Tax Year 2024
Form 941 ATS
Scenario 3 Marty
Azalea
Daffodil Accounting
00-3222220

Forms and Schedule Required: Form 941, Schedule R (Form 941), Form 8974, Form 8453-EMP

Binary Attachment: Form 8453-EMP

Tax Period: 202403

Responsible Party Current: Yes

The return is for a Sole Proprietor with an overpayment who is requesting a refund.

Signature Option: Binary Attachment, Form 8453-EMP

This scenario includes draft forms.

Form **941 for 2024:** Employer's QUARTERLY Federal Tax Return

950124

| | rch 2024) Department of the Treasury — Internal Revenue Service | | OMB No. 1545-0029 |
|---------------------------------|---|---------------------------|--|
| | yer identification number (EIN) 0 0 - 3 2 2 2 2 0 | Report (Check o | t for this Quarter of 2024 one.) |
| Name | e (not your trade name) Marty Azalea | X 1: Ja | nuary, February, March |
| Trade | name (if any) Daffodil Accounting | | oril, May, June |
| | 222 6th Street | _ | lly, August, September |
| Addre | Number Street Suite or room number | | ctober, November, December ww.irs.gov/Form941 for |
| | | | ons and the latest information. |
| | City State ZIP code | | |
| | Foreign country name Foreign province/county Foreign postal code | | SE |
| | ne separate instructions before you complete Form 941. Type or print within the boxes. | | |
| | Answer these questions for this quarter. Employers in American Samoa, Guam, the Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unsubject to U.S. income tax withholding. Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) | nless y | |
| | Wages, tips, and other compensation | 2 | 10,200 _ 00 |
| | | | 1,200 . 00 |
| | Federal income tax withheld from wages, tips, and other compensation | | |
| 4 | If no wages, tips, and other compensation are subject to social security or Medicare tax Column 1 Column 2 | | Check here and go to line 6. |
| 5a | Taxable social security wages $10,200 \cdot 00 \times 0.124 = 1,264 \cdot 100 \times 0.124 = 1,264 \cdot $ | 80 | |
| | | | |
| 5b | Taxable social security tips × 0.124 = | | |
| | 10 200 00 | 80 | E |
| 5с | Taxable Medicare wages & tips $10,200 00 \times 0.029 = 295 $ Taxable wages & tips subject to | 80 | E |
| 5c 5d | Taxable Medicare wages & tips 10,200 ▮ 00 × 0.029 = 295 ▮ | 80 | E |
| 5c 5d | Taxable Medicare wages & tips $10,200 00 \times 0.029 = 295 $ Taxable wages & tips subject to | 80 5e | 1,560 _ 60 |
| 5c 5d 5e | Taxable Medicare wages & tips $10,200 00 \times 0.029 = 295 $ Taxable wages & tips subject to Additional Medicare Tax withholding $ \qquad \times 0.009 = $ | | 1,560 . 60 |
| 5c 5d 5e 5f | Taxable Medicare wages & tips $10,200 00 \times 0.029 = 295 $ Taxable wages & tips subject to Additional Medicare Tax withholding $ \times 0.009 = $ Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d | 5e | 1,560 a 60 2,760 a 60 |
| 5c 5d 5e 5f 6 | Taxable Medicare wages & tips | 5e | • |
| 5c 5d 5e 5f 6 7 | Taxable Medicare wages & tips | 5e5f6 | 2,760 60 |
| 5c 5d 5e 5f 6 7 8 | Taxable Medicare wages & tips | 5e 5f 7 | 2,760 60 |
| 5c 5d 5e 5f 6 7 8 9 | Taxable Medicare wages & tips | 5e 5f 6 7 8 | 2,760 60 |
| 5c 5d 5e 5f 6 7 8 9 10 | Taxable Medicare wages & tips | 5e 5f 6 7 8 9 | 2,760 60 |
| 5c 5d 5e 5f 6 7 8 9 10 11 | Taxable Medicare wages & tips. Taxable wages & tips subject to Additional Medicare Tax withholding Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d. Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) Total taxes before adjustments. Add lines 3, 5e, and 5f. Current quarter's adjustment for fractions of cents. Current quarter's adjustment for sick pay Current quarter's adjustments for tips and group-term life insurance. Total taxes after adjustments. Combine lines 6 through 9. | 5e 5f 6 7 8 9 10 | 2,760 • 60 2,760 • 60 |
| 5c 5d 5e 5f 6 7 8 9 10 11 12 13 | Taxable Medicare wages & tips. Taxable wages & tips subject to Additional Medicare Tax withholding Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d. Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) Total taxes before adjustments. Add lines 3, 5e, and 5f. Current quarter's adjustment for fractions of cents. Current quarter's adjustment for sick pay. Current quarter's adjustments for tips and group-term life insurance. Total taxes after adjustments. Combine lines 6 through 9. Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 | 5e 5f 6 7 8 9 10 11 | 2,760 • 60 2,760 • 60 2,760 • 60 500 • 00 |
| 5c 5d 5e 5f 6 7 8 9 10 11 12 13 | Taxable Medicare wages & tips. 10,200 00 × 0.029 = 295 | 5e 5f 6 7 8 9 10 11 12 12 | 2,760 • 60 2,760 • 60 2,760 • 60 2,760 • 60 2,260 • 60 |

