Date

Best daytime phone

**Paid Preparer Use Only**

Check if you are self-employed

Preparer's name	<input type="text"/>	PTIN	<input type="text"/>
Preparer's signature	<input type="text"/>	Date	<input type="text"/>
Firm's name (or yours if self-employed)	<input type="text"/>	EIN	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		ZIP code	<input type="text"/>

# Schedule A (Form 940) for 2025 :

## Multi-State Employer and Credit Reduction Information

Department of the Treasury -- Internal Revenue Service

OMB No. 1545-0029

See the instructions on page 2. File this schedule with Form 940.

Employer identification number (EIN)	47-3975872
Name (not your trade name)	LOOP MEDIA INC

Place an "X" in the box of EVERY state in which you had to pay state unemployment tax this year. For each state with a credit reduction rate greater than zero, enter the FUTA taxable wages, multiply by the reduction rate, and enter the credit reduction amount. Don't include in the FUTA Taxable Wages box wages that were excluded from state unemployment tax (see the instructions for Step 2). If any states don't apply to you, leave them blank.

Postal Abbreviation	FUTA Taxable Wages	Reduction Rate	Credit Reduction	Postal Abbreviation	FUTA Taxable Wages	Reduction Rate	Credit Reduction
<input type="checkbox"/> AK		x 0.000		<input type="checkbox"/> NC		x 0.000	
<input type="checkbox"/> AL		x 0.000		<input type="checkbox"/> ND		x 0.000	
<input type="checkbox"/> AR		x 0.000		<input type="checkbox"/> NE		x 0.000	
<input checked="" type="checkbox"/> AZ		x 0.000		<input type="checkbox"/> NH		x 0.000	
<input checked="" type="checkbox"/> CA	107,462.52	x 0.012	1,289.55	<input checked="" type="checkbox"/> NJ		x 0.000	
<input checked="" type="checkbox"/> CO		x 0.000		<input type="checkbox"/> NM		x 0.000	
<input type="checkbox"/> CT		x 0.000		<input type="checkbox"/> NV		x 0.000	
<input type="checkbox"/> DC		x 0.000		<input checked="" type="checkbox"/> NY		x 0.000	
<input type="checkbox"/> DE		x 0.000		<input type="checkbox"/> OH		x 0.000	
<input checked="" type="checkbox"/> FL		x 0.000		<input type="checkbox"/> OK		x 0.000	
<input type="checkbox"/> GA		x 0.000		<input type="checkbox"/> OR		x 0.000	
<input type="checkbox"/> HI		x 0.000		<input type="checkbox"/> PA		x 0.000	
<input type="checkbox"/> IA		x 0.000		<input type="checkbox"/> RI		x 0.000	
<input checked="" type="checkbox"/> ID		x 0.000		<input type="checkbox"/> SC		x 0.000	
<input type="checkbox"/> IL		x 0.000		<input type="checkbox"/> SD		x 0.000	
<input type="checkbox"/> IN		x 0.000		<input checked="" type="checkbox"/> TN		x 0.000	
<input type="checkbox"/> KS		x 0.000		<input checked="" type="checkbox"/> TX		x 0.000	
<input checked="" type="checkbox"/> KY		x 0.000		<input checked="" type="checkbox"/> UT		x 0.000	
<input type="checkbox"/> LA		x 0.000		<input type="checkbox"/> VA		x 0.000	
<input type="checkbox"/> MA		x 0.000		<input type="checkbox"/> VT		x 0.000	
<input type="checkbox"/> MD		x 0.000		<input checked="" type="checkbox"/> WA		x 0.000	
<input type="checkbox"/> ME		x 0.000		<input type="checkbox"/> WI		x 0.000	
<input type="checkbox"/> MI		x 0.000		<input type="checkbox"/> WV		x 0.000	
<input checked="" type="checkbox"/> MN		x 0.000		<input type="checkbox"/> WY		x 0.000	
<input type="checkbox"/> MO		x 0.000		<input type="checkbox"/> PR		x 0.000	
<input type="checkbox"/> MS		x 0.000		<input type="checkbox"/> VI		x 0.045	
<input type="checkbox"/> MT		x 0.000					

**Total Credit Reduction.** Add all amounts shown in the *Credit Reduction* boxes. Enter the total here and on Form 940, line 11 .....

1,289.55
----------

# Worksheet --- Line 10

LOOP MEDIA INC  
47-3975872

Keep for Your Records

**Before you begin:** Read the *Example* on the next page before completing this worksheet. Use this worksheet to figure your credit if:

- ✓ Some of the wages you paid were excluded from state unemployment tax, OR
- ✓ You paid any state unemployment tax late.


For this worksheet, **don't round your figures.**

Before you can properly fill out this worksheet, you must gather this information:

- Taxable FUTA wages (Form 940, line 7)
- Taxable state unemployment wages
- The experience rates assigned to you by the states where you paid wages
- The amount of state unemployment taxes you paid on time. (*On time* means that you paid the state unemployment taxes by the due date for filing the Form 940.) Include any state unemployment taxes you paid on nonemployees who were treated as employees by your state unemployment agency.
- The amount of state unemployment taxes you paid late. (*Late* means after the due date for filing Form 940.)

1. **Maximum allowable credit** - Enter Form 940, line 7 283,516.90 x 0.054 on line 1 1. 15,309.91  
(Form 940, line 7 x 0.054 = line 1).

2. **Credit for timely state unemployment tax payments - How much did you pay on time?** 2. 19,976.20

- If line 2 is **equal to or more than** line 1, **STOP here.**  You've completed the worksheet. Leave Form 940, line 10 blank.
- If line 2 is **less than** line 1, continue this worksheet.

**3. Additional credit - Were ALL of your assigned experience rates 5.4% or more?**

If **yes**, enter zero on line 3. Then go to line 4 of this worksheet.

If **no**, fill out the computations below. List **ONLY THOSE STATES** for which your assigned experience rate for any part of the calendar year was less than 5.4%.

State	Computation rate The difference between 5.4% (0.054) and your assigned experience rate (0.054 - .XXX (assigned experience rate) = computation rate)	Taxable state unemployment wages at <u>assigned experience rate</u>	Additional Credit
1. _____	_____	x _____ = _____	_____
2. _____	_____	x _____ = _____	_____
3. _____	_____	x _____ = _____	_____
4. _____	_____	x _____ = _____	_____
5. _____	_____	x _____ = _____	_____

If you need more lines, use another sheet and include those additional credits in the total.


**Total** \_\_\_\_\_

Enter the total on line 3.

3. \_\_\_\_\_

**4. Subtotal** (line 2 + line 3 = line 4)

4. \_\_\_\_\_

- If line 4 is equal to or more than line 1, **STOP here.**  You've completed the worksheet. Leave Form 940, line 10 blank.
- If line 4 is less than line 1, continue this worksheet.

**5. Credit for paying state unemployment taxes late:**


**5a. What is your remaining allowable credit?** (line 1 - line 4 = line 5a) 5a. \_\_\_\_\_

**5b. How much state unemployment tax did you pay late?** 5b. \_\_\_\_\_

**5c. Which is smaller, line 5a or line 5b?** Enter the smaller number here. 5c. \_\_\_\_\_

**5d. Your allowable credit for paying state unemployment taxes late** (line 5c x 0.900 = line 5d) 5d. \_\_\_\_\_

**6. Your FUTA credit** (line 4 + line 5d = line 6) 6. \_\_\_\_\_

- If line 6 is equal to or more than line 1, **STOP here.**  You've completed the worksheet. Leave Form 940, line 10 blank.
- If line 6 is less than line 1, continue this worksheet.

**7. Your adjustment** (line 1 - line 6 = line 7) Enter line 7 from this worksheet on Form 940, line 10. 7. \_\_\_\_\_

**Don't attach this worksheet to your Form 940. Keep it for your records.**

**DO NOT file more than one original A1-QRT per EIN per quarter.**

**Part 1 Taxpayer Information** (Refer to the instruction before completing Part 1.)

Business Name (As listed on the Arizona Joint Tax Application) <b>LOOP MEDIA INC</b>	Employer Identification Number (EIN) <b>47-3975872</b>		
Number and street or PO Box <b>2600 W OLIVE AVE SUITE 5470</b>	QUARTER AND YEAR <b>4/2025</b>		
City or town, state and ZIP Code <b>BURBANK, CA 91505</b>	<b>↑</b> Enter Quarter (1, 2, 3 or 4) and four digits of year. See instructions.		
Business telephone number (with area code) <b>(206)812-2209</b>	<b>REVENUE USE ONLY. DO NOT MARK IN THIS AREA.</b> <b>88</b> <b>89</b> <input checked="" type="checkbox"/>		
<p><b>Check box if:</b>  <b>A</b> <input type="checkbox"/> Amended Return <b>B</b> <input type="checkbox"/> Address Change <b>C</b> <input checked="" type="checkbox"/> Final Return (CANCEL ACCOUNT)</p> <p>If this is your final return, the department will cancel your withholding account. Enter the date final wages were paid and complete Part 6 ..... <b>09/30/2025</b></p> <p><b>D</b> <input type="checkbox"/> Check this box if this form is being filed by the surviving employer and the periods covered by this return are for less than three (3) months. Also enter the following:                  Predecessor Employer Name.....                  Predecessor Employer EIN .....</p>	<table border="1"> <tr> <td><b>81</b> PM</td> <td><b>66</b> RCVD</td> </tr> </table>	<b>81</b> PM	<b>66</b> RCVD
<b>81</b> PM	<b>66</b> RCVD		

E Total Arizona payroll for this quarter.....	\$		00
F Total number of employees paid Arizona wages for this quarter .....		0	

**Part 2 Tax Liability Schedule** Include all withholding amounts from all sources (i.e. wages & salary, pensions & annuities, gambling winnings, etc.). See instructions.

**A. Quarterly Deposit Schedule: Complete if prior 4 quarter average was not more than \$1,500.**

A1 Tax Liability. Enter the total amount withheld during the quarter. Also enter this amount on Part 3, line 1..... **A1**

--	--

Complete Section A above **OR** Section B below; **DO NOT COMPLETE BOTH.**

**B. Monthly or Semi-Weekly/Next Day Deposit Schedule: Complete if prior 4 quarter average was greater than \$1,500.**

Semi-weekly depositors and taxpayers with a next-day tax deposit obligation during the quarter, **CHECK THIS BOX** and complete Part 4.   
 For lines B1 through B3, enter the total amount withheld for each month in the quarter.

