| 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. | | | | | | | | 5-0035 | |
|---------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------|---------------------|---------------------|-----------------|---------|-------------------|-----------|--|
| | | | | | | | | | | 2018 | |
| | | ► Go to wu | | | | | | | | | |
| | | Name (as distinguished fro | m trade name) | | Employer | identification numb | oer (EIN) | | | | |
| Type | 9 | | | | | | | | | | |
| or | | Trade name, if any | ny | | | | | | | • | |
| Print | | | If address is different from | | | | | | | | |
| | | Address (number and stree | prior return, | | | | | | | | |
| | | City or town, state or provi | check here | . ▶ 🔲 | | | | | | | |
| | | City or town, state or provi | | | | | | | | | |
| | | If you don't have to file ret | | | | | | | | | |
| | | ii you don't nave to lile reti | | | | | | | | | |
| 1 Numb | er of agr | ricultural employees er | nployed in the | e pay period t | hat includes M | 1arch 12, 2018 | 3 ▶ | 1 | | | |
| | | | | | | | | | | | |
| | | ubject to social securi | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| | Total wages subject to Medicare tax | | | | | | | | | | |
| | Medicare tax (multiply line 4 by 2.9% (0.029)) | | | | | | | | | | |
| | | | | | | | - | _ | | | |
| | | dicare Tax withholding | | • | ., | | - | 7 | | | |
| | | e tax withheld fore adjustments. Add | | | | | - | 8 9 | | | |
| | | adjustments | | | | | | 10 | | | |
| | - | er adjustments (line 9 | | | | | - | 11 | | | |
| | | I business payroll tax | | | | | - | 12 | | | |
| | | er adjustments and cr | | _ | | | - | 13 | | | |
| | | for 2018, including ov | | | | | | 14 | | | |
| | - | If line 13 is more than | | | | | - | 15 | | | |
| 16 Overpa | ayment. | If line 14 is more than lin | ne 13, enter th | e difference ► | \$ | Check one: | Apply to ne | xt retu | ırn. 🗌 Send | a refund. | |
| | | | | | | | | | | | |
| | | s less than \$2,500, do | • | | | | | | | | |
| Semiweekly : | schedule | depositors: Complete F | orm 943-A and | check here ► | | chedule deposi | tors: Comple | te line | 17 and check he | ere ▶ ∐ | |
| 17 Month | nly Sum | mary of Federal Tax | Liability. (Do | n't complete | if you were a s | semiweekly sc | hedule der | osito | r.) | | |
| | ., | Tax liability for month | | | ax liability for mo | | | | Tax liability for | month | |
| A January . | | | F June . | | | K Nove | ember | 🗀 | - | | |
| B February | | | G July . | | | L Dece | ember | [| | | |
| C March . | | | H August | | | M Tota | l liability for | | | | |
| D April | | | I Septemb | er | | | (add lines A | | | | |
| E May | | | J October | | | throu | ugh L) | | | | |
| | 1 | | | | | | | | | _ | |
| Third- | Do you | want to allow another perso | n to discuss this | return with the IR | S? See separate ir | nstructions. | ☐ Yes. C | Complet | te the following. | ☐ No. | |
| Party Designee | Design | | | | | | | | | | |
| Designee | | name ► no. ► number (PIN) ► Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the | | | | | | | | | |
| Sign | | e best of my knov as any knowledge | | | | | | | | | |
| Here | | | . • | | | | | | | | |
| пете | Signati | Print Your Signature ▶ Name and Title ▶ | | | | | | | | | |
| Doid | | pe preparer's name | Prepa | Preparer's signature Da | | | Check | if | Date ► PTIN | | |
| Paid | | | | | | self-employed | | | | | |
| Preparer | Firm's r | n's name ► Firm's EIN ► | | | | | | | | | |
| Use Only | Eirm's s | addross • | | | | | | | | | |

Form 943-V, Payment Voucher

Purpose of Form

Complete Form 943-V if you're making a payment with Form 943. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 943

To avoid a penalty, make your payment with your 2018 Form 943 **only if:**

- Your total taxes for the year (Form 943, line 13) are less than \$2,500 and you're paying in full with a timely filed return, or
- You're a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 7 of Pub. 51 for details. In this case, the amount of your payment may be \$2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 7 of Pub. 51 for deposit instructions. Don't use Form 943-V to make federal tax deposits.



Use Form 943-V when making any payment with Form 943. However, if you pay an amount with Form 943 that should've been deposited, you may

be subject to a penalty. See Deposit Penalties in section 7 of Pub. 51.

Specific Instructions

Box 1—Employer identification number (EIN). If you don't have an EIN, you may apply for one online by visiting the IRS website at www.irs.gov/EIN. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 943, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 943.

Box 3—Name and address. Enter your name and address as shown on Form 943.

- Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 943," and "2018" on your check or money order. Don't send cash. Don't staple Form 943-V or your payment to Form 943 (or to each other).
- Detach Form 943-V and send it with your payment and Form 943 to the address provided in the Instructions for Form 943.

Note: You must also complete the entity information above line 1 on Form 943.



▼ Detach Here and Mail With Your Payment and Form 943. ▼



| Form 943-V | | | Payment Voucher | OMB No. 1545-0035 | | |
|--------------------------------------------------------|---|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------|--------|-------|
| Department of the Treasury Internal Revenue Service | 1 | ▶ Don't staple this voucher or your payment to Form 943. | | | 2018 | |
| Enter your employer identification number (EIN). | | | Enter the amount of your payment Make your check or money order payable to "United States Treasury" | C | ollars | Cents |
| | | 3 | Enter your business name (individual name if sole proprietor). Enter your address. | | | |
| | | | Enter your city or town, state or province, country, and ZIP or foreign posta | al code. | | |