

October 11, 2022

Tax Year 2022
944 ATS Scenario 10
The Periwinkle Corporation
00-3568123

Forms included in Scenario 10

Form 944
Form 945-A

The return is for a corporation with no balance due and no overpayment. This return uses the Reporting Agent Signature method.

This scenario includes current copies of the Form 944 & 945-A.

Form **944 for 2022: Employer's ANNUAL Federal Tax Return**

Department of the Treasury — Internal Revenue Service

OMB No. 1545-2007

Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Who Must File Form 944

You must file annual Form 944 instead of filing quarterly Forms 941 **only if the IRS notified you in writing.**

Go to www.irs.gov/Form944 for instructions and the latest information.

Read the separate instructions before you complete Form 944. Type or print within the boxes.

Part 1: Answer these questions for this year. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 1 and 2, unless you have employees who are subject to U.S. income tax withholding.

1	Wages, tips, and other compensation	1	<input type="text" value="194,680"/> <input type="text" value="00"/>
2	Federal income tax withheld from wages, tips, and other compensation	2	<input type="text" value="84,938"/> <input type="text" value="76"/>
3	If no wages, tips, and other compensation are subject to social security or Medicare tax	3	<input type="checkbox"/> Check and go to line 5.
4	Taxable social security and Medicare wages and tips:		
		Column 1	Column 2
4a	Taxable social security wages*	<input type="text" value="118,500"/> <input type="text" value="00"/> × 0.124 =	<input type="text" value="14,694"/> <input type="text" value="00"/>
4a (i)	Qualified sick leave wages*	<input type="text"/> × 0.062 =	<input type="text"/>
4a (ii)	Qualified family leave wages*	<input type="text"/> × 0.062 =	<input type="text"/>
4b	Taxable social security tips	<input type="text"/> × 0.124 =	<input type="text"/>
4c	Taxable Medicare wages & tips	<input type="text" value="194,680"/> <input type="text" value="00"/> × 0.029 =	<input type="text" value="5,645"/> <input type="text" value="72"/>
4d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/> × 0.009 =	<input type="text"/>
4e	Total social security and Medicare taxes. Add Column 2 from lines 4a, 4a(i), 4a(ii), 4b, 4c, and 4d	4e	<input type="text" value="20,339"/> <input type="text" value="72"/>
5	Total taxes before adjustments. Add lines 2 and 4e	5	<input type="text" value="105,278"/> <input type="text" value="48"/>
6	Current year's adjustments (see instructions)	6	<input type="text"/>
7	Total taxes after adjustments. Combine lines 5 and 6	7	<input type="text" value="105,278"/> <input type="text" value="48"/>
8a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	8a	<input type="text"/>
8b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	8b	<input type="text"/>
8c	Reserved for future use	8c	<input type="text"/>
8d	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	8d	<input type="text"/>

*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 4a. Use lines 4a(i) and 4a(ii) **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 944 and SIGN it.

Name (not your trade name)
The Periwinkle Corporation

Employer identification number (EIN)
00 - 3568123

Part 1: Answer these questions for this year. (continued)

8e Nonrefundable portion of COBRA premium assistance credit 8e

8f Number of individuals provided COBRA premium assistance

8g Total nonrefundable credits. Add lines 8a, 8b, 8d, and 8e 8g

9 Total taxes after adjustments and nonrefundable credits. Subtract line 8g from line 7 9 105,278 . 48

10a Total deposits for this year, including overpayment applied from a prior year and overpayments applied from Form 944-X, 944-X (SP), 941-X, or 941-X (PR) 10a 105,278 . 48

10b Reserved for future use 10b

10c Reserved for future use 10c

10d Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021. 10d

10e Reserved for future use 10e

10f Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 10f

10g Refundable portion of COBRA premium assistance credit 10g

10h Total deposits and refundable credits. Add lines 10a, 10d, 10f, and 10g 10h

10i Reserved for future use 10i

10j Reserved for future use 10j

11 Balance due. If line 9 is more than line 10h, enter the difference and see instructions 11

12 Overpayment. If line 10h is more than line 9, enter the difference Check one: Apply to next return. Send a refund.

Part 2: Tell us about your deposit schedule and tax liability for this year.

13 Check one: Line 9 is less than \$2,500. Go to Part 3.
 Line 9 is \$2,500 or more. Enter your tax liability for each month. If you're a semiweekly schedule depositor or you became one because you accumulated \$100,000 or more of liability on any day during a deposit period, you must complete Form 945-A instead of the boxes below.

13a	Jan.	<input type="text"/>	13d	Apr.	<input type="text"/>	13g	July	<input type="text"/>	13j	Oct.	<input type="text"/>
13b	Feb.	<input type="text"/>	13e	May	<input type="text"/>	13h	Aug.	<input type="text"/>	13k	Nov.	<input type="text"/>
13c	Mar.	<input type="text"/>	13f	June	<input type="text"/>	13i	Sept.	<input type="text"/>	13l	Dec.	<input type="text"/>

Total liability for year. Add lines 13a through 13l. Total must equal line 9. 13m

You MUST complete all three pages of Form 944 and SIGN it.

