

July 14, 2024

Tax Year 2024
940 MeF ATS Scenario 3
Crocus Company Inc
00-3000002

The information below identifies the contents of this scenario.

- Form 940
- Form 940 Schedule R

This return is for a corporation, and uses the most current copies of Form 940 and Form 940 Schedule R available at this time. The return should use the Reporting Agent signature method and results in a balance due.

Form **940 for 2024: Employer's Annual Federal Unemployment (FUTA) Tax Return**
 Department of the Treasury — Internal Revenue Service

850113
 OMB No. 1545-0029

Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address
Number Street Suite or room number

City Foreign country name Foreign province/country Foreign postal code

Type of Return
 (Check all that apply.)

a. Amended

b. Successor employer

c. No payments to employees in 2024

d. Final: Business closed or stopped paying wages

Go to www.irs.gov/Form940 for instructions and the latest information.

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. T X
- 1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer. Check here. Complete Schedule A (Form 940).
- 2 If you paid wages in a state that is subject to CREDIT REDUCTION. 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	<input type="text" value="560,000.00"/>
4	Payments exempt from FUTA tax	4	<input type="text" value="0.00"/>
Check all that apply: 4a <input type="checkbox"/> Fringe benefits 4c <input type="checkbox"/> Retirement/Pension 4e <input type="checkbox"/> Other			
4b <input type="checkbox"/> Group-term life insurance 4d <input type="checkbox"/> Dependent care			
5	Total of payments made to each employee in excess of \$7,000	5	<input type="text" value="0.00"/>
6	Subtotal (line 4 + line 5 = line 6)	6	<input type="text" value="0.00"/>
7	Total taxable FUTA wages (line 3 - line 6 = line 7). See instructions.	7	<input type="text" value="560,000.00"/>
8	FUTA tax before adjustments (line 7 x 0.006 = line 8)	8	<input type="text" value="3,360.00"/>

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	<input type="text" value="."/>
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	<input type="text" value="."/>
11	If credit reduction applies, enter the total from Schedule A (Form 940)	11	<input type="text" value="."/>

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	<input type="text" value="3,360.00"/>
13	FUTA tax deposited for the year, including any overpayment applied from a prior year	13	<input type="text" value="1,428.00"/>
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	<input type="text" value="1,932.00"/>
15	Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box below	15	<input type="text" value="0.00"/>

You **MUST** complete both pages of this form and **SIGN** it. Check one: Apply to next return. Send a refund.

Name (not your trade name) Crocus Company Inc	Employer identification number (EIN) 00 - 3000002
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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.

16a 1st quarter (January 1 – March 31)	16a	800 . 00
16b 2nd quarter (April 1 – June 30)	16b	800 00
16c 3rd quarter (July 1 – September 30)	16c	800 . 00
16d 4th quarter (October 1 – December 31)	16d	960 . 00
17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17)	17	3,360 00

Total must equal line 12.

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 the 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.

Sign your name here Print your name here
 Print your title here
 Date / / Best daytime phone

Paid Preparer Use Only Check if you are self-employed

Preparer's name	Jordyn Bloom	PTIN	P22222222
Preparer's signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Firm's name (or yours if self-employed)	Bloom CPA Firm	EIN	33-333334
Address	11th Test Street	Phone	281-555-1111
City	Houston	State	TX
		ZIP code	77002

Schedule R (Form 940): Allocation Schedule for Aggregate Form 940 Filers

(Rev. December 2024)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

860517

Report for calendar year:
(Same as Form 940):
2024

Employer identification number (EIN) 0 0 - 3 0 0 0 0 2

Name as shown on Form 940
Crocus Company Inc

Type of filer (check one): Section 3504 Agent Certified Professional Employer Organization (CPEO)

Read the instructions before you complete Schedule R. Type or print within the boxes. Complete a separate line for the amounts allocated to each of your clients. The term "client" as used on this form includes the term "customer." See the instructions.

	(a) Client's employer identification number (EIN)	(b) State abbreviation from Form 940, line 1a, or Schedule A (Form 940)	(c) Type of wages, tips, and other compensation (CPEO use only)	(d) Total taxable FUTA wages allocated to the listed client EIN from Form 940, line 7	(e) Total adjustments to FUTA tax allocated to the listed client EIN from Form 940, line 9 or line 10	(f) Credit reduction amount allocated to the listed client EIN from Form 940, line 11	(g) Total FUTA tax after adjustments allocated to the listed client EIN from Form 940, line 12	(h) Total FUTA tax deposits from Form 940, line 13, plus any payment made with the return allocated to the listed client EIN
1	00-3000001	T X		140000 . 00	.	.	840 . 00	357 . 00
2	00-3000003	T X		140000 . 00	.	.	840 . 00	357 . 00
3	00-3000004	T X		140000 . 00	.	.	840 . 00	357 . 00
4				.	.	.	.	.
5				.	.	.	.	.
6				.	.	.	.	.
7				.	.	.	.	.
8				.	.	.	.	.
9				.	.	.	.	.
10				.	.	.	.	.
11				.	.	.	.	.
12				.	.	.	.	.
13				.	.	.	.	.
14				.	.	.	.	.
15				.	.	.	.	.
16	Subtotals for clients. Add all amounts on lines 1 through 15.			420000 . 00	.	.	2520 . 00	1071 . 00
17	Enter the combined subtotal from line 23 of all Continuation Sheets for Schedule R (Form 940).							
18	Enter Form 940 amounts for your employees.			140000 . 00	.	.	840 . 00	357 . 00
19	Totals. Add lines 16, 17, and 18. The column totals must match the related lines on the aggregate Form 940.			560000 . 00	.	.	3360 . 00	1428 . 00

For Paperwork Reduction Act Notice, see the instructions.

www.irs.gov/Form940

Cat. No. 53082A

Schedule R (Form 940) (Rev. 12-2024)