

January 10, 2023

Tax Year 2022
943 MeF ATS Scenario 5
Lilac Farms and Fertilization
00-3775634

The information below identifies the contents of this scenario:

- Form 943
- Form 943-A

This return results in an overpayment and send refund. This is the most current copy of Form 943 and Form 943-A available at this time.

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) <u>Lilac Farms and Fertilization</u>	Employer identification number (EIN) 00 - 3775634	If address is different from prior return, check here <input type="checkbox"/>
	Trade name, if any		
	Address (number and street) <u>1st Test Street</u>		
	City or town, state or province, country, and ZIP or foreign postal code <u>Fort Washington, MD 20744</u>		
	If you don't have to file returns in the future, check here <input type="checkbox"/>		

1	Number of agricultural employees employed in the pay period that includes March 12, 2022	1	4	
2	Wages subject to social security tax*	2	36,449	95
a	Qualified sick leave wages*	2a		
b	Qualified family leave wages*	2b		
3	Social security tax (multiply line 2 by 12.4% (0.124))	3	4,519	79
a	Social security tax on qualified sick leave wages (multiply line 2a by 6.2% (0.062))	3a		
b	Social security tax on qualified family leave wages (multiply line 2b by 6.2% (0.062))	3b		
4	Wages subject to Medicare tax	4	36,449	95
5	Medicare tax (multiply line 4 by 2.9% (0.029))	5	1,057	05
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	220	20
9	Total taxes before adjustments. Add lines 3, 3a, 3b, 5, 7, and 8	9	5,797	04
10	Current year's adjustments	10		
11	Total taxes after adjustments (line 9 as adjusted by line 10)	11	5,797	04
12a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	12a		
b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	12b		
c	Reserved for future use	12c		
d	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	12d		
e	Nonrefundable portion of COBRA premium assistance credit	12e		
f	Number of individuals provided COBRA premium assistance <input style="width:100px;" type="text"/>			
g	Total nonrefundable credits. Add lines 12a, 12b, 12d, and 12e	12g		
13	Total taxes after adjustments and nonrefundable credits. Subtract line 12g from line 11	13	5,797	04

**Include taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2021, and before October 1, 2021, on line 2. Use lines 2a and 2b only for taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2020, and before April 1, 2021.*

You MUST complete all three pages of Form 943 and SIGN it.

14a	Total deposits for 2022, including overpayment applied from a prior year and Form 943-X . . .	14a	6,130	00
b	Reserved for future use	14b		
c	Reserved for future use	14c		
d	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	14d		
e	Reserved for future use	14e		
f	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	14f		
g	Refundable portion of COBRA premium assistance credit	14g		
h	Total deposits and refundable credits. Add lines 14a, 14d, 14f, and 14g	14h	6,130	00
i	Reserved for future use	14i		
j	Reserved for future use	14j		
15	Balance due. If line 13 is more than line 14h, enter the difference and see the instructions	15		
16	Overpayment. If line 14h is more than line 13, enter the difference	16	332	96
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	
A January			F June		
B February			G July		
C March			H August		
D April			I September		
E May			J October		
			K November		
			L December		
			M Total liability for year (add lines A through L)		

18	Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021	18		
19	Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021	19		
20	Reserved for future use	20		
21	Reserved for future use	21		

You MUST complete all three pages of Form 943 and SIGN it.

22	Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 . . .	22		
23	Qualified health plan expenses allocable to qualified sick leave wages reported on line 22 . . .	23		
24	Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 22	24		
25	Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 . .	25		
26	Qualified health plan expenses allocable to qualified family leave wages reported on line 25 . . .	26		
27	Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 25	27		
28	Reserved for future use	28		
29	Reserved for future use	29		

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

Designee's name	Phone no.	Personal identification number (PIN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	David Smith				P-00000001
	Firm's name Smith RA Service	Firm's EIN		00-9999887	
	Firm's address 67 Freeby St. Fort Washington, MD 20744	Phone no.		555-555-5555	

**Agricultural Employer's Record of
 Federal Tax Liability**
 Go to www.irs.gov/Form943A for instructions and the latest information.
 File with Form 943 or Form 943-X.

Name (as shown on Form 943) <u>Lilac Farms and Fertilization</u>	Employer identification number (EIN) 00-3775634
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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 Forms 943-X.

January Tax Liability			February Tax Liability			March Tax Liability		
1	16		1	16		1	16	
2	17		2	17		2	17	
3	18	235.10	3	18		3	18	
4	19		4	19		4	19	
5	20		5	20	255.41	5	20	
6	21		6	21		6	255.41	21
7	22		7	22		7	22	
8	23		8	23		8	23	
9	24	255.41	9	24		9	24	
10	25		10	25		10	25	235.10
11	26		11	26		11	26	
12	27		12	27		12	27	
13	28		13	28		13	28	
14	29		14	29	235.10	14	29	
15	30		15			15	30	
	31						31	
A Total liability for month 490.51			B Total liability for month 490.51			C Total liability for month 490.51		

April Tax Liability			May Tax Liability			June Tax Liability		
1	16		1	16		1	16	
2	17		2	17		2	17	
3	18		3	18	235.10	3	255.41	18
4	19		4	19		4	19	
5	20	255.41	5	20		5	20	
6	21		6	21		6	21	
7	22		7	22		7	22	
8	23		8	23		8	23	
9	24		9	24		9	24	235.10
10	25		10	25		10	25	
11	26	235.10	11	26		11	26	
12	27		12	27		12	27	
13	28		13	28	255.41	13	28	
14	29		14	29		14	29	
15	30		15	30		15	30	
	31			31			31	
D Total liability for month 490.51			E Total liability for month 490.51			F Total liability for month 490.51		

July Tax Liability			August Tax Liability			September Tax Liability											
1		16	1		16	1		16									
2		17	2		17	2		17									
3	255.41	18	3		18	3		18									
4		19	4		19	4		19									
5		20	5		20	5		20									
6		21	6		21	255.41	6	21									
7		22	7		22		7	22									
8		23	8		23		8	23									
9		24	9		24		9	24									
10		25	10		25		10	25									
11		26	11	235.10	26		11	26									
12		27	12		27		12	27									
13		28	13		28		13	28									
14		29	14		29		14	29									
15		30	15		30		15	255.41									
		31			31												
G Total liability for month			490.51			H Total liability for month			490.51			I Total liability for month			490.51		

October Tax Liability			November Tax Liability			December Tax Liability											
1		16	1		16	1		16									
2		17	2		17	146.02	2	255.41									
3		18	3		18		3	18									
4		19	4		19		4	19									
5		20	5		20		5	20									
6	255.41	21	6		21		6	21									
7		22	7		22		7	22									
8		23	8		23		8	23									
9		24	9		24		9	24									
10		25	10		25		10	25									
11		26	11		26		11	26									
12		27	12	235.10	27		12	27									
13		28	13		28		13	28									
14		29	14	255.41	29		14	29									
15		30	15		30		15	30									
		31			31												
J Total liability for month			490.51			K Total liability for month			401.43			L Total liability for month			490.51		
M Total tax liability for year (add lines A through L). This must equal line 13 on Form 943															5,797.04		