<b>B1</b> Month 1 Liability.....	<b>B1</b>		00
<b>B2</b> Month 2 Liability.....	<b>B2</b>		00
<b>B3</b> Month 3 Liability.....	<b>B3</b>		00
<b>B4</b> Total. Enter this amount on Part 3, line 1 .....	<b>B4</b>		00

**Part 3 Tax Computation** (See instructions.)

<b>1</b> Liability: Enter the amount from line A1 or line B4.....	<b>1</b>		00
<b>2</b> Payments made during this quarter.....	<b>2</b>		00
<b>3 Total Amount Due:</b> Subtract line 2 from line 1. Enter the difference. Use a minus sign to indicate a negative amount.....	<b>3</b>		00

<b>Declaration</b>	Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.		
<b>Please Sign Here</b>	_____	<b>01102026</b>	<b>(206)812-2209</b>
	TAXPAYER'S SIGNATURE	DATE	BUSINESS TELEPHONE NUMBER
<b>Paid Preparer's Use Only</b>	_____	<b>01102026</b>	_____
	PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S PTIN
	<b>Paylocity Corporation</b>		<b>364227403</b>
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		FIRM'S EIN
	<b>1400 American Lane</b>		<b>(224)857-5989</b>
	FIRM'S STREET ADDRESS		FIRM'S TELEPHONE NUMBER
	<b>Schaumburg</b>	<b>IL</b>	<b>60173</b>
	CITY	STATE	ZIP CODE

**▶ Payment by EFT may be required. See instructions.**  
**▶ This form must be e-filed unless the taxpayer has a waiver or is exempt from e-filing. See instructions**

**Part 4 Semi-Weekly/Next Day Deposit Schedule**

**A. First Month of Quarter (Days of the Month)**

1	<input type="checkbox"/>	8	<input type="checkbox"/>	15	<input type="checkbox"/>	22	<input type="checkbox"/>	29	<input type="checkbox"/>
2	<input type="checkbox"/>	9	<input type="checkbox"/>	16	<input type="checkbox"/>	23	<input type="checkbox"/>	30	<input type="checkbox"/>
3	<input type="checkbox"/>	10	<input type="checkbox"/>	17	<input type="checkbox"/>	24	<input type="checkbox"/>	31	<input type="checkbox"/>
4	<input type="checkbox"/>	11	<input type="checkbox"/>	18	<input type="checkbox"/>	25	<input type="checkbox"/>	Check a box only if you had a next-banking day deposit obligation.	
5	<input type="checkbox"/>	12	<input type="checkbox"/>	19	<input type="checkbox"/>	26	<input type="checkbox"/>		
6	<input type="checkbox"/>	13	<input type="checkbox"/>	20	<input type="checkbox"/>	27	<input type="checkbox"/>		
7	<input type="checkbox"/>	14	<input type="checkbox"/>	21	<input type="checkbox"/>	28	<input type="checkbox"/>		

Month 1 Liability: Enter total here and on Part 2, line B1 ..... \$ ..... 00

**B. Second Month of Quarter (Days of the Month)**

1	<input type="checkbox"/>	8	<input type="checkbox"/>	15	<input type="checkbox"/>	22	<input type="checkbox"/>	29	<input type="checkbox"/>
2	<input type="checkbox"/>	9	<input type="checkbox"/>	16	<input type="checkbox"/>	23	<input type="checkbox"/>	30	<input type="checkbox"/>
3	<input type="checkbox"/>	10	<input type="checkbox"/>	17	<input type="checkbox"/>	24	<input type="checkbox"/>	31	<input type="checkbox"/>
4	<input type="checkbox"/>	11	<input type="checkbox"/>	18	<input type="checkbox"/>	25	<input type="checkbox"/>	Check a box only if you had a next-banking day deposit obligation.	
5	<input type="checkbox"/>	12	<input type="checkbox"/>	19	<input type="checkbox"/>	26	<input type="checkbox"/>		
6	<input type="checkbox"/>	13	<input type="checkbox"/>	20	<input type="checkbox"/>	27	<input type="checkbox"/>		
7	<input type="checkbox"/>	14	<input type="checkbox"/>	21	<input type="checkbox"/>	28	<input type="checkbox"/>		

Month 2 Liability: Enter total here and on Part 2, line B2 ..... \$ ..... 00

**C. Third Month of Quarter (Days of the Month)**

1	<input type="checkbox"/>	8	<input type="checkbox"/>	15	<input type="checkbox"/>	22	<input type="checkbox"/>	29	<input type="checkbox"/>
2	<input type="checkbox"/>	9	<input type="checkbox"/>	16	<input type="checkbox"/>	23	<input type="checkbox"/>	30	<input type="checkbox"/>
3	<input type="checkbox"/>	10	<input type="checkbox"/>	17	<input type="checkbox"/>	24	<input type="checkbox"/>	31	<input type="checkbox"/>
4	<input type="checkbox"/>	11	<input type="checkbox"/>	18	<input type="checkbox"/>	25	<input type="checkbox"/>	Check a box only if you had a next-banking day deposit obligation.	
5	<input type="checkbox"/>	12	<input type="checkbox"/>	19	<input type="checkbox"/>	26	<input type="checkbox"/>		
6	<input type="checkbox"/>	13	<input type="checkbox"/>	20	<input type="checkbox"/>	27	<input type="checkbox"/>		
7	<input type="checkbox"/>	14	<input type="checkbox"/>	21	<input type="checkbox"/>	28	<input type="checkbox"/>		

Month 3 Liability: Enter total here and on Part 2, line B3 ..... \$ ..... 00

**Part 5 Amended Form A1-QRT Return Information**

If you checked the box "Amended Return" in Part 1, explain why an amended Form A1-QRT is being filed (include additional sheets, if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part 6 Final Form A1-QRT**

If you checked the box "Final Return" in Part 1, check the box that indicates why this is a final return:

- 1  Reorganization or change in business entity (example: from corporation to partnership).
- 2  Business sold.
- 3  Business stopped paying wages and will not have any employees in the future.
- 4  Business permanently closed.
- 5  Business has only leased or temporary agency employees.
- 6  Other (specify reason): \_\_\_\_\_
- 7  Check this box if records will be kept at a location different from the address shown in Part 1.  
 Name: \_\_\_\_\_  
 Number and Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_
- 8  Check this box if there is a successor employer.  
 Name: \_\_\_\_\_ EIN: \_\_\_\_\_  
 Number and Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Complete this form only if you file Form A1-QRT. Arizona Form A1-R is an information return. Do not submit any liability owed or try to claim refunds with this return. To submit additional liability or claim a refund, file amended quarterly withholding tax Form(s) A1-QRT. **Form A1-R is due on or before January 31, 2026. Do NOT submit more than one A1-R per EIN per year.**

**Part 1 Taxpayer Information** (Refer to the instructions before completing Part 1.)

Business Name (As listed on the Arizona Joint Tax Application - Form JT-1) LOOP MEDIA INC	Employer Identification Number (EIN) 47-3975872
Number and street or PO Box 2600 W OLIVE AVE SUITE 5470	<b>REVENUE USE ONLY. DO NOT MARK IN THIS AREA.</b> [88] [89] [X]
City or town, state and ZIP Code BURBANK, CA 91505	
Business telephone number (with area code) (206) 812-2209	
<b>Check box if:</b> <input type="checkbox"/> Amended Return <input type="checkbox"/> Address Change <input type="checkbox"/> Check this box if this return is an early-filed return for calendar year 2026 due to an account cancellation during calendar year 2026 <input type="checkbox"/> Check this box if this cancellation was due to a merger or acquisition and the surviving employer is filing Forms W-2. <input type="checkbox"/> Check this box if this form is being filed by the surviving employer and the amount on line 10 is less than the amount on line 1 because the difference was remitted by the predecessor employer. Also enter the following: Predecessor Employer Name ..... Predecessor Employer EIN .....	
	[81] PM [66] RCVD

**Part 2 Federal Transmittal Information**

1 Total Arizona Tax Withheld per federal Forms W-2, W-2c, W-2G and 1099 for 2025 .....	1	1,857	74
2 Total Arizona wages paid to employees for 2025 .....	2	53,184	46
3 Total number of employees paid Arizona wages in 2025 .....	3	1	
4 Total number of federal Forms W-2, W-2c, W-2G, and 1099 submitted to the department .....	4	1	
5 Information Return Penalty .....	5		00

**Part 3 Annual Summary of Amounts Reported on 2025 Arizona Forms A1-QRT**

		Liability Reported	
6	First Quarter .....	1,069	74
7	Second Quarter .....	788	00
8	Third Quarter .....		00
9	Fourth Quarter .....		00
10	Total Annual Withholding Reported .....	1,857	74

**Part 4 Explain Why an Amended Form A1-R is Being Filed** (include additional sheet, if necessary)

---



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<b>Declaration</b>	Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.		
<b>Please Sign Here</b>	TAXPAYER'S SIGNATURE	01-10-2026 DATE	(206) 812-2209 BUSINESS TELEPHONE NUMBER
		01-10-2026 DATE	PAID PREPARER'S PTIN
<b>Paid Preparer's Use Only</b>	Paylocity Corporation FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)	364227403 FIRM'S EIN	(224) 857-5989 FIRM'S TELEPHONE NUMBER
	1400 American Lane FIRM'S STREET ADDRESS	60173 ZIP CODE	IL STATE
	Schaumburg CITY		

**This form must be e-filed unless the taxpayer has a waiver or is exempt from e-filing. See instructions for details.**

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

P.O. BOX 52027 MD 5881
PHOENIX, AZ 85072-2027
Telephone (602) 771-6601

Arizona Account Number: 93772904
Calendar Quarter Ending: 12/31/2025
To Avoid Penalty Mail By: 02/02/2026
Federal ID NO.: 47-3975872

MAKE SURE FEDERAL ID NO. IS CORRECT!

LOOP MEDIA INC
2600 W OLIVE AVE
SUITE 5470
BURBANK CA 91505

FILE ONLINE AT WWW.AZUITAX.COM

UNEMPLOYMENT TAX AND WAGE REPORT

A. NUMBER OF EMPLOYEES -

Report for each month the number of full- and part-time covered workers who worked during or received pay subject to UI Taxes for the payroll period which includes the 12th of the month.

Table with 2 columns: Month (OCTOBER, NOVEMBER, DECEMBER) and Number of Employees (0).

B. WAGES - List all employees in Social Security Number order, or alphabetically by last name. For additional employees, use white paper in the same format, or form UC-020.

Filing via the internet at www.azuitax.com is preferred.

C. WAGE SUMMARY - See reverse for instructions

- 1. TOTAL WAGES PAID IN QUARTER .00
2. SUBTRACT EXCESS WAGES .00
3. TAXABLE WAGES PAID .00
4. TAX DUE .00
5. ADD INTEREST DUE
6. ADD PENALTY FOR LATE REPORT
7. TOTAL PAYMENT DUE .00
8. SUBTRACT ANY CREDIT BALANCE .00
9. AMOUNT PAID .00

LIEN MAY BE FILED WITHOUT FURTHER NOTICE ON DELINQUENT TAXES.

PLEASE RETURN ORIGINAL

Table with 3 columns: 1. EMPLOYEE'S SOCIAL SECURITY NUMBER, 2. EMPLOYEE'S NAME (LAST, FIRST), 3. TOTAL WAGES PAID IN QUARTER. Includes summary rows for TOTAL WAGES THIS PAGE and TOTAL WAGES ALL PAGES.

Signature:
Title: Employer Copy
Date: 01/10/2026

Prepared By: Employer Copy
Telephone: (224) 857-5989

PHOTO COPY FOR YOUR RECORDS

DE 9

EDD 11214



00090112

QUARTER

ENDED 12 31 25 DUE 01 01 26 DELINQUENT 02 02 26

25 4

098 8453 7

ENV# ID# 178230|CA0000-900|152984|473975872 2601100219 2869242 1122

LOOP MEDIA INC

2600 W OLIVE AVE  
SUITE 5470  
BURBANK CA 91505

47 3975872 A.NO WAGES X B.OUT OF BUSINESS X  
B1  
09 30 2025

C. TOTAL SUBJECT WAGES PAID THIS QUARTER 00

D. UNEMPLOYMENT INSURANCE (Wages up to \$7,000 )  
6.20 % X 00 00

E. EMPLOYMENT TRAINING TAX  
0.00 % X 00 00

F. STATE DISABILITY INSURANCE (Total Employee wages up to a maximum limit)  
1.20 % X 00 00

G. CALIFORNIA PIT WITHHELD 00

H. SUBTOTAL 00

I. LESS: PREVIOUS PAYMENTS 00

J. TOTAL TAXES DUE OR OVERPAID 00

I declare that the above, to the best of my knowledge and belief, is true and correct. If a refund was claimed, a reasonable effort was made to refund any erroneous deductions to the affected employee(s).

Signature \_\_\_\_\_ Employer Copy Title 224 857-5989 Phone 10-Jan-2026 Date

QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)



009C0111

REMINDER: File your DE 9 and DE 9C together. You must FILE this report even if you had no payroll. If you had no payroll, complete Items C and O.