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Part 3: Tell us about your business. If any question does NOT apply to your business, leave it blank.

14 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages / / ; also attach a statement to your return. See instructions.

15	Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021	15	<input type="text"/>
16	Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021	16	<input type="text"/>
17	Reserved for future use	17	<input type="text"/>
18	Reserved for future use	18	<input type="text"/>
19	Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021	19	<input type="text"/>
20	Qualified health plan expenses allocable to qualified sick leave wages reported on line 19	20	<input type="text"/>
21	Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 19	21	<input type="text"/>
22	Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021	22	<input type="text"/>
23	Qualified health plan expenses allocable to qualified family leave wages reported on line 22	23	<input type="text"/>
24	Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 22	24	<input type="text"/>
25	Reserved for future use	25	<input type="text"/>
26	Reserved for future use	26	<input type="text"/>

Part 4: May we speak with your third-party designee?

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.
 Yes. Designee's name and phone number
Select a 5-digit personal identification number (PIN) to use when talking to the IRS.
 No.

Part 5: Sign here. You MUST complete all three pages of Form 944 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here Print your name here Rose Lilly
Print your title here Reporting Agent
Date Best daytime phone 111-222-333

Paid Preparer Use Only

Check if you're self-employed

Preparer's name PTIN
Preparer's signature Date
Firm's name (or yours if self-employed) EIN
Address Phone
City State ZIP code

Annual Record of Federal Tax Liability

► Go to www.irs.gov/Form945A for instructions and the latest information.
 ► File with Form 945, 945-X, CT-1, CT-1 X, 944, or 944-X.

2	0	2	3
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Calendar Year

Name (as shown on Form 945, 945-X, CT-1, CT-1 X, 944, or 944-X)

Employer identification number (EIN)

The Periwinkle Corporation

00-3568123

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 Form 945-X, CT-1 X, or 944-X.

January Tax Liability				February Tax Liability				March Tax Liability			
1	22	77	17	1			17	1			17
2			18	2			18	2			18
3			19	3			19	3			19
4			20	4		22	77	4		22	77
5			21	5			21	5			21
6			22	6	22	77	22	6	22	77	22
7		22	77	7			23	7			23
8			24	8			24	8			24
9	22	77	25	9			25	9			25
10			26	10			26	10			26
11			27	11		22	77	11		22	77
12			28	12			28	12			28
13			29	13	22	77	29	13	22	77	29
14		22	77	14				14			30
15			31	15				15			31
16	22	77		16				16			

A Total for month ▶ 113.85 **B Total for month** ▶ 91.08 **C Total for month** ▶ 91.08

April Tax Liability				May Tax Liability				June Tax Liability			
1			17	1	22	77	17	1			17
2			18	2			18	2			18
3	22	77	19	3			19	3		22	77
4			20	4			20	4			20
5			21	5			21	5	22	77	21
6			22	6		22	77	6			22
7			23	7			23	7			23
8			24	8	22	77	24	8			24
9		22	77	9			25	9			25
10	22	77	26	10			26	10		22	77
11			27	11			27	11			27
12			28	12			28	12	22	77	28
13			29	13		22	77	13			29
14			30	14			30	14			30
15				15	22	77	31	15			
16				16				16			

D Total for month ▶ 91.08 **E Total for month** ▶ 113.85 **F Total for month** ▶ 91.08

July Tax Liability				August Tax Liability				September Tax Liability			
1		17	22: 77	1		17		1		17	
2		18		2		18		2		18	22: 77
3	22: 77	19		3		19		3		19	
4		20		4		20		4		20	
5		21		5		21	22: 77	5	22: 77	21	
6		22		6		22		6		22	
7		23	22: 77	7	22: 77	23		7		23	
8		24		8		24		8		24	
9		25		9		25		9		25	22: 77
10	22: 77	26		10		26		10		26	
11		27		11		27		11	22: 77	27	
12		28		12		28	22: 77	12		28	
13		29		13		29		13		29	
14		30	22: 77	14	22: 77	30		14		30	
15		31		15		31		15			
16				16				16			

G Total for month ▶ 113.85 **H Total for month** ▶ 91.08 **I Total for month** ▶ 91.08

October Tax Liability				November Tax Liability				December Tax Liability			
1		17		1		17		1		17	
2	22: 77	18		2		18		2		18	
3		19	22: 77	3		19		3		19	22: 77
4		20		4		20	22: 77	4	22: 77	20	
5		21		5		21		5		21	
6		22		6	22: 77	22		6		22	
7		23	22: 77	7		23		7		23	
8		24		8		24		8		24	
9	22: 77	25		9		25		9		25	22: 77
10		26		10		26		10	22: 77	26	
11		27		11		27	22: 77	11		27	
12		28		12		28		12		28	
13		29		13	22: 77	29		13		29	
14		30	22: 77	14		30		14		30	
15		31		15				15	104,094: 44	31	
16				16				16			

J Total for month ▶ 113.85 **K Total for month** ▶ 91.08 **L Total for month** ▶ 104,185.52

M Total tax liability for the year (add lines A through L). This must equal line 3 on Form 945 (line 19 on Form CT-1, line 9 on Form 944). ▶ 105,278.48