

September 19, 2024

Tax Year 2024
943 MeF ATS Scenario 04
Calla Lily Company
00-3889956

The information below identifies the contents of this scenario:

- Form 943
- Form 943 Schedule R
- Form 943-A

The return is for a single state filer and uses the most current copies Form 943, Form 943 Schedule R and Form 943-A at this time. The return reflects a tax liability over \$2, 500.00 and a Semi-Weekly Deposit schedule. The return should use the Reporting Agent signature method and result in an overpayment (refund).

2024

Form **943**
Department of the Treasury
Internal Revenue Service

Employer's Annual Federal Tax Return for Agricultural Employees

Go to www.irs.gov/Form943 for instructions and the latest information.

Type
or
Print

Name (as distinguished from trade name) Calla Lily Company	Employer identification number (EIN) 00 - 3889956
Trade name, if any	
Address (number and street) 10 Old Fort Road	
City or town, state or province, country, and ZIP or foreign postal code Fort Washington, MD 20744	

If address is different from prior return, check here

If you don't have to file returns in the future, check here

1	Number of agricultural employees employed in the pay period that includes March 12, 2024	1	3
2	Wages subject to social security tax	2	22555 00
3	Social security tax (multiply line 2 by 12.4% (0.124))	3	2796 82
4	Wages subject to Medicare tax	4	22555 00
5	Medicare tax (multiply line 4 by 2.9% (0.029))	5	654 10
6	Wages subject to Additional Medicare Tax withholding	6	
7	Additional Medicare Tax withholding (multiply line 6 by 0.9% (0.009))	7	
8	Federal income tax withheld	8	150 00
9	Total taxes before adjustments. Add lines 3, 5, 7, and 8	9	3600 92
10	Current year's adjustments	10	
11	Total taxes after adjustments (line 9 as adjusted by line 10)	11	3600 92
12	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	12	
13	Total taxes after adjustments and nonrefundable credits. Subtract line 12 from line 11	13	3600 92
14	Total deposits for 2024, including overpayment applied from a prior year and Form 943-X	14	4530 00
15	Balance due. If line 13 is more than line 14, enter the difference and see the instructions	15	
16	Overpayment. If line 14 is more than line 13, enter the difference \$ <u>929.08</u> Check one: <input type="checkbox"/> Apply to next return. <input checked="" type="checkbox"/> Send a refund.		

- **All filers:** If line 13 is less than \$2,500, **don't** complete line 17 or Form 943-A.
- **Semiweekly schedule depositors:** Complete Form 943-A and check here
- **Monthly schedule depositors:** Complete line 17 and check here

17 Monthly Summary of Federal Tax Liability. (Don't complete if you were a semiweekly schedule depositor.)					
Tax liability for month		Tax liability for month		Tax liability for month	
A January		F June		K November	
B February		G July		L December	
C March		H August		M Total liability for year (add lines A through L)	
D April		I September			
E May		J October			

Do you want to allow another person to discuss this return with the IRS? See the separate instructions. Yes. Complete the following. No.

Third-Party Designee	Designee's name	Phone no.	Personal identification number (PIN)
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Sign Here

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.

Signature _____ Date _____

Print your name and title _____

Paid Preparer Use Only	Print/Type preparer's name Joe Smith	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00000001
	Firm's name Joe Smith LLC	Firm's EIN 00-6655444			
	Firm's address 15 Old Fort Road	Phone no. 555-444-3737			

**Agricultural Employer's Record of
 Federal Tax Liability**
 Go to www.irs.gov/Form943A for instructions and the latest information.
 File with Form 943 or Form 943-X.

Calendar Year

Name (as shown on Form 943)

Employer identification number (EIN)

You must complete this form if you're a semiweekly schedule depositor or became one because your accumulated tax liability during any month was \$100,000 or more. Show tax liability here, not deposits. (The IRS gets deposit data from electronic funds transfers.) Don't change your current year tax liability by adjustments reported on any Forms 943-X.