YR 25 QTR 4

Page number 1 of 1

QUARTER ENDED 12 31 25 DUE 01 01 26 DELINQUENT IF NOT POSTMARKED OR RECEIVED BY 02 02 26

EMPLOYER ACCOUNT NO. 098 8453 7

LOOP MEDIA INC

2600 W OLIVE AVE SUITE 5470 BURBANK

CA 91505

A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo. 2nd Mo. 3rd Mo.

B. Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page. Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.) C. X NO PAYROLL

D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) (M.I.) (LAST NAME) F. TOTAL SUBJECT WAGES G. PIT WAGES H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) (M.I.) (LAST NAME) F. TOTAL SUBJECT WAGES G. PIT WAGES H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) (M.I.) (LAST NAME) F. TOTAL SUBJECT WAGES G. PIT WAGES H. PIT WITHHELD

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D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) (M.I.) (LAST NAME) F. TOTAL SUBJECT WAGES G. PIT WAGES H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) (M.I.) (LAST NAME) F. TOTAL SUBJECT WAGES G. PIT WAGES H. PIT WITHHELD

I. TOTAL SUBJECT WAGES THIS PAGE 00 J. TOTAL PIT WAGES THIS PAGE 00 K. TOTAL PIT WITHHELD THIS PAGE 00

L. GRAND TOTAL SUBJECT WAGES 00 M. GRAND TOTAL PIT WAGES 00 N. GRAND TOTAL PIT WITHHELD 00

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Title EMPLOYER COPY Phone 224 857-5989 Date 01-10-2026 (Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071



201093 11122

## Colorado Department of Revenue Annual Transmittal of State W-2 Forms

SSN 1		SSN 2	
FEIN		Account Number	
47-3975872		95051422	
Last Name or Business Name		First Name	Middle Initial
LOOP MEDIA INC			
Address			
2600 W OLIVE AVE SUITE 5470			
City		State	ZIP
BURBANK		CA	91505
Period (MM/YY - MM/YY)		Due Date (MM/DD/YY)	
01/25 - 12/25		01/30/26	
Number of W-2s Attached		Phone Number	
2		(224) 857-5989	

Mark here if this is an Amended Return 
   
 Paid by EFT 
1000-130

1. Total Colorado income taxes withheld per W-2 forms attached.	4468.80
2. Total Colorado income taxes remitted for the period indicated above.	(890) 4468.80
3. <b>A. Balance Due</b> If line 1 is more than line 2, enter difference and (see instructions)	(100) .00
<b>B. Overpayment</b> If line 2 is more than line 1, enter the difference and (see instructions)	(415)
4. <b>Penalty</b> (see instructions)	(200)
5. <b>Interest</b> (see instructions)	(300)
6. <b>Additional Balance Paid</b> Add lines 3A, 4 and 5	(355) .00

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

Mail reconciliation with W-2 forms and any payment due on line 6 to:  
 Colorado Department of Revenue, Denver, CO 80261-0009

**Signed under penalty of perjury in the second degree.**

Signature	Date (MM/DD/YY)
	01/10/26







State of Connecticut NO LONGER accepts paper return.  
The following MUST be electronically filed.

Return Type: CT W3

Year: 2025

LOOP MEDIA INC  
2600 W OLIVE AVE  
SUITE 5470  
BURBANK CA91505

Connecticut Tax Registration Number 101215481-000

Federal Employer ID Number 47-3975872

Due date February 2, 2026

- 1. Connecticut tax withheld from wages 0
- 2. Total Connecticut wages reported 0
- 3. Number of W-2s submitted 0

Period		Connecticut Income Tax Withheld From Wages
January 1 - March 31	1st Quarter	.00
April 1 - June 30	2nd Quarter	.00
July 1 - September 30	3rd Quarter	.00
October 1 - December 31	4th Quarter	.00
Total		.00

State of Connecticut NO LONGER accepts paper return.  
The following MUST be electronically filed.

Return Type: CT 941 DRS

Year: 2025

LOOP MEDIA INC  
2600 W OLIVE AVE  
BURBANK

SUITE 5470  
CA 91505

Connecticut Tax Registration Number  
101215481-000  
Federal Employer ID Number (FEIN)  
47-3975872  
Enter reporting quarter (1, 2, 3, or 4)  
4  
Due date  
02-02-2026

Check here  if you no longer have employees in Connecticut  
and enter date of last payroll:  /  /   
MM DD YYYY

1. Gross wages	0.00
2. Gross Connecticut wages	0.00
3. Connecticut tax withheld	0.00
4. Credit from prior quarter	0.00
5. Payments made for this quarter	0.00
6. Total payments: Add Line 4 and Line 5	0.00
7. Net tax due (or credit): Subtract Line 6 from Line 3	0.00
8a. Penalty:	
8b. Interest:	
8 Total penalty and interest: Add Line 8a and Line 8b	
9. Amount to be credited	
10. Amount to be refunded	
11. Total amount due: Add Line 7 and Line 8	0.00

Pay Period	A First Month	B Second Month	C Third Month
1.			
2.			
3.			
4.			
5.			
6.			
7. Totals	0.00	0.00	0.00
8. Total liability for the quarter: Add Line 7, Columns A, B, and C. Enter total.			0.00

State of Connecticut NO LONGER accepts paper return.  
The following MUST be electronically filed.

RETURN TYPE: CT UC-2

LOOP MEDIA INC  
2600 W OLIVE AVE  
SUITE 5470  
BURBANK CA 91505

Qtr. <b>4/25</b>
------------------

CONNECTICUT DEPARTMENT OF LABOR EMPLOYMENT SECURITY DIVISION P. O. BOX 2940 HARTFORD, CT 06104-2940 (860)263 - 6470	ENTER AT RIGHT A COUNT OF ALL FULL - TIME AND PART - TIME WORKERS IN COVERED EMPLOYMENT WHO PERFORMED SERVICES DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NO EMPLOYMENT IN THE PAYROLL PERIOD, ENTER ZERO.	1ST MONTH 0	2ND MONTH 0	3RD MONTH 0
---	--	----------------	----------------	----------------

REGISTRATION NO.	FEDERAL IDENTIFICATION NO.	REPORT PERIOD	
		QTR	YR
0812110000	47-3975872	4	25
LIABILITY DATE	SUC.	NOTIFICATION DATE	DUE DATE
			02-02-26

1. Total gross wages paid to all employees for work performed in Connecticut this quarter.
2. Total wages paid within this quarter to each employee in excess of for the current calendar year. (This amount cannot be greater than line 1)
3. Total taxable wages (line 1 minus line 2) (This amount cannot be less than zero)
4. Contribution rate **.0110**
5. Amount of contribution (contribution rate X line 3) office use only
6. Add Late Filing Fee of twenty-five dollars (\$25). If applicable
7. Add interest at 1.0 % per month times (X'S) the number of months. If applicable
8. Add penalty of ten percent (10%) or fifty dollars (\$50) whichever is greater. If applicable
9. Amount of remittance enclosed with this return. Write your employer registration number on your check made payable to: Administrator Unemployment Compensation.

Dollars	Cents
	.00
	.00
	.00
	.00
	.00
	.00
	.00

# Connecticut Paid Family and Medical Leave Quarterly Worksheet

## Employer Information

Employer Name: LOOP MEDIA INC  
Employer Address: 2600 W OLIVE AVE SUITE 5470 BURBANK, CA 91505  
FEIN: 47-3975872  
Filing Period Start Date: 10/01/2025  
Filing Period End Date: 12/31/2025  
Pay Cycle: Other  
Final Return: 09/30/2025

## Contribution Summary

Employee Count: 0  
Gross Wages: .00  
Contribution Amount Due: .00  
Total Payment Amount: .00  
CT Gross Employee Count: 0

FOR INFORMATIONAL PURPOSES ONLY. DO NOT FILE



Florida Department of Revenue

Employer's Quarterly Report

COMPLETE and MAIL your REPORT/PAYMENT to

5050 W Tennessee Street, Bldg L, Tallahassee, FL 32399-0180

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

853012025123100680540310500393277900001

MAST

RT-6

R. 07/23

Rule 73B-10.037, F.A.C.

Effective XX/XX

Provisional

Table with 6 columns: Quarter Ending, Due Date, Penalty After Date, Tax Rate, RT Account Number, F.E.I. Number

Employer's Name LOOP MEDIA INC

Mailing Address 2600 W OLIVE AVE SUITE 5470

City/State/ZIP BURBANK CA 91505

For Official Use Only - Postmark Date

Postmark date grid

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month

Table for worker counts: 1st Month, 2nd Month, 3rd Month

- 2. Gross wages paid this quarter (Must total all pages) . . . . . 00
3. Excess wages paid this quarter (See instructions) . . . . . 00
4. Taxable wages for this quarter (See instructions) . . . . . 00
5. Tax Due (Multiply Line 4 by tax rate) . . . . . 00
6. Penalty Due (See instructions) . . . . . 00
7. Interest Due (See instructions) . . . . . 00
8. Installment Fee (See instructions) . . . . . 00
9a. Total Amount Due (See instructions) . . . . . 00
9b. Amount Enclosed (See instructions) . . . . . 00

All wage items must be reflected on the continuation sheet.

ENV# ID# 178230JFLSUJ175J473975872 2601100219 2869242 MASTJ8530

E-Verify Certification

I attest, under penalty of perjury, that this employer uses the E-Verify system defined in section 448.095 (1)(c), Florida Statutes or the Employment Eligibility Verification (Form USCIS I-9), if E-Verify is not available within three business days of a new hire, to verify the employment eligibility of newly hired employees.

Signature \_\_\_\_\_
Title \_\_\_\_\_
Today's Date \_\_\_\_\_

If you are filing as a sole proprietor, is this for domestic household employment only? [ ] Yes [X] No

[ ] Check if you had out-of-state wages. Attach Employer's Quarterly Report for Out-of-State Wages (RT-6NF). [X] Check if final return Date operations ceased. 09/30/2025

"Under penalties of perjury, I declare that I have read this return and the facts stated in it are true (sections 443.171(5), Florida Statutes). (do not detach)

Table with 3 columns: Signature, Date, Signature of Preparer; Title, Telephone No., Preparer's Telephone No.