| Name (not your trade nar | me) | | | Employer ider | tification number (EIN) |
|--|--|--|--|---|---|
| Marty Azalea | | | | 00 - 3 | 3222220 |
| | about your deposit schedule and tax liability | for this au | arter. | | |
| | out whether you're a monthly schedule deposit | • | | schedule deposi | tor, see section 11 of Pub. 15. |
| 16 Check one: | Line 12 on this return is less than \$2,500 cand you didn't incur a \$100,000 next-day of quarter was less than \$2,500 but line 12 on federal tax liability. If you're a monthly schedule depositor, attach Schedule depositor, attach Schedule depositor for you were a monthly schedule depositor for | leposit obli this return ledule depo dule B (Form | is \$100,0 esitor, con 1941). Go | uring the curren 000 or more, you mplete the depo to Part 3. | t quarter. If line 12 for the prior must provide a record of your sit schedule below; if you're a |
| | liability for the quarter, then go to Part 3. | | | | |
| | Tax liability: Month 1 Month 2 Month 3 | VĮ. | 3 | U | SE |
| | Total liability for guarter | | Tot | al must equal lin | - 10 |
| | You were a semiweekly schedule depositor Report of Tax Liability for Semiweekly Schedule | | art of thi | s quarter. Comp | lete Schedule B (Form 941), |
| Part 3: Tell us a | bout your business. If a question does NOT | apply to ye | our busir | ness, leave it bla | ank. |
| 17 If your busin | ess has closed or you stopped paying wages . | | | | Check here and |
| enter the fina | ll date you paid wages // / ; als | so attach a | statemen | t to your return. S | ee instructions. |
| 18 If you're a se | easonal employer and you don't have to file a re | eturn for ev | ery quar | ter of the year . | Check here. |
| Part 4: May we | speak with your third-party designee? | | | 7 | |
| | to allow an employee, a paid tax preparer, or ano | ther person | to discus | s this return with | the IRS? See the instructions |
| for details. | | | _ | | |
| Yes. Des | signee's name and phone number | | | | |
| Sele | ect a 5-digit personal identification number (PIN) t | o use when | talking to | the IRS. | |
| ☐ No. | | | | | |
| Part 5: Sign her | re. You MUST complete both pages of Form | 941 and S | IGN it. | | |
| | erjury, I declare that I have examined this return, including correct, and complete. Declaration of preparer (other than | | | | |
| Sign your | | I | int your ame here | | |
| name here | | Pr | int your | | |
| | | tit | le here | | |
| Date | / / | В | est daytin | ne phone | |
| Paid Prepare | r Use Only | | | Check if you're | self-employed |
| Preparer's name | Rose Lily | | | PTIN | P55555555 |
| Preparer's signatur | е | | | Date | / / |
| Firm's name (or your if self-employed) | Lily's Accounting | | | EIN | 33-3333333 |
| Address | 2nd Test Street | | | Phone | 111-222-3333 |
| City | Kansas City | State | MO | ZIP code | 64131 |

