

October 7, 2024

Tax Year 2025
Form 941
ATS Scenario 2
Marigold Corporation
00-3333330

Forms and Schedule Required: Form 941, Schedule B (Form 941), 8453-EMP Binary
Attachment: Form 8453-EMP

Tax Period: 202503

Signature Option: Binary Attachment, Form 8453-EMP.

This scenario includes the most current forms available at this time.

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 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: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<input type="text" value="10"/>
2	Wages, tips, and other compensation	2	<input type="text" value="33,594.00"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="3,576.00"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check here and go to line 6.	
		Column 1	Column 2
5a	Taxable social security wages	<input type="text" value="33,594.00"/> × 0.124 =	<input type="text" value="4,165.66"/>
5b	Taxable social security tips	<input type="text"/> × 0.124 =	<input type="text"/>
5c	Taxable Medicare wages & tips	<input type="text" value="33,594.00"/> × 0.029 =	<input type="text" value="974.23"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/> × 0.009 =	<input type="text"/>
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<input type="text" value="5,139.89"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="8,715.89"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text"/>
8	Current quarter's adjustment for sick pay	8	<input type="text"/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text"/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="8,715.89"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<input type="text"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10	12	<input type="text" value="8,715.89"/>
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="9,000.00"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	<input type="text" value="0.00"/>
15	Overpayment. If line 13 is more than line 12, enter the difference	<input type="text" value="284.11"/>	Check one: <input type="checkbox"/> Apply to next return. <input checked="" type="checkbox"/> Send a refund.

Name (not your trade name) Marigold Corporation Employer identification number (EIN) 00 - 333330

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.
You were a monthly schedule depositor for the entire quarter.

Tax liability: Month 1, Month 2, Month 3

Total liability for quarter Total must equal line 12.

- X 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
18 If you're a seasonal employer and you don't have to file a return for every quarter of the year

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 Tulip Blue
Print your title here Vice President
Date
Best daytime phone 555-555-5555

Paid Preparer Use Only

Check if you're self-employed

Preparer's name, Preparer's signature, Firm's name, Address, City, State, ZIP code, PTIN, Date, EIN, Phone, ZIP code

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. March 2024)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) -

Name (not your trade name)

Calendar year (Also check quarter)

Report for this Quarter...
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this schedule with Form 941, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this schedule and attach it to Form 941 if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1	<input type="text" value="."/>	9	<input type="text" value="."/>	17	<input type="text" value="."/>	25	<input type="text" value="."/>	Tax liability for Month 1 2905 . 29
2	<input type="text" value="."/>	10	<input type="text" value="."/>	18	<input type="text" value="."/>	26	<input type="text" value="."/>	
3	<input type="text" value="."/>	11	<input type="text" value="1,452 . 64"/>	19	<input type="text" value="."/>	27	<input type="text" value="."/>	
4	<input type="text" value="."/>	12	<input type="text" value="."/>	20	<input type="text" value="1,452 . 65"/>	28	<input type="text" value="."/>	
5	<input type="text" value="."/>	13	<input type="text" value="."/>	21	<input type="text" value="."/>	29	<input type="text" value="."/>	
6	<input type="text" value="."/>	14	<input type="text" value="."/>	22	<input type="text" value="."/>	30	<input type="text" value="."/>	
7	<input type="text" value="."/>	15	<input type="text" value="."/>	23	<input type="text" value="."/>	31	<input type="text" value="."/>	
8	<input type="text" value="."/>	16	<input type="text" value="."/>	24	<input type="text" value="."/>			

Month 2

1	<input type="text" value="1452 . 64"/>	9	<input type="text" value="."/>	17	<input type="text" value="."/>	25	<input type="text" value="."/>	Tax liability for Month 2 2905 . 29
2	<input type="text" value="."/>	10	<input type="text" value="."/>	18	<input type="text" value="1452 . 65"/>	26	<input type="text" value="."/>	
3	<input type="text" value="."/>	11	<input type="text" value="."/>	19	<input type="text" value="."/>	27	<input type="text" value="."/>	
4	<input type="text" value="."/>	12	<input type="text" value="."/>	20	<input type="text" value="."/>	28	<input type="text" value="."/>	
5	<input type="text" value="."/>	13	<input type="text" value="."/>	21	<input type="text" value="."/>	29	<input type="text" value="."/>	
6	<input type="text" value="."/>	14	<input type="text" value="."/>	22	<input type="text" value="."/>	30	<input type="text" value="."/>	
7	<input type="text" value="."/>	15	<input type="text" value="."/>	23	<input type="text" value="."/>	31	<input type="text" value="."/>	
8	<input type="text" value="."/>	16	<input type="text" value="."/>	24	<input type="text" value="."/>			

Month 3

1	<input type="text" value="."/>	9	<input type="text" value="."/>	17	<input type="text" value="."/>	25	<input type="text" value="."/>	Tax liability for Month 3 2905 . 31
2	<input type="text" value="."/>	10	<input type="text" value="1452 . 64"/>	18	<input type="text" value="."/>	26	<input type="text" value="."/>	
3	<input type="text" value="."/>	11	<input type="text" value="."/>	19	<input type="text" value="1452 . 67"/>	27	<input type="text" value="."/>	
4	<input type="text" value="."/>	12	<input type="text" value="."/>	20	<input type="text" value="."/>	28	<input type="text" value="."/>	
5	<input type="text" value="."/>	13	<input type="text" value="."/>	21	<input type="text" value="."/>	29	<input type="text" value="."/>	
6	<input type="text" value="."/>	14	<input type="text" value="."/>	22	<input type="text" value="."/>	30	<input type="text" value="."/>	
7	<input type="text" value="."/>	15	<input type="text" value="."/>	23	<input type="text" value="."/>	31	<input type="text" value="."/>	
8	<input type="text" value="."/>	16	<input type="text" value="."/>	24	<input type="text" value="."/>			

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3).
Total must equal line 12 on Form 941.

Total liability for the quarter

8715 . 89

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.

Name (as shown on the employment tax return)

Marigold Corporation

Employer identification number (EIN)

00-3333330

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 (all 940 series)	<input type="checkbox"/>	b. Total payments to all employees (Form 940, line 3)	1b
2a Form 941 check here (all 941 series)	<input type="checkbox"/>	c. Balance due (Form 940, line 14)	1c
3a Form 943 check here (all 943 series)	<input type="checkbox"/>	Wages, tip, and other compensation (Form 941, line 2; or Form 943-X, line 3, column 1)	2b
4a Form 944 check here (including Form 944 (sp))	<input type="checkbox"/>	c. Balance due (Form 941, line 14 or Form 941-X, line 27 (if more than zero))	2c
5a Form 945 check here (all 945 series)	<input type="checkbox"/>	b. Wages subject to social security tax (Form 943, line 2; or Form 943-X, line 6, column 1)	3b
		c. Balance due (Form 943, line 15 or Form 943-X, line 6, column 2 (if more than zero))	3c
		Wages, tip, and other compensation (Form 944, line 1)	4b
		c. Balance due (Form 944, line 11)	4c
		b. Federal income tax withheld (Form 945, line 1; or Form 945-X, line 3, column 1)	5b
		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 800-353-4777 no later than 2 business days prior to the payment (settlement date). I also authorize the financial institution 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.			