LOOP MEDIA INC
2600 W OLIVE AVE SUITE 5470
BURBANK CA 91505

[X] Check here if you transmitted funds electronically

RT Account Number: 3932779

DOR USE ONLY POSTMARK OR HAND DELIVERY DATE

MAST RT-6 R. 07/23

3932779 473975872
00 0 0
0 0 0
1 20250930

# Instructions for Completing the G-7 Quarterly Return for the Monthly Payer

- **Form G-7 MUST be filed**, even if no tax was withheld for a particular quarter or if payment was made via EFT. If a payment is enclosed, be sure to indicate the amount in the "Amount Paid" block. ANY payment received after the 15th of the following month will be subject to late charges.
- If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.
- **Complete the sections for first, second and third month.** The "Tax Withheld", "Tax Due" and "Tax Paid" blocks must be filled in with the necessary tax information. The "Adjustment to Tax" block should be used when using a credit from a prior period. Explain adjustments in the indicated area of the form. If you have to later report an additional amount withheld for a period or need to pay additional tax due for a period, file an amended return (check the amended return box) reporting the amended amounts on the appropriate lines. Do not use the adjustment to tax box.
- Enter the total amount of taxes withheld for the quarter in the "Quarterly Total" block.
- Submit Form G-7 on or before the last day of the month following the quarter. Late returns will be assessed a penalty equal to \$25.00 plus 5% of the total tax withheld on the return each month the return is late, not to exceed \$25.00 plus 25% of the total tax withheld on the return.
- Payers should not file a Form G-7 with every payment. All payments should be submitted with the Form GA-V. The G-7 return should be filed once the quarter is complete.
- Do not use this form for nonresident withholding; use Form G-7 NRW.
- Make check or money order payable to : Georgia Department of Revenue
- Mail this completed form with your payment to:  
**Processing Center**  
**Georgia Department of Revenue**  
**PO Box 105482**  
**Atlanta, Georgia 30348-5482**

**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only voucher and payment.**  
**PLEASE DO NOT STAPLE OR PAPER CLIP. PLEASE REMOVE ALL CHECK STUBS.**

ENV# ID# 178230|GA|26095|473975872 2601100219 2869242 076

----- Cut on dotted line -----

**G-7 QUARTERLY RETURN**  
 FOR MONTHLY PAYER (Rev. 05/09/22)  
**2025**  
 Amended Return



2500607619

**Name and Address:**  
 LOOP MEDIA INC  
 2600 W OLIVE AVE  
 SUITE 5470  
 BURBANK CA 91505

Under penalty of perjury, I declare that this return has been examined by me and to the best of my knowledge and belief it is true, correct and complete. <b>EMPLOYER COPY</b>	Telephone 224-857-5989	GA Withholding ID 3541537-XK	FEI Number 47-3975872	Vendor Code <b>076</b>
	Signature Title	Date 01/10/2026	Tax withheld for Month 1 .00	Tax withheld for Month 2 .00
Explanation of Adjustments	Adjustment to Tax (+ or -) .00		Adjustment to Tax (+ or -) .00	Adjustment to Tax (+ or -) .00
	Tax Due .00		Tax Due .00	Tax Due .00
Tax Paid .00		Tax Paid .00	Tax Paid .00	Tax Paid .00
Period Ending 12/31/25		Due Date 01/31/26	Quarterly Total .00	

PROCESSING CENTER  
 GEORGIA DEPARTMENT OF REVENUE  
 PO BOX 105482  
 ATLANTA GA 30348-5482

**PLEASE DO NOT STAPLE OR PAPER CLIP. REMOVE ALL CHECK STUBS.**

Amount Paid \$ .00

006000035415372123125013126473975872076000000000006

## Instructions for Preparing the G-1003

- If you file and pay electronically or are filing Form G2-FL, you must file the G-1003 and related statements electronically. Also persons who are federally required to file income statements electronically must file them electronically for Georgia purposes. Reg. 560-7-8-.33. Even if the person is not required to file electronically, they may choose to do so. To obtain a copy of our specifications, visit our website [dor.georgia.gov/](http://dor.georgia.gov/).
- W-2 and 1099-NEC (non-employee compensation) income statements are due on or before January 31st of the following year.
- All other 1099 income statements are due on or before February 28th of the following calendar year.
- For a flow-through entity, the G-1003 and the related G2-As for nonresident members are due by the earlier of the date such entity's income tax return is filed or the due date for filing such entity's income tax return without extension.
- If a due date falls on a weekend or holiday, the income statement is due the next business day.
- If a business closes during the taxable year, income statements are due within 30 days after payment of final wages.
- If submitting W2-Gs select the 1099 Other Income Statement checkbox. The W2-G is considered a 1099 Other Income Statement.
- Submit non-wage statements (1099s) only if Georgia tax is withheld. Statements that do not indicate Georgia tax withheld may be filed under the Combined Federal/State Filing Program.
- Submission requirements:
  - a. G-1003s filed with W2s, W2-Cs, and 1099-NEC can be filed together. Other form types cannot be included with this G-1003.
  - b. The G2-As should be filed with a separate G-1003 that is being filed to report withholdings on nonresident members share of taxable income sourced to Georgia and cannot include any other form types.
  - c. The G-1003 that is being filed to report 1099-Other Income should be filed separately and cannot include any other form types.
- The "Number of Forms," "Form Type," "Georgia Taxable Wages," and "Georgia Tax Withheld" blocks must be completed where applicable.
- Copies of the corrected W2s/1099s/G2-As must accompany all amended returns.
- Beginning on and after 2019, if W-2s or 1099s are not filed by the due date, late penalties shall be assessed as follows:
  - (1) Ten dollars per statement filed up to 30 calendar days after the date such statement is due, provided that the total amount imposed on a person pursuant to this paragraph shall not exceed \$50,000.00;
  - (2) Twenty dollars per statement filed at least 31 calendar days, but not more than 210 calendar days after the date such statement is due, provided that the total amount imposed on a person pursuant to this paragraph shall not exceed \$100,000.00; or
  - (3) Fifty dollars per statement filed 211 calendar days or more after such statement is due, provided that the total amount imposed on a person pursuant to this paragraph shall not exceed \$200,000.00.

■ Submit Form G-1003 and paper copies of income statements to:

**Processing Center**  
**Georgia Department of Revenue**  
**PO Box 105685**  
**Atlanta, GA 30348-5685**

ENV# ID# 178230(GA)79639(473975872 2601100219 2869242 076

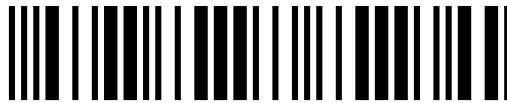
**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail coupon only.**  
**PLEASE DO NOT STAPLE OR PAPER CLIP.**

- Cut on dotted line -

**G-1003** (Rev. 06/08/22)

**Income Statement Return**

- Amended Return
- Domestic employer with no GA Tax Withheld



2610307612

**EMPLOYER NAME AND ADDRESS**

LOOP MEDIA INC  
 2600 W OLIVE AVE  
 SUITE 5470  
 BURBANK CA 91505

**DO NOT SUBMIT PAYMENT WITH THIS FORM**

GA Withholding ID <b>3541537-XK</b>	FEI Number <b>47-3975872</b>	Tax Year <b>2025</b>	Number of Forms	Vendor Code <b>076</b>
Form Type <input type="checkbox"/> W-2 <input type="checkbox"/> W2-C <input type="checkbox"/> 1099-NEC <input type="checkbox"/> 1099-Other Income <input type="checkbox"/> G2-A			<input type="checkbox"/> Check here if correction to Social Security Numbers only.	
Georgia Taxable Wages		Georgia Tax Withheld		
.00		.00		
Under penalty of perjury, I declare that this return has been examined by me and to the best of my knowledge and belief it is true, correct and complete.				
Signature			Title <b>EMPLOYER COPY</b>	
Telephone <b>224-857-5989</b>			Date <b>01/10/2026</b>	

PROCESSING CENTER  
 GEORGIA DEPARTMENT OF REVENUE  
 PO BOX 105685  
 ATLANTA GA 30348-5685

10300003541537212312501302647397587207600000000006

**MUST BE FILED ELECTRONICALLY**  
**WORKSHEET FOR GEORGIA DEPARTMENT OF LABOR**  
**EMPLOYER'S QUARTERLY TAX AND WAGE REPORT - PART II**

REPORT FOR THE QUARTER ENDING 12-31-2025

658828-09	2	425	2.70	02-02-2026
DOL Account Number		Qtr/Yr	Total Tax Rate	Form must be Filed By

1. For each month, report the number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month.....	0	0	0
	(1ST MONTH)	(2ND MONTH)	(3RD MONTH)
2. Total REPORTABLE GROSS WAGES Paid.... This Quarter (Combine all wages into one total.)			\$ .00
3. MINUS Non-Taxable Wages Paid This Quarter....			.00
4. TAXABLE WAGES Paid This Quarter.....			.00
5. Contribution Tax Due: 2.64 % X taxable wages (line 4).....			.00
6. Administrative Assessment Due: .06 % X taxable wages (line 4).....			.00
7. Interest On Lines 5 and 6: See Instructions Due after 12-31-25			
8. Penalty is for filing late, not based on total amount due:(See Instructions) Due after 12-31-25			
9. Balance as of			.00
10. TOTAL AMOUNT DUE: (SUM of lines 5 thru 9)			\$ .00

● If your business was discontinued or if a change in ownership has occurred, please complete the following:  
 (Check One)

Business Discontinued Effective Date (MM/DD/YY) 09 / 30 / 25

LOOP MEDIA INC  
 2600 W OLIVE AVE  
 SUITE 5470  
 BURBANK CA 91505

(Employer Name and Address)

Federal Identification Number: 47-3975872

FOR INFORMATIONAL PURPOSES ONLY. DO NOT FILE

**State of Iowa**  
**Annual reconciliation is no longer required.**

**Mail to: Iowa Department of Revenue and Finance  
P.O. Box 10411  
Des Moines, IA 50306-0411**

**Must use agency's official form when paying by check**

**State agency requires form to be exact size**

Cut along dotted edges

Iowa Department of Revenue  
www.state.ia.us/tax

ENV# ID# 178230|A|69|473975872 2601100219 2869242 1122

**Withholding Quarterly Return**

3069055170013123125 1

1. Total Tax Withheld This Quarter	00
2. This Quarter's Monthly Deposits	00

12	▲ Employer ID Number 306905517	▲ Period Ending 12-31-2025 <b>Due Date</b> 02-02-2026
----	-----------------------------------	--

3. Less Adjustments/ Credits	00
4. Balance Due Subtract lines 2 and 3 from line 1	00
5. Penalty	▲
6. Interest	▲
7. Amount Due	00

Name and Address  
**LOOP MEDIA INC**  
**2600 W OLIVE AVE**  
**SUITE 5470**  
**BURBANK CA 91505**

Signature of Withholding Agent \_\_\_\_\_  
Daytime Phone No.: 224 857-5989

Date 10-Jan-2026

**MAKE CHECK PAYABLE TO  
TREASURER - STATE OF IOWA**  
44-095a (9/16/03)

Do not file this form with Iowa Workforce Development.  
The following MUST be electronically filed at:

<https://www.myiowauai.org/UITIPTaxWeb/>

UI Account #	Filing Quarter	Filing Year	Filing Quarter	Due Date
00672266	4	2025	1st - Jan, Feb, Mar	Apr 30
			2nd - Apr, May, Jun	Jul 31
			3rd - Jul, Aug, Sept	Oct 31
			4th - Oct, Nov, Dec	Jan 31

**Employer Information**

FEIN: 47-3975872 Phone: (206)812-2209 Ext: \_\_\_\_\_  
 Legal Business Name: LOOP MEDIA INC  
 DBA: \_\_\_\_\_  
 Mailing Address 1: 2600 W OLIVE AVE  
 Mailing Address 2: SUITE 5470  
 City: BURBANK State/Province: CA Zip+4/Postal Code: 91505

**Payment Calculation**

1. Total Wages (All Pages): \$ \_\_\_\_\_ .00  
 2. Taxable Wages (All Pages): \$ \_\_\_\_\_ .00  
 3. State Experience Owed  
 (Line 2 x State Experience Rate): \$ \_\_\_\_\_ .00  
 4. Reserve Fund Owed  
 (Line 2 x Reserve Fund Rate): \$ \_\_\_\_\_ .00  
 5. Surcharge Owed  
 (Line 2 x Surcharge Rate): \$ \_\_\_\_\_ .00  
 6. Contribution Owed (Lines 3 + 4 + 5): \$ \_\_\_\_\_ .00  
 7. Interest Owed: \$ \_\_\_\_\_ .00  
 8. Penalty Owed: \$ \_\_\_\_\_ .00  
 9. Total Owed (Line 6 + 7 + 8): \$ \_\_\_\_\_ .00  
 10. Previous Amount Due: \$ \_\_\_\_\_ .00  
 11. Previous Credit Available: \$ \_\_\_\_\_ .00  
 12. Amount Due (Line 9 + 10 - 11): \$ \_\_\_\_\_ .00  
 13. Amount Paid: \$ \_\_\_\_\_ .00

**Taxable Wage Base: \$ 39,500.00**

State Experience Rate:	.01
+ Reserve Fund Rate:	0
+ Surcharge Fund Rate:	0
<b>= Contribution Tax Rate:</b>	<b>.01</b>

**How to Calculate Interest Due:**

1. Multiply line 6 by 0.0003333 (round to 2 decimals)
2. Then multiply that number the number of days late.

**How to Calculate Penalty Due:**

1. Pay the greater of \$35.00 or (Penalty Rate X Total Wages)
2. Use the table to the right to determine the Penalty Rate.