Page **2** Form **941** (Rev. 3-2024)

| | hedule R (Form | | | | le for Ago | | Form 941 | | | | Report for cal | enda | r year: | | | 9501 |
|----|---|---------------------------------|------------|----------------------|------------------------------|---------------|------------------------------------|-----------|----------------------------|------------------|--|--------------|---|-------|--|-------|
| En | nployer identification num | | - | - 3 | 2 2 | 2 2 | 2 0 | | | | neck the quarter | , | ′ | | | _ h2h |
| Na | me as shown on Form 941 | Marty Azal | ea | | | | | | | | 2: April, May, | | 1 | | is Schedule R is ached to: | |
| Ту | pe of filer (check one): | Section 3504 | 4 Agent | X CPEO | Oth | ner Third Par | ty | П | \mathbf{B} | | 3: July, Augus | t, Sep | otember | | Form 941 | |
| | d the instructions before cated to each of your clie | | | | | | | | | | 4: October, No | ovem | ber, December | | Form 941-X | |
| | (a) Client's EIN | (b) Type of wage (CPEO only) | s (c) For | rm 941, line 1 | (d) Form 9 | 41, line 2 | (e) Form 941 | 1, line 3 | (f) Form 941-X, colum | lines 9 total | (g) Form 941, line | es 5a tal | (h) Form 941, line column 2 | e 5c, | (i) Form 941, lin | e 5e |
| 1 | 00-355555 | Α | | 7-17 | 3,40 | 00 . 0 | 00 | . 0 | | | 421 | 60 | 98 - | 60 | 520 - | 20 |
| 2 | 00-355556 | В | | | 3,40 | | .00 | | | | 421 | 60 | 98 - | 60 | | 20 |
| 3 | | | | | نظ ب | | | | | | | | | | | |
| 4 | | | | | | | | | T . | | | | | | | |
| 5 | | | | _ | | | | | | | | | | | | |
| _ | Subtotals for clients. Add | lines 1 ough t | | | 4-00 | 00 | 800 | 0 | | 1 | 8 | 21 | 197 - | 20 | 1,040 - | 40 |
| 7 | Enter the combined subto all Continuation Sheets for | | I C | | | I = | | | | | | | [F5] L. | | | |
| 8 | Enter Form 941 amounts f | or your employees | | 5 | 3,40 | 00.00 | 400 | . 00 | | | 421 . | 60 | 98 . | 60 | 520 . | 20 |
| 9 | Totals. Add lines 6, 7, and | 8. | | 20 | 10,20 | 00 . 00 | 1,200 | . 00 | | | 1,264 • | 80 | 295 . | 80 | 1,560 • | 60 |
| | (j) Form 941, line 5f | (k) Form 94 | 1, line 11 | (I) Form 9- and 2 | 41-X, lines 17 mn 1, tota | (m) Re | eserved for | | | | m 941-X, lines 18 | c (p) | Form 941-X, line 1 column 1 | 8d, | (q) Form 941, line | 12 |
| 1 | | | 166 6 | 6 | | | | | | | | | | | 753 - | 54 |
| 2 | | | 166 6 | 6 | | | | | | | | Т | | | 753 . | 54 |
| 3 | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | |
| 6 | | ; | 333 . 3 | 2 | | | • | | | | | | | | 1,507 • | 80 |
| 7 | | | | | | | | | | | | | | | | |
| 8 | | | 166 . 6 | 8 | | | | | | | | | | | 753 . | 52 |
| 9 | | ! | 500 . 0 | 0 | | | | | | | | | | | 2,260 . | 60 |
| | (r) Form 941, line 13 | (s) Reser future | | | served for ure use | | 941-X, lines 28 column 1, total | (v) | Reserved for future use | | orm 941-X, lines 3 7, column 1, total | | Form 941-X, lines d 39, column 1, to | | y) Form 941-X, line and 40, column 1, | |
| 1 | 920 • 0 | 0 | | | | | | | | | | | | | - | |
| 2 | 920 • 0 | 0 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | |
| 6 | 1,840 • 0 | 0 | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | |
| 8 | 920 • 0 | 0 | | | | | | | | | - | | | | | |
| a | 2.760 - 6 | io | | | | | | | | | | | | | | |

www.irs.gov/Form941

Cat. No. 49301K

Schedule R (Form 941) (Rev. 3-2024)

