

September 12, 2024

Tax Year 2024
945 MeF ATS Scenario 08
Majestic Sunflower Inc.
00-3675983

The information below identifies the contents of this scenario.

- Form 945
- Form 945-A
- Form 8453-EMP – Binary Attachment

This return should result in no balance due and no overpayment.
This is the most current copy of all forms available at this time.

Annual Return of Withheld Federal Income Tax

For withholding reported on Forms 1099 and W-2G.

For more information on income tax withholding, see Pub. 15 and Pub. 15-A.

Go to www.irs.gov/Form945 for instructions and the latest information.

2024

| | | | |
|------------------------------|--|---|--|
| Type or Print | Name (as distinguished from trade name) Majestic Sunflower Inc. | Employer identification number (EIN) 00 - 3675983 | If address is different from prior return, check here. <input type="checkbox"/> |
| | Trade name, if any | | |
| | Address (number and street) 128 Interval Road | | |
| | City or town, state or province, country, and ZIP or foreign postal code Burlington, Vermont 05401 | | |

A If you don't have to file returns in the future, check here and enter date final payments made. _____

| | | | | |
|----------|--|----------|---------|----|
| 1 | Federal income tax withheld from pensions, annuities, IRAs, gambling winnings, etc. | 1 | 126,002 | 40 |
| 2 | Backup withholding | 2 | | 00 |
| 3 | Total taxes. If \$2,500 or more, this must equal line 7M below or Form 945-A, line M | 3 | 126,002 | 40 |
| 4 | Total deposits for 2024, including overpayment applied from a prior year and overpayment applied from Form 945-X | 4 | 126,002 | 40 |
| 5 | Balance due. If line 3 is more than line 4, enter the difference and see the separate instructions | 5 | | 00 |
| 6 | Overpayment. If line 4 is more than line 3, enter the difference \$ _____ | | | |

Check one: Apply to next return. Send a refund.

- **All filers:** If line 3 is less than \$2,500, **don't** complete line 7 or Form 945-A.
- **Semiweekly schedule depositors:** Complete Form 945-A and check here
- **Monthly schedule depositors:** Complete line 7, entries A through M, and check here

| 7 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 | | | | | |

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

| | | |
|--|----------------------------------|--|
| Designee's name Jennifer Sunflower | Phone no. 444-555-7777 | Personal identification number (PIN) 5 5 6 6 5 |
|--|----------------------------------|--|

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.

Print your name and title Date

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name | Firm's EIN | | | |
| | Firm's address | Phone no. | | | |

Annual Record of Federal Tax Liability

Go to www.irs.gov/Form945A for instructions and the latest information.
 File with Form 945, 945-X, CT-1, CT-1 X, 944, or 944-X.

2024
 Calendar Year

Name (as shown on Form 945, 945-X, CT-1, CT-1 X, 944, or 944-X)
Majestic Sunflower Inc.

Employer identification number (EIN)
00-3675983

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 Form 945-X, CT-1 X, or 944-X.

| January Tax Liability | | | | February Tax Liability | | | | March Tax Liability | | | |
|---|--------|-----|----|---|--------|-----|----|---|--------|----|----|
| 1 | 10,000 | 00 | 17 | 1 | 10,000 | 00 | 17 | 1 | 10,500 | 20 | 17 |
| 2 | | | 18 | 2 | | | 18 | 2 | | | 18 |
| 3 | | | 19 | 3 | | | 19 | 3 | | | 19 |
| 4 | | 500 | 20 | 4 | | 500 | 20 | 4 | | | 20 |
| 5 | | | 21 | 5 | | | 21 | 5 | | | 21 |
| 6 | | | 22 | 6 | | | 22 | 6 | | | 22 |
| 7 | | | 23 | 7 | | | 23 | 7 | | | 23 |
| 8 | | | 24 | 8 | | | 24 | 8 | | | 24 |
| 9 | | | 25 | 9 | | | 25 | 9 | | | 25 |
| 10 | | | 26 | 10 | | | 26 | 10 | | | 26 |
| 11 | | | 27 | 11 | | | 27 | 11 | | | 27 |
| 12 | | | 28 | 12 | | | 28 | 12 | | | 28 |
| 13 | | | 29 | 13 | | | 29 | 13 | | | 29 |
| 14 | | | 30 | 14 | | | | 14 | | | 30 |
| 15 | | | 31 | 15 | | | | 15 | | | 31 |
| 16 | | | | 16 | | | | 16 | | | |
| A Total for month 10,500.20 | | | | B Total for month 10,500.20 | | | | C Total for month 10,500.20 | | | |
| April Tax Liability | | | | May Tax Liability | | | | June Tax Liability | | | |
| 1 | 10,000 | 00 | 17 | 1 | 10,000 | 00 | 17 | 1 | 10,500 | 20 | 17 |
| 2 | | | 18 | 2 | | | 18 | 2 | | | 18 |
| 3 | | | 19 | 3 | | | 19 | 3 | | | 19 |
| 4 | | 500 | 20 | 4 | | 500 | 20 | 4 | | | 20 |
| 5 | | | 21 | 5 | | | 21 | 5 | | | 21 |
| 6 | | | 22 | 6 | | | 22 | 6 | | | 22 |
| 7 | | | 23 | 7 | | | 23 | 7 | | | 23 |
| 8 | | | 24 | 8 | | | 24 | 8 | | | 24 |
| 9 | | | 25 | 9 | | | 25 | 9 | | | 25 |
| 10 | | | 26 | 10 | | | 26 | 10 | | | 26 |
| 11 | | | 27 | 11 | | | 27 | 11 | | | 27 |
| 12 | | | 28 | 12 | | | 28 | 12 | | | 28 |
| 13 | | | 29 | 13 | | | 29 | 13 | | | 29 |
| 14 | | | 30 | 14 | | | 30 | 14 | | | 30 |
| 15 | | | | 15 | | | 31 | 15 | | | |
| 16 | | | | 16 | | | | 16 | | | |
| D Total for month 10,500.20 | | | | E Total for month 10,500.20 | | | | F Total for month 10,500.20 | | | |