Days Delinquent	1-60	61-120	121-180	181-240	241+
Penalty Rate	0.001	0.002	0.003	0.004	0.005



# 967 IDAHO ANNUAL WITHHOLDING REPORT

AMENDED

ACCOUNT NO. TAX YEAR DUE ON OR BEFORE  
005944749 2025 01/30/2026

Mailing address change  Cancel account

Return mailing address: Idaho State Tax Commission  
PO Box 76  
Boise, Idaho 83707-0076

LOOP MEDIA INC  
2600 W OLIVE AVE  
SUITE 5470  
BURBANK, CA 91505

## Wages and Withholding

- 1. Total Idaho taxable wages reported on W-2s ..... • 101,454.00
- 2. Total Idaho tax withheld on W-2s and 1099s ..... • 3,666.00

State use only
• _____
• _____

- 3. Total tax paid for calendar year 2025 ..... • 3,666.00
- 4. Remaining tax due or (overpaid). Subtract line 3 from line 2 ..... • 0.00
- 5. Penalty on balance owed. If line 4 is zero or a credit, enter 0 ..... • 0.00
- 6. Interest on balance owed. If line 4 is zero or a credit, enter 0 ..... • 0.00
- 7. Total due. Add lines 4, 5, and 6 ..... • 0.00

## Statements Submitted

- 8. Number of W-2s for the year (send W-2s with this form) ..... • 3
- 9. Number of 1099s *with Idaho withholding* for the year (send 1099s with this form) ..... • \_\_\_\_\_

Check box if 1099s were submitted through combined federal/state filing ..... •

- 10. Total number of statements. Add lines 8 and 9 ..... • 3
- 11. Statement penalty. Add after due date.  
Multiply line 10 by \$2 per month for each full or part month overdue.  
If submitted by due date, enter 0 ..... • 0.00

- 12. Add lines 7 and 11
- 12a. Total due ..... •
- 12b. Total refund ..... •

I certify under penalties of perjury that this return is true, correct and complete to the best of my knowledge.

<input checked="" type="checkbox"/> Authorized Signature	Date
	01-10-26

ENV# ID# 178230|ID|73|473975872 2601100219 2869242 75



## Agency does not accept paper filings.

**If filing for fewer than 25 employers, must upload the wage report, and manually enter the contribution return online in the Employer Portal. When remitting payment by check, must download the agency's coupon, and submit it with the check.**

### IDAHO Employer Quarterly Unemployment Insurance Worksheet

STATE ACCOUNT NUMBER: 0003807983

FEDERAL IDENTIFICATION NUMBER: 47-3975872

1. LEGAL ENTITY NAME AND Physical ADDRESS:

LOOP MEDIA INC  
2600 W OLIVE AVE  
SUITE 5470  
BURBANK CA 91505

CEASED OPERATIONS:	EFFECTIVE DATE:
	30-Sep-2025

**IMPORTANT: Employers who fail to file or file false reports may be fined up to \$250.00 or 100% of the amount due, whichever is greater (Idaho Code Section 72-1372(1)(a)).**

2. DATE QUARTERLY TAX REPORT IS DUE:	02-02-2026		
3. YEAR WAGES WERE PAID / CALENDAR QUARTER WAGES WERE PAID:	2025 / 12-31-2025		
4. TAX RATE:	CONTRIBUTION RATE 1.08080	ADMINISTRATIVE RESERVE RATE + .22970	WORKFORCE DEVELOPMENT RATE + .04050 = 1.35100
5. TOTAL GROSS WAGES PAID TO ALL EMPLOYEES THIS QUARTER. ENTER "0" IF NO EMPLOYMENT: (Should be the same as your Wage Report total.)	.00		
6. WAGES PAID TO INDIVIDUAL WORKERS THIS QUARTER IN EXCESS OF \$ 55,300.00 FOR THIS CALENDAR YEAR:	.00		
7. TAXABLE WAGES: (Line 5 minus line 6)	.00		
8. TAX DUE: (Multiply Line 7 by 1.35100%)	.00		
9. ADD ENTER THE LARGER OF: LATE 4% of tax due times the number of months (or portion thereof) after due date OR PENALTY \$20.00 times the number of months (or portion thereof) after due date.			
10. TOTAL DUE FOR THIS QUARTER: (Line 8 plus line 9)	.00		
11. PRIOR BALANCE: SUBTRACT CREDIT AND/OR ADD BALANCE DUE: (Attach supporting documents)	.00		
12. TOTAL AMOUNT DUE: (Check box if payment was made by E.F.T.) Make checks payable to : Idaho Department of Labor <input type="checkbox"/>	.00		
13. NUMBER OF WORKERS IN THE PAY PERIOD THAT INCLUDED THE 12th OF THE MONTH. IF NO EMPLOYEES, ENTER ZERO. DO NOT LEAVE MONTHS BLANK.	1st	2nd	3rd
	0	0	0



State of Illinois NO LONGER accepts paper return.  
The following MUST be electronically filed.

## 2025 Illinois Withholding Income Worksheet

### Step 1: Provide your information

47-3975872 Federal employer identification number (FEIN)      000 Seq. number

LOOP MEDIA INC  
2600 W OLIVE AVE  
SUITE 5470  
BURBANK, CA 91505

**Reporting Period**

Check the quarter you are reporting.

1st (January/February/March) due April 30, 2025

2nd (April/May/June) due July 31, 2025

3rd (July/August/September) due November 2, 2025

4th (October/November/December) due February 1, 2026

Check this box if this is your first return.

Check this box if your business name has changed.

Check this box if your address has changed.

### Step 2: Tell us about your business

**A1** Enter the total number of Forms W-2 reporting Illinois withholding you issued for the entire year.\* **A1** \_\_\_\_\_

**A2** Enter the total number of Forms 1099 reporting Illinois withholding you issued for the entire year.\* **A2** \_\_\_\_\_  
*\*Only complete Lines A1 and A2 when you file your 4th quarter or final return.*

**B** If your business has **permanently** stopped withholding because it has closed, or you no longer pay Illinois wages or withhold Illinois taxes from other payments, check Box B and enter the date you stopped withholding. This is considered your final return. Do not file future returns, unless you resume withholding Illinois income tax. **B**  \_\_\_/\_\_\_/\_\_\_  
Month Day

### Step 3: Tell us about the amount subject to withholding

**1** Enter the total dollar amount subject to Illinois withholding tax this reporting period, including payroll, compensation, and other amounts. See instructions. **1** \_\_\_\_\_ 0.00

### Step 4: Tell us about the amount withheld

**2** Enter the exact amount of Illinois Income Tax you actually withheld from your employees or others on the date you paid the compensation. Only enter amounts on days you made withholding - leave the remaining "Day" lines blank. If you withheld no Illinois Income Tax during the month, enter "0" on the corresponding "Total" line - Line 2a, 2c, or 2d.

**2a First month of quarter** (i.e., January for 1st quarter; April for 2nd quarter; July for 3rd quarter; and October for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
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	_____	15	_____	23	_____	31	_____
8	_____	16	_____	24	_____		

**Total Illinois Income Tax withheld this month.** (Add Section 2a, Lines 1-31.) **2a** \_\_\_\_\_ .00

### Step 4: Continued

**2b** Enter the amount from Page 1, Step 4, Line 2a.

**2b** \_\_\_\_\_ .00

**2c** Second month of quarter (i.e., February for 1st quarter; May for 2nd quarter; August for 3rd quarter; and November for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
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	_____	15	_____	23	_____	31	_____
8	_____	16	_____	24	_____		

**Total Illinois Income Tax withheld this month.** (Add Section 2c, Lines 1-31.) **2c** \_\_\_\_\_ .00

**2d** Third month of quarter (i.e., March for 1st quarter; June for 2nd quarter; September for 3rd quarter; and December for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
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	_____	15	_____	23	_____	31	_____
8	_____	16	_____	24	_____		

**Total Illinois Income Tax withheld this month.** (Add Section 2d, Lines 1-31.) **2d** \_\_\_\_\_ .00

**Add Lines 2b, 2c, and 2d and enter the total amount here.** This is the total dollar amount of Illinois Income Tax **actually withheld** from your employees or others for this quarter.

**2** \_\_\_\_\_ 0.00

### Step 5: Tell us about your payments and credits

- 3** Enter the amount of credit from the Schedule WC you are using this period. See instructions. **3** \_\_\_\_\_ 0.00
- 4** Enter the total dollar amount of withholding payments you made to the Illinois Department of Revenue (IDOR) for this period. This includes all IL-501 payments (electronic and paper coupons). **Do not estimate this amount.** **4** \_\_\_\_\_ 0.00
- 5** Add Lines 3 and 4 and enter the total amount here. **5** \_\_\_\_\_ 0.00

### Step 6: Figure your balance

- 6** If Line 2 is greater than Line 5, subtract Line 5 from Line 2. This is your **remaining balance due**. Make your payment electronically or make your remittance payable to "Illinois Department of Revenue." **If Line 5 is greater than Line 2, see the instructions.** (Semi-weekly payers **must pay** electronically.) **6** \_\_\_\_\_ 0.00

# **Illinois no longer requires the Form IL-W-3**

**Forms W-2 and W-2c are required to be electronically filed with Illinois.**



State Agency requires form to be exact size

Cut along dotted edge

ENV# ID# 178230|KY|318|473975872 2601100219 2869242 1122

**K-3**

**KENTUCKY EMPLOYER'S RETURN OF INCOME TAX WITHHELD**

(Complete Annual Reconciliation on Reverse)

LOOP MEDIA INC  
2600 W OLIVE AVE  
SUITE 5470  
BURBANK CA 91505

Period Begin:  
Period End: 12/31/25  
Due Date: 02/02/26  
Account No.: 000897847

1. Total number of employees for the period	0
2. Total wages paid for the period .....	00
3. Income tax withheld this period .....	00
4. Adjustments or credits (explain on reverse) .....	00
5. Penalty \$ .....	
+ Interest \$ .....	=
6. Total amount due (Make check payable to: Kentucky State Treasurer.)	00

42A8039912

Kentucky Department of Revenue  
Frankfort, KY 40620-0004

**DO NOT ATTACH CHECK TO RETURN**

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Signature	Employer Copy	10-Jan-2026	Date
-----------	---------------	-------------	------

**ANNUAL RECONCILIATION (Must be Completed)**

Total number of employees for the year

1

Total wages paid for the year

23197 50

**Payments Made for Each Period**

Jan. <u>172.68</u>	Apr. <u>195.38</u>	July <u>.00</u>	Oct. <u>.00</u>
Feb. <u>172.68</u>	May <u>172.68</u>	Aug. <u>.00</u>	Nov. <u>.00</u>
Mar. <u>172.68</u>	June <u>.00</u>	Sept. <u>.00</u>	Dec. <u>.00</u>

Total Kentucky income tax withheld as shown on W-2s

886 10

42A8039922



Statement of adjustments or credits entered on line 4 and account changes.

Please check this box if you wish to credit overpayment to the next return filed.

State of Kentucky NO LONGER accepts paper return.  
The following MUST be electronically filed.

**Return Type: UI-3**

		Number of Employees		How many workers earned wages in the pay period including the 12th of each month?		Dollars	Cents
KEIN	00 276930 5	Rate					
FEIN	47-397-5872	2.3000	1 <sup>st</sup> Mo.	0	1. Gross Wages		00
Qtr/Yr	4 2025		2 <sup>nd</sup> Mo.	0	2. Excess Wages		00
Due Date	02/02/2026		3 <sup>rd</sup> Mo.	0	3. Taxable Wages		00
LOOP MEDIA INC					4. Tax Due		00
2600 W OLIVE AVE					5. Surcharge/SCUF		00
SUITE 5470					6. Interest Due		
BURBANK		CA 91505			7. Penalty Due		
					8. Prior Amount Due <i>or</i> Overpayment		
					9. Total Amount Due		00
							00

FOR INFORMATIONAL PURPOSES ONLY. DO NOT FILE.