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8974:** Qualified Small Business Payroll Tax Credit for Increasing Research Activities (Rev. December 2023) Department of the Treasury — Internal Revenue Service

| (Rev. D | December 2023) Department of the Treasury — Internal Revenue Service | | | OMB No. 1545-0029 |
|-------------|---|-----------|------------------------------------|---------------------------------------|
| | uployer identification 0 0 - 3 2 2 2 2 0 | | Report for thi | · · |
| Nai (noi | me t your trade name) Marty Azalea | l I_ | heck only one bo 1: January, Feb | |
| The | e credit from Part 2. line 12. or if applicable. | | 2: April, May, Ju | |
| line | e 17, will be reported on (check only one box): | // | 3: July, August, | |
| | Form 943 (all 943 series) | | 4: October, Nov | ember, December |
| C - | Form 944 (all 944 series) | | | |
| | Tou must select a quarter if you me form 541. | | | |
| Par | t 1: Tell us about your income tax return. (a) (b) (c) (d) (e) | | (f) | (g) |
| | Ending date of Income Date income tax EIN used on Amount fro income tax period tax return return was filed Form 6765 Form 6765, lin | e 44, f | mount of credit from column (e) | Remaining credit (subtract column (f) |
| | filed that or if applicate the amount that | t was pi | taken on a revious period(s) | from column (e)) |
| | Form 6765 allocated to you | ur EIN | | |
| 1 | 23 / 12 / 31 1040 24 / 04 / 15 200 | 00 | 33 . 32 | 166 . 68 |
| 2 | , | | | |
| 3 | | | | |
| 4 | | | 1-2- | |
| 5 | | | | |
| 6 Dor | Add lines 1(g) through 5(g) and enter the total here | | | 166 . 68 |
| Par | | | | 100 |
| 7 | Enter the amount from Part 1, line 6(g) | | 7 | 166 . 68 |
| 8 | Enter the amount from Form 941, line 5a, column 2; Form 943, line 3; or Form 944, line 4a, column 2 8 | 21 . 60 | | |
| 9 | Enter the amount from Form 941, line 5b, column 2; or Form 944, line 4b, column 2 9 | | | |
| 10 | Add lines 8 and 9 | 21 . 60 | | |
| 11 | Multiply line 10 by 50% (0.50). Check this box if you're a third-party payer of sick | | | |
| | check this box if you received a Section 3121(q) Notice and Demand. See the instable before completing line 11 | ructions | 11 | 210 . 80 |
| 12 | Credit against the employer share of social security tax. Enter the smaller of li | | | |
| | 11, but not more than \$250,000. See the instructions before entering an amount if Form 943 or Form 944. If you entered the amount from line 7, stop here and also er | nter this | | 100 00 |
| | amount on Form 941, line 11a; Form 943, line 12a; or Form 944, line 8a | | 12 | 166 . 68 |
| 13 | Subtract line 12 from line 7 | • | | |
| 14 | Enter the amount from Form 941, line 5c, column 2; Form 943, line 5; or Form 944, line 4c, column 2 14 | 8 . 60 | | |
| 15 | Multiply line 14 by 50% (0.50). If you're a third-party payer | | | |
| | of sick pay or you received a Section 3121(q) Notice and Demand, see the instructions before completing line 15 15 | 9. 30 | | |
| 16 | Credit against the employer share of Medicare tax. Enter the smaller of line 13 of | or 15 . | 16 | • |
| 17 | Total credit. Add lines 12 and 16. Also, enter this amount on Form 941, line 11a; Fo line 12a; or Form 944, line 8a | | 17 | 166 . 68 |

