

October 2, 2024

Tax Year 2024
943 MeF ATS Scenario 05
Calla Rose Inc
00-3889957

The information below identifies the contents of this scenario:

- Form 943
- Form 8974

The return is for a corporation and uses the most current copies of Form 943, and Form 8974 at this time. The return should use the Reporting Agent signature method and result in no balance due and a 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 Rose Inc	Employer identification number (EIN) 00 - 3889957
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	12000 00
3	Social security tax (multiply line 2 by 12.4% (0.124))	3	1488 00
4	Wages subject to Medicare tax	4	12000 00
5	Medicare tax (multiply line 4 by 2.9% (0.029))	5	348 00
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	125 00
9	Total taxes before adjustments. Add lines 3, 5, 7, and 8	9	1961 00
10	Current year's adjustments	10	
11	Total taxes after adjustments (line 9 as adjusted by line 10)	11	1961 00
12	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	12	800 00
13	Total taxes after adjustments and nonrefundable credits. Subtract line 12 from line 11	13	1161 00
14	Total deposits for 2024, including overpayment applied from a prior year and Form 943-X	14	2000 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>839.00</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 Smith Accounting LLC			Firm's EIN	00-6655444
	Firm's address 15 Old Fort Rd Fort Washington, MD 20744			Phone no.	999-245-7148

Form **8974: Qualified Small Business Payroll Tax Credit for Increasing Research Activities**

950824

(Rev. December 2024) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) 00 - 3889957

Name (not your trade name) **Calla Rose Inc**

The credit from Part 2, line 12 or, if applicable, line 17, will be reported on (check only one box):

Form 941 (all 941 series)

Form 943 (all 943 series)

Form 944 (all 944 series)

Calendar year 2024 You must select a quarter if you file Form 941.

Report for this quarter...

Check only one box.

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Part 1: Tell us about your income tax return.

	(a) Ending date of income tax period	(b) Income tax return filed that included Form 6765	(c) Date income tax return was filed	(d) EIN used on Form 6765	(e) Amount from Form 6765, line 36 or, if applicable, the amount that was allocated to your EIN	(f) Amount of credit from column (e) taken on a previous period(s)	(g) Remaining credit (subtract column (f) from column (e))
1	12 / 31 / 2024	1120	03 / 10 / 2025	00-3889956	800 . 00	.	800 . 00
2	/ /		/ /		.	.	.
3	/ /		/ /		.	.	.
4	/ /		/ /		.	.	.
5	/ /		/ /		.	.	.
6	Add lines 1(g) through 5(g) and enter the total here						800 . 00

Part 2: Determine the credit that you can use this period.

7 Enter the amount from Part 1, line 6(g) 7 **800 . 00**

8 Enter the amount from Form 941, line 5a, column 2; Form 943, line 3; or Form 944, line 4a, column 2 8 **1488 . 00**

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 10 **1488 . 00**

11 Multiply line 10 by 50% (0.50). Check this box if you're a third-party payer of sick pay or check this box if you received a Section 3121(q) Notice and Demand. See the instructions before completing line 11 11 **744 . 00**

12 **Credit against the employer share of social security tax.** Enter the smaller of line 7 or 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 enter this amount on Form 941, line 11; Form 943, line 12; or Form 944, line 8 12 **744 . 00**

13 Subtract line 12 from line 7 13 **56 . 00**

14 Enter the amount from Form 941, line 5c, column 2; Form 943, line 5; or Form 944, line 4c, column 2 14 **348 . 00**

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 **174 . 00**

16 **Credit against the employer share of Medicare tax.** Enter the smaller of line 13 or 15 16 **56 . 00**

17 **Total credit.** Add lines 12 and 16. Also, enter this amount on Form 941, line 11; Form 943, line 12; or Form 944, line 8 17 **800 . 00**