Louisville Metro Revenue Commission

# Annual Wage Reconciliation

**2025**

Form

**W-3**

**INDIVIDUAL/ SOLE PROPRIETOR**

Last name	First name	MI	Social Security Number

**CORPORATION/ PARTNERSHIP**

Legal name/ Business name			Federal ID Number
LOOP MEDIA INC			47-3975872
Address (number and street)	Unit /Apt. no.	Account ID	
2600 W OLIVE AVE	SUITE 5470	101280-2819	
City, town, or post office	State	Zip code	Year
BURBANK	CA	91505	2025
Email	Phone no.	Ext.	<input type="checkbox"/> Amended Return <input checked="" type="checkbox"/> Final Return
SONYA@LOOP.TV	812-2209		

Return Status

Amended Return  
 Final Return

Employee Cease Date  
 09/30/2025

W-2's filed electronically with the Louisville Metro Revenue Commission

**Quarterly Reporting**

Quarter Ending		Amount that should have been paid
1.	March 31 <sup>st</sup>	330.00
2.	June 30 <sup>th</sup>	225.51
3.	September 30 <sup>th</sup>	.00
4.	December 31 <sup>st</sup>	.00

**Additional Tax Due Calculations**

5.	Total Quarterly Taxes that should have been paid (Sum of lines 1-4)	555.51
6.	Total Taxes withheld per Schedule of employees' wages attached	555.51
7.	Difference between Line 5 & Line 6	.00

**Signature**

I hereby certify, under penalty of perjury, that the information provided and the attached supporting schedules are true, correct, and complete to the best of my knowledge.

Your signature	Date		
Print/Type your name	Your Title	Daytime phone number	

**Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	PTIN
Firm's name ▶			Firm's EIN ▶
Firm's address ▶			Phone no. ▶

**Important Information**

No refunds or credits will result from entries made on this form. An amended Form W-1 must be submitted to request a refund or apply credit. No payment should be submitted with Form W-3, an amended Form W-1 must be submitted.

**ELECTRONIC FILING:** Register for electronic filing. It is an easy, secure, and convenient way to file and pay taxes on-line. For more information log on to <https://www.metrorevenue.org>

**Mailing Address : P.O. Box 32300, Louisville, KY 40232-2300**  
**Telephone: (502) 574-4860**



Louisville Metro Revenue Commission

# Employers Quarterly Return of Occupational Fees Withheld

**2025**

Form

**W-1**

<b>INDIVIDUAL/ SOLE PROPRIETOR</b>			
Last name	First name	MI	Social Security Number
<b>CORPORATION/ PARTNERSHIP</b>			
Legal name/ Business name			Federal ID Number
LOOP MEDIA INC			47-3975872

CHECK IF CHANGE IN ADDRESS IS BELOW

Address (number and street)		Unit /Apt. no.	Account ID
2600 W OLIVE AVE		SUITE 5470	101280-2819
City, town, or post office	State	Zip code	Quarter Ending
BURBANK	CA	91505	12/31/2025
Email	Phone no.	Ext.	<b>RETURN STATUS</b> <input checked="" type="checkbox"/> No Employees <input type="checkbox"/> Amended Return <input checked="" type="checkbox"/> Final Return Employee Cease Date 09/30/2025
SONYA@LOOP.TV	(206)812-2209		

If you had no employees this quarter, do not complete Lines 1 through 14

WAGE INFORMATION	QUARTERLY WAGES	RATE	TAX COMPUTATION
	Column 1		(Column 1 X RATE)

<b>Withholding Calculation due</b> Enter amounts earned for work performed in Louisville Metro only on Line 1-5  If Line 6 is greater than \$3,000.00, you must begin making monthly deposits beginning next quarter. (See instructions)	1.	Total Wages earned by employees for work that was performed within Louisville Metro, KY. (Exclude amounts earned by ordained ministers)	.00	.0145	1a.	.00
	2.	Wages earned by non-resident employees for work that was performed within Louisville Metro, KY. (Exclude amounts earned by ordained ministers)	.00			
	3.	Total Wages earned by resident employees for work performed within Louisville Metro, KY. (Lines 1 minus Line 2)	.00			
	4.	Amount of wages earned by Resident Ministers	.00			
	5.	Total wages subject to the School Board Tax (Line 3 + Line 4)	.00	.0075	5a.	.00
	6.	Total Tax due (Line 1a + Line 5a)				.00

<b>Payments &amp; Credits</b> Lines 10a-10c must reflect amounts that should have been paid for each month; the sum must be equal to the Total Tax Due (Line 6)	7.	Penalty & Interest (See instructions)					
	8.	Tip income tax shortage				.00	
	9.	Total Amount Due (Line 6 + Line 7 - Line 8)					.00
	10.	Monthly Deposits Due (For Depositors Only)	10a.	10b.	10c.		
	11.	Total Deposits paid for this Quarter					.00
12.	Additional Payment due (if Line 9 > Line 11)						

<b>Overpayment</b>	13.	Overpayment to be credited to next quarter				
	14.	Overpayment to be refunded				

**Signature**

I hereby certify, that the information is true and correct to the best of my knowledge.

Your signature	Date
Print/Type your name	Your Title
	Daytime phone number

**Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	PTIN
Employer Copy		10-Jan-2026	
Firm's name	Paylocity Corporation	Firm's EIN	36 4227403
Firm's address	1400 American Lane Schaumburg, IL 60173	Phone no.	224-857-5989

**ELECTRONIC FILING:**

Register for electronic filing. It is an easy, secure, and convenient way to file and pay taxes on-line. For more information log on to <https://www.metrorevenue.org>

MAILING ADDRESS: P.O. BOX 32300, LOUISVILLE, KENTUCKY 40232-2300  
 Telephone: (502) 574-4860  
 Please do not send general correspondence with this form/payment to this address

# Minnesota Quarterly Withholding Worksheet

Agency requires form to be filed online

Quarter ending date **12-31-2025**

Minnesota tax ID number **8476028**

LOOP MEDIA INC  
2600 W OLIVE AVE  
SUITE 5470  
BURBANK, CA 91505

1	Wages paid during quarter	_____	.00
2	Number of employees during quarter	_____	0
3	Total Minnesota income tax withheld during the quarter (from line 15, col. A)	_____	.00
4	Credit from previous quarters	_____	.00
5	Total Minnesota tax due this quarter (add lines 3 and 4)	_____	.00
6	Total Deposits and Credits	_____	.00
7	Subtract line 6 from line 3. If less than zero, write amount in brackets and check box for:	_____	.00
	<input type="checkbox"/> credit (claim on line 11 of next return) OR		
	<input type="checkbox"/> refund (no refunds less than \$1)		
8	Penalty (read instructions)	_____	
9	Interest (read instructions)	_____	
10	Payment due (add lines 7, 8 and 9) Make check payable to MN Dept. of Revenue	_____	.00

## Liability Schedule

### Month 1

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		15		23		31	
8		16		24			

**Tax liability for Month 1**  
  
\_\_\_\_\_

.00

### Month 2

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		15		23		31	
8		16		24			

**Tax liability for Month 2**  
  
\_\_\_\_\_

.00

### 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		15		23		31	
8		16		24			

**Tax liability for Month 3**  
  
\_\_\_\_\_

.00

**Total liability for the quarter** .00

**State of Minnesota**  
**Annual reconciliation is no longer required.**

# DO NOT FILE - RETURN MUST BE SUBMITTED ONLINE

## EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT

<b>MN UC TAX ACCOUNT NUMBER</b> 05275982	<b>FEDERAL ID NUMBER</b> 47-3975872
---	--

LOOP MEDIA INC  
 2600 W OLIVE AVE  
 SUITE 5470  
 BURBANK CA 91505

<b>CALENDAR                  QUARTER/YEAR</b> 4
<b>QUARTER ENDS</b> 12-31-2025
<b>REPORT IS DUE</b> 02-02-2026

		1st Month	2nd Month	3rd Month
3.	For each month, report the number of covered workers who worked during or received pay for th payroll period which includes the 12th of the month. If none, write 0.	0	0	0
4.	Total gross wages paid for employment during quarter - must equal total wages reported on Wage Detail Report. (see line 4 instructions)	\$ .00		
5.	Non-Taxable Wages - wages paid in the quarter which exceed the first \$ <b>43,000</b> paid each employee for the calendar year <b>2025</b> Amount cannot exceed line 4. (see line 5 instructions)	\$ .00		
6.	Taxable Wages - Line 4 minus Line 5	\$ .00		
7.	UI Tax Due - Multiply line 6 by <b>1.47 % ( .0147 )</b> Rate includes applicable assessments	\$ .00		
8.	<b>Workforce Enhancement Fee</b> - multiply line 6 by <b>.1 % ( .001 )</b> <i>Not to be included in Federal Unemployment (FUTA) tax returns</i>	\$ .00		
9.	<b>TOTAL TAX DUE</b> - Add Lines 7 and 8	\$ .00		
10.	Interest - Multiply Line 9 by 1.5% (.015) for each month payment is late (See line 10 instructions)	\$		
11.	Penalty - Late report (See line 11 instructions)	\$		
12.	PLUS: amount due on prior quarters (see line 12 instructions)	\$		
13.	MINUS: available credit on account (see line 13 instructions)	\$ .00		
14.	TOTAL AMOUNT DUE: Make check payable to <b>MINNESOTA UI FUND</b>	\$ .00		

# Worksheet - Do not submit to Agency

## Form: NC NC-3 - North Carolina Annual W/H Reconciliation

LOOP MEDIA INC	Account ID	601484863
	FEIN or SSN	473975872
2600 W OLIVE AVE	File this form by	February 02
BURBANK	For tax year	2025
CA 91505	Final Date of Payments Subject to NC Withholdings	

Enter Total tax withheld as reported for each period.

Month	Amount	Month	Amount
1. January	1. 0.00	7. July	7. 0.00
2. February	2. 0.00	8. August	8. 0.00
3. March	3. 0.00	9. September	9. 0.00
4. April	4. 0.00	10. October	10. 0.00
5. May	5. 0.00	11. November	11. 0.00
6. June	6. 0.00	12. December	12. 0.00

Add Lines 1-12 and enter the total on Line 13. Enter Line 13 on Line 16.

13. Total Tax Withheld as Reported	13.	0.00
14a. Tax Withheld Per W-2 Statements	14a.	0.00
14b. Tax Withheld Per 1099 Statements	14b.	0.00
15. Total Tax Withheld on W-2 and 1099 Statements	15.	0.00

16. Total Tax Withheld as Reported	16.	0.00
17. Total Tax Withheld on W-2 and 1099 Statements	▶ 17.	0.00

Compare Line 16 and Line 17. If Line 16 and Line 17 are the same, skip to Line 21. If Line 16 is more than Line 17, the account is overpaid. Subtract Line 17 from Line 16 and enter the amount of overpayment on Line 18. If Line 16 is less than Line 17, the account is underpaid. Subtract Line 16 from Line 17 and enter the amount of tax due on Line 19.