Form **8974:** Qualified Small Business Payroll Tax Credit for Increasing Research Activities (Rev. December 2023) Department of the Treasury — Internal Revenue Service

| (Rev. D | ecember 2023) Department of the Treasury — Internal Revenue Service | | | | OMB No. 154 | 5-0029 | | |
|---------|--|--------------|-------------------------------|--------------------|-----------------------------------|--------|--|--|
| | ployer identification 0 0 - 3 5 5 5 5 5 | | Report 1 | for th | s quarter | | | |
| Nar | | | Check only o | neck only one box. | | | | |
| | Plumerna Star | | X 1: January, February, March | | | | | |
| | e credit from Part 2, line 12, or if applicable, 17, will be reported on (check only one box): X Form 941 (all 941 series) | | 2: April, N | April, May, June | | | | |
| | Form 943 (all 943 series) | | 3: July, A | ugust, | September | | | |
| | Form 944 (all 944 series) | | 4: Octobe | r, Nov | ember, Decemb | er | | |
| Ca | lendar year 2024 You must select a quarter if you file Form 941. | | | | | | | |
| | | | | | | | | |
| Part | t 1: Tell us about your income tax return. (a) (b) (c) (d) (e) | | (f) | | (a) | | | |
| | Ending date of Income Date income tax EIN used on Amount from | | Amount of cr | | (g) Remaining cre (subtract colun | edit | | |
| | filed that or if applica | ole, | from column taken on a | ı`´ | from column | | | |
| | included the amount the allocated to yo | | previous perio | oa(s) | | | | |
| | 00 10 01 1010 01 01 15 | 00 | 0.0 | 0.4 | 100 | | | |
| 1 | 23 / 12 / 31 1040 24 / 04 / 15 200 | 00 | 33 . | 34 | 166 | 66 | | |
| 2 | / / / | - | | | | | | |
| 3 | ' ' ' | | | | • | | | |
| 4 | | | | _ | <u> </u> | | | |
| 5 | | | 96 | | | | | |
| 6 | Add lines 1(g) through 5(g) and enter the total here | | | | 166 | 66 | | |
| Part | t 2: Determine the credit that you can use this period. | | | | | | | |
| 7 | Enter the amount from Part 1, line 6(g) | | 7 | _ | 166 . | 66 | | |
| 8 | Enter the amount from Form 941, line 5a, column 2; Form 943, line 3; or Form 944, line 4a, column 2 8 | 21 . 60 | | | | | | |
| _ | | VI . OC | | | | | | |
| 9 | Enter the amount from Form 941, line 5b, column 2; or Form 944, line 4b, column 2 9 | | | | | | | |
| 10 | Add lines 8 and 9 | 21 . 60 | | | | | | |
| 11 | Multiply line 10 by 50% (0.50). Check this box if you're a third-party payer of sick | | | | | | | |
| | check this box if you received a Section 3121(q) Notice and Demand. See the inst | ructions | 44 | | 210 . | 80 | | |
| 12 | before completing line 11 | ine 7 or | 11 | | ۵10 . | 00 | | |
| | 11, but not more than \$250,000. See the instructions before entering an amount if | you file | | | | | | |
| | Form 943 or Form 944. If you entered the amount from line 7, stop here and also enamount on Form 941, line 11a; Form 943, line 12a; or Form 944, line 8a | | 12 | | 166 . | 66 | | |
| 13 | Subtract line 12 from line 7 | | | | | | | |
| 14 | Enter the amount from Form 941, line 5c, column 2; | | _ | | | | | |
| | Form 943, line 5; or Form 944, line 4c, column 2 14 | 98 . 60 | | | | | | |
| 15 | Multiply line 14 by 50% (0.50). If you're a third-party payer | | | | | | | |
| | of sick pay or you received a Section 3121(q) Notice and Demand, see the instructions before completing line 15 | 19 . 30 | | | | | | |
| 16 | Credit against the employer share of Medicare tax. Enter the smaller of line 13 of | or 15 . | 16 | | | | | |
| 17 | Total credit. Add lines 12 and 16. Also, enter this amount on Form 941, line 11a; Fo | rm 943. | | | | | | |
| | line 12a; or Form 944, line 8a | | 17 | | 166 . | 66 | | |

