

October 14, 2022

Tax Year 2022
943 MeF ATS Scenario 7
Gardenia Company
00-3665534

The information below identifies the contents of this scenario.

- Form 943
- Form 8974

This return is for a single filer and uses the most current copies of the Form 943 and the Form 8974 available at this time. The return should use the Reporting Agent signature method and results in an overpayment (refund).

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) Gardenia Company	Employer identification number (EIN) 00 - 3665534
Trade name, if any	
Address (number and street) 29th Test Street	
City or town, state or province, country, and ZIP or foreign postal code Fort Washington, MD 20744	
If you don't have to file returns in the future, check here <input type="checkbox"/>	

If address is
different from
prior return,
check here

1	Number of agricultural employees employed in the pay period that includes March 12, 2022	1	3	
2	Wages subject to social security tax*	2	12,000	00
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	1,488	00
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	12,000	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, 3a, 3b, 5, 7, and 8	9	1,961	00
10	Current year's adjustments	10		
11	Total taxes after adjustments (line 9 as adjusted by line 10)	11	1,961	00
12a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	12a	744	00
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 type="text"/>			
g	Total nonrefundable credits. Add lines 12a, 12b, 12d, and 12e	12g	744	00
13	Total taxes after adjustments and nonrefundable credits. Subtract line 12g from line 11	13	1,217	00

*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	2,000	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	2,000	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	783	00
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 David Smith	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN 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.	

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

950817

(Rev. December 2017) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) -

Name (not your trade name)

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

Form 941, 941-PR, or 941-SS

Form 943 or 943-PR

Form 944 or 944(SP)

Calendar year You must select a quarter if you file Form 941, 941-PR, or 941-SS.

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 44, 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 / 20	1,065	04 / 10 / 2021	003665534	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

8 Enter the amount from Form 941 (941-PR or 941-SS), line 5a, Column 2; Form 943 (943-PR), line 3; or Form 944 (944(SP)), line 4a, Column 2 8

9 Enter the amount from Form 941 (941-PR or 941-SS), line 5b, Column 2; or Form 944 (944(SP)), line 4b, Column 2 9

10 Add lines 8 and 9 10

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

12 **Credit.** Enter the smaller of line 7 or line 11. Also enter this amount on Form 941 (941-PR or 941-SS), line 11; Form 943 (943-PR), line 12; or Form 944 (944(SP)), line 8 12