Tax Year 2022 940 MeF ATS Scenario 3 Crocus Company 00-3000002

The information below identifies the contents of this scenario.

- Form 940
- Form 940 Schedule R

This return is for a single state filer and is using the most current copies of Form 940 and Form 940 Schedule R available. The return should use the Reporting Agent Signature method, which results in a balance due.

850113M Form **940 for 2022**: Employer's Annual Federal Unemployment (FUTA) Tax Return Department of the Treasury - Internal Revenue Service OMB No. 1545-0028 **Employer identification number** 0 2 0 0 3 0 0 0 0 Type of Return (EIN) (Check all that apply.) Crocus Company Name (not your trade name) a. Amended b. Successor employer Trade name (if any) c. No payments to employees in 2022 4th Street Address d. Final: Business closed or Number Suite or room number Stree stopped paying wages Go to www.irs.gov/Form940 for Erie PA 16501 instructions and the latest information. ZIP code City State Foreign country name Foreign province/county Foreign postal code Read the separate instructions before you complete this form. Please type or print within the boxes. Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1. Part 1: If you had to pay state unemployment tax in one state only, enter the state abbreviation 1a 1a If you had to pay state unemployment tax in more than one state, you are a multi-state Check here. emplover . 1b Complete Schedule A (Form 940). Check here. If you paid wages in a state that is subject to CREDIT REDUCTION. 2 Complete Schedule A (Form 940). Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank. 560,000 00 3 Total payments to all employees 3 00 0 4 Payments exempt from FUTA tax . . . . Retirement/Pension Other Check all that apply: **4a** Fringe benefits 4c 4e Dependent care 4b Group-term life insurance 4d 5 Total of payments made to each employee in excess of 00 00 **Subtotal** (line 4 + line 5 = line 6) . . 6 560,000 \_ 00 7 **Total taxable FUTA wages** (line 3 – line 6 = line 7). See instructions. . . 7 3,360 00 FUTA tax before adjustments (line 7 x 0.006 = line 8) . . . . . . . . . 8 8 Determine your adjustments. If any line does NOT apply, leave it blank. If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, 00 **multiply line 7 by 0.054** (line  $7 \times 0.054 = \text{line 9}$ ). Go to line 12 10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), 0 . 00 complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet . 10 0 . 00 11 If credit reduction applies, enter the total from Schedule A (Form 940) 11 Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank. 3,360 00 12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12). 12 1428 00 13 FUTA tax deposited for the year, including any overpayment applied from a prior year ... 13 14 Balance due. If line 12 is more than line 13, enter the excess on line 14. • If line 14 is more than \$500, you must deposit your tax. 00 1,932 If line 14 is \$500 or less, you may pay with this return. See instructions . . . .

0

Send a refund.

00

You MUST complete both pages of this form and SIGN it.

15

Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box below 15

Apply to next return.

Check one:

| Nam   | lame (not your trade name)   |                                     |                |                        |                            |                          |             |              | Employer identification number (EIN) |                 |     |  |
|---|--|-------------------------------------|----------------|------------------------|----------------------------|--------------------------|-------------|--------------|--------------------------------------|-----------------|-----|--|
| Cro   | Crocus Company   |                                     |                |                        |                            |                          |             | 00 - 3000002 |                                      |                 |     |  |
| Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6. |  |                                     |                |                        |                            |                          |             |              |                                      |                 |     |  |
| 16  | a qu   | arter, leave the l                  | ine blank.     | tax liability for each | ch quarter; do             |                          |             | deposit      | J                                    | nd no liability | for |  |
|   |  | 1st quarter (Jar<br>2nd quarter (Ap |                |                        |                            | 16a                      | 80          | 0 0          |                                      |                 |     |  |
|   |  | 3rd quarter (Jul<br>4th quarter (Oc | ,              | ,                      |                            | 16c                      |             | 0 00         |                                      |                 |     |  |
| 17  | Tota   |                                     | ,              | s 16a + 16b + 16c +    |                            | 17                       | 3,36        | 00 00        | Total mu                             | st equal line 1 | 2.  |  |
| Par   | t 6:   | May we speak                        | with your th   | nird-party designe     | e?                         |                          |             |              |                                      |                 |     |  |
|   | 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.  |                                     |                |                        |                            |                          |             |              |                                      |                 |     |  |
|   | X  | es. Designe                         | e's name and   | phone number           | Jordyn Bloom               | 1                        |             |              | 215-555-12                           | 212             |     |  |
|   |  | Select a                            | 5-digit persoi | nal identification nur | mber (PIN) to u            | use when talking         | to the IRS. | 1            | 2 3                                  | 4 5             |     |  |
| Par   | t 7:   | Sign here. You                      | MUST com       | plete both pages       | of this form               | 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, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |                                     |                |                        |                            |                          |             |              |                                      |                 |     |  |
|   | Sign   | n your                              |                |                        |                            | Print your name here Les | Leslie Cro  | slie Crocus  |                                      |                 |     |  |
| name here   |  |                                     |                |                        | Print your [<br>title here | Owner                    | ner         |              |                                      |                 |     |  |
|   |  | Date /                              | /              | ]                      |                            | Best daytime             | phone       |              | 814-555-12                           | 212             |     |  |
|   | Paid Preparer Use Only  Check if you are self-employed   |                                     |                |                        |                            |                          |             |              |                                      |                 |     |  |
|   | Prep   | arer's name                         | Jordyn Blo     | oom                    |                            |                          | PTIN        |              | P33333                               | 3333            |     |  |
|   | Preparer's signature   |                                     |                |                        |                            |                          | Date        | / /          |                                      |                 |     |  |
|   |  | 's name (or yours<br>f-employed)    | Bloom CP.      | Bloom CPA Firm         |                            |                          |             |              | 33-333                               | 3333            |     |  |
|   | Addr   | ress                                | 4th Test St    | 4th Test Street        |                            |                          |             | e            | 215-555-1212                         |                 |     |  |
|   | City   |                                     | Philadelph     | ia                     | State                      | PA                       | ZIP c       | ode          | 1910                                 | 06              |     |  |