Form **8974:** Qualified Small Business Payroll Tax Credit for Increasing Research Activities (Rev. December 2023) Department of the Treasury — Internal Revenue Service

| (Rev. D | ecember 2023) Department of the Treasury — Internal Revenue Service | | | | OMB No. 154 | 5-0029 | | | |
|---------|--|--------------|-------------------------------|---------------------|-----------------------------------|--------|--|--|--|
| | ployer identification 0 0 - 3 5 5 5 6 | | Report 1 | for thi | s quarter | | | | |
| Nar | | | Check only o | one bo | OX. | | | | |
| | syour trade name) Star Jasmine | | X 1: January, February, March | | | | | | |
| | e credit from Part 2, line 12, or if applicable, 17, will be reported on (check only one box): X Form 941 (all 941 series) | | 2: April, N | 2: April, May, June | | | | | |
| | Form 943 (all 943 series) | | 3: July, A | ugust, | September | | | | |
| | Form 944 (all 944 series) | | 4: Octobe | r, Nov | ember, Decemb | er | | | |
| Ca | lendar year 2024 You must select a quarter if you file Form 941. | | | | | | | | |
| | | | | | | | | | |
| Part | t 1: Tell us about your income tax return. (a) (b) (c) (d) (e) | | (f) | - | (a) | | | | |
| | Ending date of Income Date income tax EIN used on Amount from | | Amount of cr | | (g) Remaining cre (subtract colun | edit | | | |
| | filed that or if applical | ole, | from column taken on a | ı`´ | from column | | | | |
| | included the amount the allocated to yo | | previous perio | oa(s) | | | | | |
| | | 00 | 0.0 | 0.4 | 100 | | | | |
| 1 | 23 / 12 / 31 1040 24 / 04 / 15 200 | 00 | 33 . | 34 | 166 | 66 | | | |
| 2 | / / / | - | | | | | | | |
| 3 | ' ' ' | | | | • | | | | |
| 4 | | | | 4 | <u> </u> | | | | |
| 5 | | | 96 | | | | | | |
| 6 | Add lines 1(g) through 5(g) and enter the total here | | | | 166 | 66 | | | |
| Part | t 2: Determine the credit that you can use this period. | | | | | | | | |
| 7 | Enter the amount from Part 1, line 6(g) | | 7 | | 166 . | 66 | | | |
| 8 | Enter the amount from Form 941, line 5a, column 2; Form 943, line 3; or Form 944, line 4a, column 2 8 | 21 . 60 | | | | | | | |
| _ | | VI . OC | | | | | | | |
| 9 | Enter the amount from Form 941, line 5b, column 2; or Form 944, line 4b, column 2 9 | | | | | | | | |
| 10 | Add lines 8 and 9 | 21 . 60 | | | | | | | |
| 11 | Multiply line 10 by 50% (0.50). Check this box if you're a third-party payer of sick | | | | | | | | |
| | check this box if you received a Section 3121(q) Notice and Demand. See the inst | ructions | 44 | | 210 . | 80 | | | |
| 12 | before completing line 11 | ine 7 or | 11 | | ۵10 . | 00 | | | |
| | 11, but not more than \$250,000. See the instructions before entering an amount if | you file | | | | | | | |
| | Form 943 or Form 944. If you entered the amount from line 7, stop here and also enamount on Form 941, line 11a; Form 943, line 12a; or Form 944, line 8a | | 12 | | 166 . | 66 | | | |
| 13 | Subtract line 12 from line 7 | | | | | | | | |
| 14 | Enter the amount from Form 941, line 5c, column 2; | | _ | | | | | | |
| | Form 943, line 5; or Form 944, line 4c, column 2 14 | 98 . 60 | | | | | | | |
| 15 | Multiply line 14 by 50% (0.50). If you're a third-party payer | | | | | | | | |
| | of sick pay or you received a Section 3121(q) Notice and Demand, see the instructions before completing line 15 | 19 . 30 | | | | | | | |
| 16 | Credit against the employer share of Medicare tax. Enter the smaller of line 13 of | or 15 . | 16 | | | | | | |
| 17 | Total credit. Add lines 12 and 16. Also, enter this amount on Form 941, line 11a; Fo | rm 943. | | | | | | | |
| | line 12a; or Form 944, line 8a | | 17 | | 166 . | 66 | | | |