18. Overpayment	18.	0.00
19. Additional Tax Due	19.	0.00
20. Interest	20.	0.00
21. Failure to File Informational Return Penalty	21.	0.00
22. Amount of Refund Requested	22.	0.00
23. Total Amount Due	23.	0.00

# EMPLOYER'S QUARTERLY TAX AND WAGE REPORT

## A PENALTY WILL BE APPLIED TO ANY REPORTS THAT CONTAIN 10 OR MORE WAGE ITEMS

\* INDICATES A REQUIRED FIELD

**YOU CAN FILE THIS REPORT  
ONLINE AT [DES.NC.GOV](http://DES.NC.GOV)**

(1) EMPLOYER LEGAL NAME

LOOP MEDIA INC

(5) QUARTER ENDING

12/31/2025

Date format: mm/dd/yyyy

(6) DUE DATE

01/30/2026

Date format: mm/dd/yyyy

(7) EMPLOYER ID NUMBER

0000918125

NC DEPT. OF COMMERCE  
DIVISION OF EMPLOYMENT SECURITY  
P.O. BOX 26504  
RALEIGH, NC 27611-6504

(2) EMPLOYER ADDRESS

2600 W OLIVE AVE  
SUITE 5470  
BURBANK

CA 91505

(8) TAX RATE

1.0000 %

AGENCY USE	
DATE	
AMOUNT	INITIALS

(9) QTR-YR

4 25

(10) TOTAL REMITTANCE DUE

.00

\* NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED  
PAY FOR THE PAYROLL PERIOD WHICH INCLUDES  
THE 12TH OF THE MONTH

(11) 1ST MONTH	(12) 2ND MONTH	(13) 3RD MONTH	
0	0	0	

(3) **CHECK THIS BOX IF THE ADDRESS HAS CHANGED**

(4) ENTER YOUR FEDERAL TAX NUMBER HERE: 47-3975872

IF ANY CHANGES OCCURRED IN THE OWNERSHIP, TELEPHONE NUMBER OR ADDRESS, COMPLETE FORM NCU1 101-A.

<small>*<sup>(14)</sup>SSN</small>	<small>*<sup>(15)</sup>LAST NAME</small>	<small>*<sup>(16)</sup>FIRST NAME</small>	<small>(17)MI</small>	<small>*<sup>(18)</sup>GROSS WAGES</small>	<small>(19) OUT OF STATE TAXABLE WAGES</small>	<small>(20) OUT OF STATE CODE</small>	<small>(21) HOURS WORKED</small>	<small>(22) EMPLOYEE/OFFICER</small>	<small>(23) SEASONAL</small>	<small>(24) LOCATION SUMMARY</small>	<small>(25) SOC CODE</small>
------------------------------------	--	---	-----------------------	--	--	---------------------------------------	----------------------------------	--------------------------------------	------------------------------	--------------------------------------	------------------------------


TOTALS	.00	
TOTALS FROM NCU101B		
GRAND TOTALS		

ENV# ID# 178230|NCSU|631|473975872 2601100219 2869242 1122

THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

(27) SIGNATURE

(28) TITLE

(29) TELEPHONE NUMBER

(30) DATE

473-975-872/000

LOOP 000000

12-31-2025

1

1

NJWR30

LOOP MEDIA INC  
2600 W OLIVE AVE  
BURBANK CA, 91505

S-000028

0

.00

0

Employer Copy

01-10-2026

224 857-5989

**State of New Jersey NO LONGER accepts paper return.  
The following MUST be electronically filed.**

UNEMPLOYMENT INSURANCE		HEALTH CARE SUBSIDY		WORKFORCE DEVELOPMENT		UI Total Healthcare Workforce	DISABILITY INSURANCE		Total Disability	FLI
EMPLOYER	WORKER	EMPLOYER	WORKER	EMPLOYER	WORKER		EMPLOYER	WORKER		
.029825	.003825	0	0	.001175	.000425	.03525	.005	.0023	.0073	.0033

**Return Type: NJ-927-W**    Quarter Ending: 12-31-2025    Report Due: 01-30-2026

LOOP MEDIA INC  
2600 W OLIVE AVE  
SUITE 5470  
BURBANK, CA 91505

N.J. TAXPAYER ID NO. 473-975-872/000  
FEDERAL ID NO. 47-3975872

**GITER Amount Withheld:**

1. 1001 - 1004	.00	8. 1116 - 1122	.00
2. 1005 - 1011	.00	9. 1123 - 1129	.00
3. 1012 - 1018	.00	10. 1130 - 1206	.00
4. 1019 - 1025	.00	11. 1207 - 1213	.00
5. 1026 - 1101	.00	12. 1214 - 1220	.00
6. 1102 - 1108	.00	13. 1221 - 1227	.00
7. 1109 - 1115	.00	14. 1228 - 1231	.00

1. Wages Subject to Gross Income Tax:	.00
2. Total GIT Amount Due this Quarter:	.00
3. Total GITER Remitted this Quarter (Plus Credits):	.00
4. GIT Balance Due (Calculated):	.00
5. GIT Overpayment Amount:    Carry        Refund	
6. GIT Amount to Pay:	.00

7. Number of Employees

Month 1:	0
Month 2:	0
Month 3:	0

8. Total of All Wages Paid Subject to UI, DI, WF & FLI:	.00
9. DI - Employer, UI and WF Wages in Excess of First \$ 43,300	.00
10. DI - Employee and FLI Wages in Excess of First \$ 165,400	.00
11. Taxable Wages UI & WF:	.00
12. Taxable Wages Subject to DI - Employer:	.00
13. Taxable Wages Subject to DI - Employee:	.00
14. Taxable Wages Subject to FLI:	.00
15. Total UI and WF Contributions:	.00
16. DI - Employer Contributions:	.00
17. DI - Employee Contributions:	.00
18. FLI Contributions:	.00
19. Payments Received for this Quarter:	.00
20. Balance Due - UI, WF, DI, & FLI:	.00
21. Payment Amount - UI, WF, DI & FLI:	.00
22. Employee Count Private Plan TDI:	0
23. Employee Count Private Plan FLI:	0

State of New Jersey NO LONGER accepts paper return.  
The following MUST be electronically filed.

Return Type: NJ-W-3

Tax Year: 2025

LOOP MEDIA INC

File no later than February 15, 2026

2600 W OLIVE AVE

Employer Identification Number:

BURBANK, CA 91505

473-975-872/000

1 Total Employees	2
2 Total Gross Wages	139,850.10
3 Total Withheld	5,035.80

FOR INFORMATIONAL PURPOSES ONLY. DO NOT FILE.



Department of Taxation and Finance

# Employer's Quarterly Metropolitan Commuter Transportation Mobility Tax Return

# MTA-305

(7/23)

Amended return

For help completing your return, see instructions, Form MTA-305-I.

Legal name LOOP MEDIA INC		
Mailing address (number and street or PO Box) 2600 W OLIVE AVE SUITE 5470		Address change? Mark <b>X</b> (see instr.) <input type="checkbox"/>
City, village, or post office BURBANK	State CA	ZIP code 91505

Employer identification number (EIN)

473975872

Mark an **X** in only **one** box to indicate the quarter (a separate return must be completed for each quarter) and enter the last two digits of the tax year.

Jan 1 - Mar 31  Apr 1 - Jun 30  July 1 - Sep 30  Oct 1 - Dec 31  Tax year 25

**A1** Number of employees in Zone 1 (New York [Manhattan], Bronx, Kings [Brooklyn], Queens, Richmond [Staten Island]) (see instructions) ..... 0

**A2** Number of employees in Zone 2 (Rockland, Nassau, Suffolk, Orange, Putnam, Dutchess, Westchester) (see instr.) ..... 0

**A3** Total Number of employees - Enter the number of covered employees whose wages are included in the amount of payroll expense reported for the quarter (see instructions) ..... 0

**B** Enter your 2-character special condition code, if applicable (see instructions) .....

**C** If you permanently ceased paying wages subject to the metropolitan commuter transportation mobility tax (MCTMT), enter the date (mmddyyyy) ..... 09302025

**1a** Payroll expense attributable to the Zone 1 (see instructions) ..... **1a**  .

**1b** Payroll expense attributable to the Zone 2 (see instructions) ..... **1b**  .

**1c** Total payroll expense subject to the MCTMT (see instructions) ..... **1c**  .

**2a** MCTMT due for quarter in Zone 1 (see instructions) ..... **2a**  .

**2b** MCTMT due for quarter in Zone 2 (see instructions) ..... **2b**  .

**2c** Total MCTMT due for quarter (add lines 2a and 2b) ..... **2c**  . 00

**3** Total prepayments including PrompTax payments and/or overpayments from previous quarter (see instructions) ..... **3**  .

**4** MCTMT balance due (if line 2c is more than line 3, subtract line 3 from line 2c; pay this amount) ..... **4**  . 00

**5** Total MCTMT overpaid (if line 2c is less than line 3, subtract line 2c from line 3; enter here and mark an **X** in box 6a or 6b) ..... **5**  .

**6a** Refund  or **6b** Credit to next quarter MCTMT

(continued)

0121231122

**Sign your return:** I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

<b>Third-party designee?</b> (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Print designee's name	Designee's phone number	Personal identification number (PIN)
	Email:		<input type="text"/>

▼ <b>Paid preparer must complete</b> (see instructions) ▼		Date: 01-10-26	
Preparer's signature		▶ Preparer's NYTPRIN	
Firm's name (or yours, if self-employed) Paylocity Corporation		▼ Preparer's PTIN or SSN	
Address 1400 American Lane Schaumburg IL 60173		● Employer identification number	
Preparer's email TaxFiling@paylocity.com		364227403	
Payroll service's name Paylocity Corporation		NYTPRIN excl. code Payroll service's EIN 364227403	

▼ <b>Taxpayer must sign here</b> ▼	
Taxpayer's signature	
Print signer's name	
Title	
Date	Telephone number
Email	

**Note:** If you are using a paid preparer or a payroll service, the section above must be completed.

Make your check or money order payable in U.S. funds to: **Commissioner of Taxation and Finance**

Mail this return to: **MCTMT PROCESSING CENTER  
 PO BOX 4139  
 BINGHAMTON NY 13902-4139**

0122231122

# NYS-45 (1/25)

## Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return



42519416

Reference these numbers in all correspondence:

UI Employer registration number 5642121 2

Withholding identification number 473975872 3

Employer legal name:

LOOP MEDIA INC

Employer address:

Mailing address (number and street or PO Box) 2600 W OLIVE AVE SUITE 5470	City, village, or post office BURBANK	State CA	ZIP code 91505
---	--	-------------	-------------------

Mark an **X** in only **one** box to indicate the quarter (complete a separate return for each quarter) and enter the year.

1	2	3	4	Y	Y
Jan 1 - Mar 31	Apr 1 - Jun 30	July 1 - Sep 30	Oct 1 - Dec 31	<input checked="" type="checkbox"/>	Year 25

For office use only  
Postmark

Are dependent health insurance benefits available to any employee? ----- Yes No

Received date

If amended return, mark an **X** in the box -----

If seasonal employer, mark an **X** in the box ---

UI SK AI SI WT SK

**Note:** Parts A, B, and C must be completed for this return to be accepted.

### Part A - Unemployment insurance (UI) information

Number of employees	a. First month	b. Second month	c. Third month
Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the <b>12th</b> day of each month.	0	0	0
	Original or previously reported amounts	Corrected amounts (for amended returns only)	Difference (for amended returns only)
<b>1.</b> Total remuneration paid this quarter -----	. 00	<b>1a</b>	<b>1b</b>
<b>2.</b> Remuneration paid this quarter in excess of the UI wage base since January 1 (see instr.) --	. 00	<b>2a</b>	<b>2b</b>
<b>3.</b> Wages subject to contribution (see instructions) -----	. 00	<b>3a</b>	<b>3b</b>
<b>4.</b> UI contributions due (see instructions) ----- Enter your UI rate 4.425 %	. 00	<b>4a</b>	
<b>5.</b> Re-employment service fund (see instructions) -----	. 00	<b>5a</b>	
<b>6.</b> Subtotal (see instructions) _ .	. 00	<b>6a</b>	
<b>If amending, leave lines 7, 8 and 9 blank. Continue with line 10 (see instructions).</b>			
<b>7.</b> UI previously underpaid with interest -----	. 00		
<b>8.</b> Total of lines 6 and 7 -----	. 00		
<b>9.</b> Enter UI previously overpaid _ .	. 00		
<b>10.</b> Total UI amounts due (if line 8 is greater than line 9, enter the difference. If amending, see instructions.) ---	. 00		
<b>11.</b> Total UI overpaid* (if line 9 is greater than line 8, enter the difference and mark box 12 below. If amending, see instructions.) _ _			
<b>12.</b> Apply to outstanding liabilities or refund, or both -----			

\* An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other.