January Tax Liability			February Tax Liability			March Tax Liability		
1	16		1	16		1	16	
2	17		2	17		2	17	
3	18		3	18		3	18	
4	19		4	19		4	19	
5	20		5	20		5	20	
6	21		6	21		6	21	
7	22		7	22		7	22	
8	23		8	23		8	23	
9	24		9	24		9	24	
10	25		10	25		10	25	
11	26		11	26		11	26	
12	27		12	27		12	27	
13	28		13	28		13	28	
14	29		14	29		14	29	
15	30		15			15	30	
	31						31	
A Total liability for month			B Total liability for month			C Total liability for month		

April Tax Liability			May Tax Liability			June Tax Liability		
1	16		1	16		1	16	
2	17		2	17		2	17	
3	18		3	18		3	18	
4	19		4	19		4	19	
5	20		5	20		5	20	
6	21		6	21		6	21	
7	22		7	22		7	22	
8	23		8	23		8	23	
9	24		9	24		9	24	
10	25		10	25		10	25	
11	26		11	26		11	26	
12	27		12	27		12	27	
13	28		13	28		13	28	
14	29		14	29		14	29	
15	30		15	30		15	30	
				31				
D Total liability for month			E Total liability for month			F Total liability for month		

July Tax Liability			August Tax Liability			September Tax Liability		
1		16	1		16	1		16
2		17	2		17	2		17
3		18	3		18	3		18
4		19	4		19	4		19
5		20	5		20	5		20
6		21	6		21	6		21
7		22	7		22	7		22
8		23	8		23	8		23
9		24	9		24	9		24
10		25	10		25	10		25
11		26	11		26	11		26
12		27	12		27	12		27
13		28	13		28	13		28
14		29	14		29	14		29
15		30	15		30	15		30
		31			31			

G Total liability for month **H Total liability for month** **I Total liability for month**

October Tax Liability			November Tax Liability			December Tax Liability		
1		16	1		16	1		16
2		17	2		17	2		17
3		18	3		18	3		18
4		19	4		19	4		19
5		20	5		20	5		20
6		21	6		21	6		21
7		22	7		22	7		22
8		23	8		23	8		23
9		24	9		24	9		24
10		25	10		25	10		25
11		26	11		26	11		26
12		27	12		27	12		27
13		28	13		28	13		28
14		29	14		29	14		29
15		30	15		30	15		30
		31			31			31

J Total liability for month **K Total liability for month** **L Total liability for month**

M Total tax liability for year (add lines A through L). This must equal line 13 on Form 943

TREASURY/IRS
 AND OMB USE
 ONLY DRAFT
 July 25, 2024
 DO NOT FILE

Schedule R (Form 943): Allocation Schedule for Aggregate Form 943 Filers

(Rev. December 2024)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

430424

Employer identification number (EIN) 00-3889956

Name as shown on Form 943 Calla Lily Company

Type of filer (check one): Section 3504 Agent CPEO Other Third Party

Report for calendar year:
(Same as Form 943): 2024

This Schedule R is attached to:
 Form 943 Form 943-X

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 EIN	(b) Type of wages (CPEO only)	(c) Form 943, line 1	(d) Form 943, line 2	(e) Form 943-X, line 7	(f) Form 943-X, line 8	(g) Form 943, line 4	(h) Form 943, line 6	(i) Form 943, line 8
1	44-4444444			12555 . 00			12555 . 00	.	50 . 00
2	55-5555555			5000 . 00			5000 . 00	.	50 . 00
3	66-6666666		1	5000 . 00			5000 . 00	.	50 . 00
4				.			.	.	.
5				.			.	.	.
6	Subtotals for clients. Add lines 1 through 5.			22555 . 00			22555 . 00	.	150 . 00
7	Enter the combined subtotal from all Continuation Sheets for Schedule R.			.			.	.	.
8	Enter Form 943 amounts for your employees.			.			.	.	.
9	Totals. Add lines 6, 7, and 8.		3	22555 . 00			22555 . 00	.	150 . 00

	(j) Form 943, line 12	(k) Form 943-X, line 14	(l) Form 943-X, line 15b	(m) Form 943, line 13	(n) Form 943-X, lines 15c and 24c, column 1, total	(o) Form 943, line 14	(p) Form 943-X, line 23	(q) Form 943-X, line 24b
1	.	.	.	471 . 92	.	500 . 00	.	.
2	.	.	.	1564 . 00	.	2015 . 00	.	.
3	.	.	.	1565 . 00	.	2015 . 00	.	.
4
5
6	.	.	.	3600 . 92	.	4530 . 00	.	.
7
8
9	.	.	.	3600 . 92	.	4530 . 00	.	.

	(r) Form 943-X, line 26	(s) Form 943-X, line 27	(t) Form 943-X, line 31	(u) Form 943-X, line 32	(v) Form 943-X, line 33	(w) Form 943-X, line 34	(x) Form 943-X, line 35	(y) Form 943-X, line 36
1
2
3
4
5
6
7
8
9