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## Schedule R (Form 940): Allocation Schedule for Aggregate Form 940 Filers

860517

(Rev. December 2017)

Department of the Treasury — Internal Revenue Service

| Employer identification number (EIN) 0 0 - 3 0 0 0 0 2 |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Name as shown on Form 940                              | Crocus Company   |  |  |  |  |  |  |
| Type of filer (check one):                             | Section 3504 Agent Certified Professional Employer Organization (CPEO) |  |  |  |  |  |  |

| Report for calendar year: |   |  |  |  |  |  |
|---------------------------|---|--|--|--|--|--|
| (Same as Form 940):       | _ |  |  |  |  |  |
| 2022                      |   |  |  |  |  |  |

Read the instructions before you complete Schedule R (Form 940). 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)<br>Client's Employer<br>Identification Number<br>(EIN)  |   | b) Eate Eviation Form line 1a, nedule A m 940) | (c) Type of wages, tips, and other compensation (CPEO use only) | (d) Total taxable FUTA wages allocated to the listed client EIN from Form 940, line 7 | (e) Total adjustments to FUTA tax allocated to the listed client EIN from Form 940, line 9 or line 10 | (f) Credit reduction amount allocated to the listed client EIN from Form 940, line 11 | (g) Total FUTA tax after adjustments allocated to the listed client EIN from Form 940, line 12 | (h) Total FUTA tax deposits from Form 940, line 13, plus any payment made with the return allocated to the listed client EIN |
|----|---|---|--|---|---|---|---|--|--|
| 1  | 00-3000001  | Т | Х  |   | 42000 - 00  |   |   | 252 • 00   |  |
| 2  | 00-3000003  | Т | X  |   | 35000 • 00  |   | •   | 210 • 00   | •  |
| 3  | 00-3000004  | Т | Х  |   | 35000 • 00  |   |   | 210 • 00   |  |
| 4  | 00-3000005  | Т | Х  |   | 35000 • 00  |   |   | 210 • 00   |  |
| 5  | 00-3000006  | Т | Х  |   | 35000 • 00  |   |   | 210 • 00   |  |
| 6  | 00-3000007  | Т | Х  |   | 98000 • 00  |   |   | 588 • 00   | 588 • 00   |
| 7  | 00-3000008  | Т | Х  |   | 56000 • 00  |   |   | 336 • 00   |  |
| 8  | 00-3000009  | Т | Х  |   | 21000 • 00  |   |   | 126 • 00   |  |
| 9  | 00-3000010  | Т | X  |   | 21000 • 00  |   |   | 126 • 00   |  |
| 10 |   |   |  |   |   |   |   |  |  |
| 11 |   |   |  |   |   |   |   |  |  |
| 12 |   |   |  |   |   |   |   |  |  |
| 13 |   |   |  |   |   |   |   |  |  |
| 14 |   |   |  |   |   |   |   |  |  |
| 15 |   |   |  |   |   |   |   |  |  |
|    | Subtotals for clients. Add all amounts on lines 1 through 15.   |   |  |   | 378000 • 00   |   |   | 2268 • 00  | 588 - 00   |
|    | Enter the combined subtotal from line 23 of all Continuation Sheets for Schedule R (Form 940).              |   |  |   |   |   |   |  |  |
|    | Enter Form 940 amounts for your employees.  |   |  |   | 182000 - 00   |   |   | 1092 - 00  | 840 - 00   |
|    | Totals. Add lines 16, 17, and 18. The column totals must match the related lines on the aggregate Form 940. |   |  |   | 560000 - 00   |   |   | 3360 - 00  | 1428 - 00  |