| July Tax Liability | | | | August Tax Liability | | | | September Tax Liability | | | |
|--------------------|--------|----|----|----------------------|--------|-----|----|-------------------------|--------|-----|----|
| 1 | 10,000 | 00 | 17 | 1 | 10,500 | 20 | 17 | 1 | 10,000 | 00 | 17 |
| 2 | | | 18 | 2 | | | 18 | 2 | | | 18 |
| 3 | | | 19 | 3 | | | 19 | 3 | | | 19 |
| 4 | | | 20 | 4 | | 500 | 20 | 4 | | 500 | 20 |
| 5 | | | 21 | 5 | | | 21 | 5 | | | 21 |
| 6 | | | 22 | 6 | | | 22 | 6 | | | 22 |
| 7 | | | 23 | 7 | | | 23 | 7 | | | 23 |
| 8 | | | 24 | 8 | | | 24 | 8 | | | 24 |
| 9 | | | 25 | 9 | | | 25 | 9 | | | 25 |
| 10 | | | 26 | 10 | | | 26 | 10 | | | 26 |
| 11 | | | 27 | 11 | | | 27 | 11 | | | 27 |
| 12 | | | 28 | 12 | | | 28 | 12 | | | 28 |
| 13 | | | 29 | 13 | | | 29 | 13 | | | 29 |
| 14 | | | 30 | 14 | | | 30 | 14 | | | 30 |
| 15 | | | 31 | 15 | | | 31 | 15 | | | 31 |
| 16 | | | | 16 | | | | 16 | | | |

G Total for month **10,500.20** **H** Total for month **10,500.20** **I** Total for month **10,500.20**

| October Tax Liability | | | | November Tax Liability | | | | December Tax Liability | | | |
|-----------------------|--------|----|----|------------------------|--------|-----|----|------------------------|--------|----|----|
| 1 | 10,500 | 20 | 17 | 1 | 10,000 | 00 | 17 | 1 | 10,500 | 20 | 17 |
| 2 | | | 18 | 2 | | | 18 | 2 | | | 18 |
| 3 | | | 19 | 3 | | | 19 | 3 | | | 19 |
| 4 | | | 20 | 4 | | 500 | 20 | 4 | | | 20 |
| 5 | | | 21 | 5 | | | 21 | 5 | | | 21 |
| 6 | | | 22 | 6 | | | 22 | 6 | | | 22 |
| 7 | | | 23 | 7 | | | 23 | 7 | | | 23 |
| 8 | | | 24 | 8 | | | 24 | 8 | | | 24 |
| 9 | | | 25 | 9 | | | 25 | 9 | | | 25 |
| 10 | | | 26 | 10 | | | 26 | 10 | | | 26 |
| 11 | | | 27 | 11 | | | 27 | 11 | | | 27 |
| 12 | | | 28 | 12 | | | 28 | 12 | | | 28 |
| 13 | | | 29 | 13 | | | 29 | 13 | | | 29 |
| 14 | | | 30 | 14 | | | 30 | 14 | | | 30 |
| 15 | | | 31 | 15 | | | 31 | 15 | | | 31 |
| 16 | | | | 16 | | | | 16 | | | |

J Total for month **10,500.20** **K** Total for month **10,500.20** **L** Total for month **10,500.20**

M Total tax liability for the year (add lines **A** through **L**). This must equal line 3 on Form 945 (line 15 on Form CT-1, line 9 on Form 944) **126,002.40**

Form **8453-EMP**

(Rev. December 2023)

Department of the Treasury
Internal Revenue Service

E-file Declaration for Employment Tax Returns

For the period beginning _____, 20____, and ending _____, 20____.