Part B - Withholding tax (WT) information

13. Total tax withheld (from Part C, line 24) ----- .00

14. WT credit from previous quarter's return .00

15. Form NYS-1 payments made for quarter ----- .00

16. WT payments made with previously filed Forms NYS-45 (for amended returns only) - -

17. Total payments (add lines 14, 15, and 16)----- .00

18. WT overpayment, if any, shown on previously filed Forms NYS-45 or previously adjusted by NYS (for amended returns only)

19. Subtract line 18 from line 17 ----- .00

20. Total WT amount due (if line 13 is greater than line 19, enter difference) ----- .00

21. Total WT overpaid \* (if line 19 is greater than line 13, enter difference here and mark an X in 21a or 21b) -----

21a. Refund (see instructions) ---- **OR** 21b. Credit to next quarter withholding tax ----

22. Total payment due (add lines 10 and 20; make one remittance payable to NYS Employment Contributions and Taxes) \_ \_ .00

\* An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other.

Change of business information

If you permanently ceased paying wages, enter the date (mmddyy) of the final payroll -----

If you sold or transferred all or part of your business:

- Mark an X to indicate whether in **Whole** or in **part**
- Enter the date of transfer (mmddyy) -----
- Complete the information below about the acquiring entity

Legal name		EIN	
Mailing address (number and street or PO Box)	City, village, or post office	State	ZIP code

The following **MUST** be electronically filed.

**WORKSHEET FOR TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT PREMIUM REPORT**  
EMPLOYMENT SECURITY DIVISION / BUREAU OF UNEMPLOYMENT INSURANCE

STATE ACCOUNT NUMBER	QTR/YEAR	QTR END DATE	DATE DUE	FEDERAL ID NUMBER	RATE	AREA
0979-266 3	4-2025	12-31-2025	01-31-2026	47-3975872	2.70	

**EMPLOYER  
NAME AND  
ADDRESS**

LOOP MEDIA INC  
2600 W OLIVE AVE  
SUITE 5470  
BURBANK CA 91505

Number of covered workers who worked during or received pay for the  
payroll period which includes the 12th of the month

1st month	2nd month	3rd month
0	0	0

DOLLARS

CENTS

1. TOTAL WAGES	00
2. LESS EXCESS WAGES	00
3. NET TAXABLE WAGES (ITEM 1 minus ITEM 2)	00
4. PREMIUM DUE	00
5. INTEREST DUE	
6. NO LONGER VALID	
7. NO LONGER VALID	
8. PENALTY DUE	
9. OUTSTANDING DEBIT OR CREDIT	00
10. TOTAL DUE	00

# Employer Copy

## EMPLOYER'S QUARTERLY REPORT

1. ACCOUNT NUMBER <b>20-977943-9</b>	2. COUNTY CODE <b>000</b>	3. TAX AREA	4. TAX RATE <b>02.80%</b>	5. NAICS CODE <b>999990</b>	6. FEDERAL I.D. NUMBER <b>47-3975872</b>	7. QTR. YR. <b>4-25</b>
---	------------------------------	-------------	------------------------------	--------------------------------	---	----------------------------

8. EMPLOYER NAME AND ADDRESS (SEE ITEM 24 FOR CHANGES TO NAME, ADDRESS, ETC.)

**LOOP MEDIA INC**  
**2600 W OLIVE AVE**  
**SUITE 5470**  
**BURBANK CA 91505**

9. TELEPHONE NUMBER  
**(206) 812-2209**

**DO NOT FILE RETURN - TAX AND WAGES REPORTED E-FILE**

9A. QUARTER ENDING **12-31-2025**

1st Month	2nd Month	3rd Month
0	0	0

PENALTIES WILL BE ASSESSED IF REPORT IS NOT POSTMARKED BY **02-02-2026**

10. Enter in the boxes above the number of employees both full-time and part-time, in pay periods that include 12th day of the calendar month. (ENTER WHOLE NUMBERS ONLY)

11. SHOW THE COUNTY CODE (see list on the back of C-4 form) in which you had the greatest number of employees.

000

12. If you have employees in more than one county in TEXAS, how many are outside the county shown in Item 11?

	DOLLARS	CENTS
13. Total (Gross) Wages Paid During this Quarter to Texas Employees. (If none, enter "0")	00	00
14. Taxable Wages paid this quarter to each employee up to \$9000, the annual maximum amount. (If none, enter "0")	00	00
15. Tax Due (Multiply Taxable Wages, Item #14 by your Tax Rate of <b>2.800</b> )	00	00
Note: For Federal Form 940 purposes, your Tax Rate includes:		
A UI Obligation Assessment rate of:	.000	
An Employment and Training Assessment Rate of:	.100	
16. Interest, If Tax is Past Due		
17. Penalty, If Report Is Past Due		
18. Balance Due From Prior Periods (Subtract Credit Or Add Debit)	00	00
19. Total Due - Make Remittance Payable To TWC Please include payment voucher with remittance.	00	00

14a.  Mark box with an "X" if reporting wages to another state during the year for employees listed in item 21.

25. I DECLARE that the information herein is true and correct to the best of my knowledge.

20. SOCIAL SECURITY NUMBER	1ST INIT	2ND INIT	21. EMPLOYEE NAME LAST NAME			22. TOTAL WAGES PAID THIS QUARTER
1						
2						
3						
4						
5						

SIGNATURE \_\_\_\_\_

TITLE Employer Copy DATE \_\_\_\_\_

PREPARER'S NAME Employer Copy

PREPARER'S PHONE NUMBER 224 857-5989

23. The sum of all page totals must equal item 13

24. Use Envelope STATUS CHANGE FORM to make address and ownership changes

The agency requires that you manually enter this form online via the Taxpayer Access Point

# Utah Annual Withholding Reconciliation Worksheet

Name and address  
 LOOP MEDIA INC  
 2600 W OLIVE AVE  
 SUITE 5470  
 BURBANK, CA 91505

Utah Withholding Account Number	15634931005WTH
Federal EIN	47-3975872
Filing Period End Date	12312025
Due Date	02022026

AMENDED  
 (replacement, not net difference)

Utah wages, compensation and distributions for this period	0.00
Federal income tax withheld this period for Utah employees	0.00
Utah tax withheld this period	0.00
Annual total of Utah tax withheld	428.10
Total number of W-2's with Utah wages or withholding	1
Total number of 1099s with Utah Withholding	0



Quarterly Unemployment Insurance - Tax Summary To file or pay electronically, go to esd.wa.gov/employer-taxes.

See separate instructions. Use black ink. Send only original forms with blue-ink boxes. Report any change in business status or address on Form 5208C-1.

EMPLOYER

1) UBI 604 594 262 2) EIN 47-3975872 3) QUARTER/YEAR 4/2025 4) ESD NUMBER 000-899164-00-3

5) BUSINESS NAME LOOP MEDIA INC 6) DUE DATE(MMDDYY) 020226

TAX PREPARER

7) FIRST AND LAST NAME OF TAX PREPARER Employer Copy DATE PREPARED (MMDDYY) 011026 PHONE (WITH AREA CODE AND ANY EXTENSION) 224 857-5989

EMAIL ADDRESS OF TAX PREPARER TaxFiling@paylocity.com FAX (WITH AREA CODE AND ANY EXTENSION) 847 873 8209

8) X NO PAYROLL THIS QUARTER? WRITE "X" IN THE BOX, FILL OUT #1 TO #11, AND RETURN THIS PAGE TO THE ADDRESS IN #26B.

13) INCLUDES OUT-OF-STATE WAGES If yes, write "X" in this box

9) NUMBER OF CORPORATE OFFICERS EXEMPT FROM UNEMPLOYMENT INSURANCE.

14) TOTAL GROSS WAGES (The total amount in box #39 of all Wage Detail pages - Form 5208B.) .00

10) WAGES OF CORPORATE OFFICERS EXEMPT FROM UNEMPLOYMENT INSURANCE.

.00

15) EXCESS WAGES See instructions; taxable wage base is \$ 72,800 .00

11) TOTAL EXERCISED STOCK OPTIONS FOR ALL EMPLOYEES AND OFFICERS.

.00

16) TAXABLE WAGES Subtract line #15 from line #14 .00

12) NUMBER OF EMPLOYEES OF ALL TYPES WHO WERE PAID WAGES DURING THE PAYROLL PERIOD THAT INCLUDES THE 12TH DAY OF THE MONTH.

1ST MONTH

0

2ND MONTH

0

3RD MONTH

0

17) UI TAX DUE THIS QUARTER Multiply line #16 by the combined tax rate (breakdown in left column): .0131 .00

18) EMPLOYMENT ADMINISTRATION FUND (EAF) Multiply the amount on line #16 by the EAF rate: .0003 .00

19) TOTAL TAX DUE Add lines #17 and #18 .00

20) LATE PAYMENT PENALTY See instructions

21) INTEREST See instructions

22) LATE-REPORT PENALTY See instructions

23) PRIOR BALANCE TO ADD (or credits to subtract) .00

24) AMOUNT DUE Add lines #19, #20, #21, #22 and #23 .00

25) PAYMENT AMOUNT SUBMITTED .00

COMBINED TAX RATE MENTIONED ON LINE #17 INCLUDES: EARNED TAX RATE SOCIAL COST ADJUSTED REDUCTION AMOUNT SOLVENCY SURCHARGE

THIS SECTION FOR EMPLOYMENT SECURITY USE ONLY DATE RECEIVED RECEIVED BY CLASS CODE

26A) PAY ONLINE At esd.wa.gov/employer-taxes.

26B) PAY BY MAIL 1) Write a check to Employment Security Dept. 2) Write your ESD number on the check. 3) Mail your check plus tax and wage report to: Employment Security Department PO Box 84137 Seattle, WA 98124-5437

DO NOT FILE RETURN - TAX AND WAGES REPORTED ONLINE

# Workers' Compensation

## Employer's Quarterly Report Worksheet

Find out how to file online next time by going to: [QuarterlyReports.Lni.wa.gov](http://QuarterlyReports.Lni.wa.gov)

Use PAC code:

**Policyholder:**

LOOP MEDIA INC  
2600 W OLIVE AVE  
SUITE 5470  
BURBANK CA 91505

*Make all checks payable to the Department of Labor & Industries.*

*Payment must be postmarked by due date above.*

Your business currently has optional workers' compensation coverage for owners, partners, corporate officers, or LLC members.  Yes  No

If marked yes, remember to include these hours in the class worked.

Enter total worker hours for each class to calculate the premiums you owe this quarter.

1 Class Code	2 Class Code Description	3 Gross Payroll	4 Worker Hours	5 Your Rate	6 Premium
5302-00	Computer Consulting Programng	0.00	0	.1889	0.00

7	Subtotal	0.00
8	Subtract any existing L&I credit	
9	Add any previous balance you owed	
10	Add any late penalties you owe*	0.00
11	Add any late interest you owe*	0.00
12	<b>Amount due</b>	<b>0.00</b>

**Preparer's information:**

Preparer (First, Last)  
Employer Copy  
Daytime Phone  
224 857-5989  
E-mail  
TaxFiling@paylocity.com

**This is a reference sheet. DO NOT submit to the agency.**

Due date:

JAN 31, 2026

Report is for quarter:

254

WA Unified Business Identifier (UBI):

604 594 262

L&I Account ID:

969,098-00