For use with Form 940, 941, 943, 944, and 945 series returns.

File electronically. Don't file paper copies.

Go to www.irs.gov/Form8453EMP for the latest information.

OMB No. 1545-0967

| | |
|--|---|
| Name (as shown on the employment tax return) Majestic Sunflower Inc. | Employer identification number (EIN) 00-3675983 |
|--|---|

Part I Type of Return and Return Information (Whole dollars only)

Check the box for the return that you'll file using this Form 8453-EMP. Enter the amounts from the applicable lines of the return. If any of the applicable lines on the return are blank, leave line **1b**, **1c**, **2b**, **2c**, **3b**, **3c**, **4b**, **4c**, **5b**, or **5c**, whichever is applicable, blank (don't enter -0-). However, if you entered -0- on the return, enter -0- on the applicable line. Complete a separate Form 8453-EMP for each return.

| | | |
|--|--|-----------|
| 1a Form 940 check here . . . <input type="checkbox"/> | b. Total payments to all employees (Form 940, line 3) . . . | 1b |
| (all 940 series) | c. Balance due (Form 940, line 14) | 1c |
| 2a Form 941 check here . . . <input type="checkbox"/> | b. Wages, tips, and other compensation (Form 941, line 2; or Form 941-X, line 6, column 1) | 2b |
| (all 941 series) | c. Balance due (Form 941, line 14; or Form 941-X, line 27 (if more than zero)) | 2c |
| 3a Form 943 check here . . . <input type="checkbox"/> | b. Wages subject to social security tax (Form 943, line 2; or Form 943-X, line 6, column 1) | 3b |
| (all 943 series) | c. Balance due (Form 943, line 15; or Form 943-X, line 25 (if more than zero)) | 3c |
| 4a Form 944 check here . . . <input type="checkbox"/> | b. Wages, tips, and other compensation (Form 944, line 1) . | 4b |
| (including Form 944 (sp)) | c. Balance due (Form 944, line 11) | 4c |
| 5a Form 945 check here . . . <input type="checkbox"/> | b. Federal income tax withheld (Form 945, line 1; or Form 945-X, line 3, column 1) | 5b |
| (all 945 series) | c. Balance due (Form 945, line 5; or Form 945-X, line 5 (if more than zero)) | 5c |

Part II Declaration of Taxpayer (see instructions)

- 6a** I'm requesting a refund on the original or amended employment tax return checked above in Part I.
- b** I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed for the original or amended employment tax return checked above in Part I, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

Under penalties of perjury, I declare that I have an approved role (as identified in the instructions for the employment tax return) within the company listed above and the information I've given the electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the original or amended employment tax return. To the best of my knowledge and belief, the return is true, correct, and complete. I consent to the ERO, transmitter, and/or ISP sending the return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending the ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the return is accepted and, if rejected, the reason(s) for the rejection. If the processing of the return or refund is delayed, I authorize the IRS to disclose to the ERO, transmitter, and/or ISP the reason(s) for the delay, or when the refund was sent.

Sign Here

| | | |
|----------------------|---------------------------|------|
| Taxpayer's signature | Print your name and title | Date |
|----------------------|---------------------------|------|

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I've reviewed the original or amended employment tax return indicated above and that the entries on Form 8453-EMP are complete and correct to the best of my knowledge. If I'm only a collector, I'm not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I'll give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 3112, IRS e-file Application & Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns. If I'm also the paid preparer, under penalties of perjury I declare that I've examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. This paid preparer declaration is based on all information of which I have any knowledge.

| | | | | | |
|-----------------------|--|------|--|---|-------------------|
| ERO's Use Only | ERO's signature | Date | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's SSN or PTIN |
| | Firm's name (or yours if self-employed), address, and ZIP code | EIN | Phone no. | | |

Under penalties of perjury, I declare that I've examined this original or amended employment tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN |
| | Firm's name | Firm's EIN | | | |
| | Firm's address | Phone no. | | | |