

February 28, 2023

Tax Year 2023
941 ATS Scenario 3
Marty Azalea
Daffodil Accounting
00-3222220

Forms and Schedule included in Scenario 3

Form 941
Schedule R (Form 941)
Form 8974
Form 8453-EMP

The return is for a Sole Proprietor with no balance due and no overpayment.
This return uses the 8453-EMP.

This scenario includes the most current copy of the Form 941, Form 8453-EMP, Form 8974 and Schedule R (Form 941).

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

Report for this Quarter of 2023
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	<input type="text" value="20"/>
2	Wages, tips, and other compensation	2	<input type="text" value="711,126.42"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="147,746.21"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2	
5a	Taxable social security wages*	<input type="text" value="164,772.46"/>	× 0.124 =	<input type="text" value="20,431.78"/>
5a (i)	Qualified sick leave wages*	<input type="text" value="."/>	× 0.062 =	<input type="text" value="."/>
5a (ii)	Qualified family leave wages*	<input type="text" value="."/>	× 0.062 =	<input type="text" value="."/>
5b	Taxable social security tips	<input type="text" value="."/>	× 0.124 =	<input type="text" value="."/>
5c	Taxable Medicare wages & tips	<input type="text" value="729,233.19"/>	× 0.029 =	<input type="text" value="21,147.76"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value="530,643.11"/>	× 0.009 =	<input type="text" value="4,775.79"/>

*Include taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2020, and before April 1, 2021.

5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	<input type="text" value="46,355.33"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text" value="."/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="194,101.54"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value="."/>
8	Current quarter's adjustment for sick pay	8	<input type="text" value="."/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text" value="."/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="194,101.54"/>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<input type="text" value="4,995.00"/>
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	<input type="text" value="."/>
11c	Reserved for future use	11c	<input type="text" value="."/>

Name (not your trade name) Marty Azalea	Employer identification number (EIN) 00 - 322220
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Part 1: Answer these questions for this quarter. (continued)

11d Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 11d

11e Reserved for future use 11e

11f Reserved for future use

11g Total nonrefundable credits. Add lines 11a, 11b, and 11d 11g

12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10 12

13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13a

13b Reserved for future use 13b

13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 13c

13d Reserved for future use 13d

13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 13e

13f Reserved for future use 13f

13g Total deposits and refundable credits. Add lines 13a, 13c, and 13e 13g

13h Reserved for future use 13h

13i Reserved for future use 13i

14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions 14

15 Overpayment. If line 13g is more than line 12, 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 quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

You MUST complete all three pages of Form 941 and SIGN it.

Name (not your trade name) Marty Azalea Employer identification number (EIN) 00 - 322220

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

17 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.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year ... Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19

20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20

21 Reserved for future use 21

22 Reserved for future use 22

23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 23

24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24

25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25

26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 26

27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27

28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28

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 941 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

[Signature box]

Print your name here Tulip Blue

Print your title here Vice President

Date

Best daytime phone 555-555-5555

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

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) 0 0 - 3 2 2 2 2 2 0

Name (not your trade name) Marty Azalea

Calendar year 2 0 2 3 (Also check quarter)

Report for this Quarter...

(Check one.)

- 1: January, February, March
- 2: April, May, June
- 3: July, August, September
- 4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

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

Tax liability for Month 1
63,035 . 51

Month 2

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

Tax liability for Month 2
63,035 . 51

Month 3

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

Tax liability for Month 3
63,035 . 52

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter
189,106 . 54

Schedule R (Form 941): Allocation Schedule for Aggregate Form 941 Filers

(Rev. March 2023) Department of the Treasury — Internal Revenue Service OMB No. 1545-0029

Employer identification number (EIN) -

Name as shown on Form 941

Type of filer (check one): Section 3504 Agent CPEO Other Third Party

Report for calendar year:

Check the quarter (same as Form 941):

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Read the instructions before you complete Schedule R. 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) Client's EIN	(b) Type of wages (CPEO only)	(c) Form 941, line 1	(d) Form 941, line 2	(e) Form 941, line 3	(f) Form 941, lines 5a(i) and 5a(ii), column 1, total	(g) Form 941, lines 5a and 5b, column 2, total	(h) Form 941, line 5c, column 2	(i) Form 941, line 5e
1 00-3555556		8	237,042 . 20	50,000 . 00	.	6,500 . 00	6,700 . 00	15,000 . 00
2 00-3555555		9	393,733 . 72	85,150 . 00	.	9,153 . 78	9,235 . 76	20,389 . 54
3 00-3555554		3	80,350 . 50	12,596 . 21	.	4,778 . 00	5,212 . 00	10,965 . 79
4	
5	
6 Subtotals for clients. Add lines 1 through 5		20	711,126 . 42	147,746 . 21	.	20,431 . 78	21,147 . 76	46,355 . 33
7 Enter the combined subtotal from line 9 of all Continuation Sheets for Schedule R	
8 Enter Form 941 amounts for your employees	
9 Totals. Add lines 6, 7, and 8.		20	711,126 . 42	147,746 . 21	.	20,431 . 78	21,147 . 76	46,355 . 33
(j) Form 941, line 5f	(k) Form 941, line 11a	(l) Form 941, line 11b	(m) Form 941, line 11d	(n) Form 941, line 12	(o) Form 941, line 13a	(p) Form 941, line 13c	(q) Form 941, line 13e	
1 .	0 . 00	.	.	70,000 . 00	70,000 . 00	.	.	
2 .	0 . 00	.	.	65,000 . 00	65,000 . 00	.	.	
3 .	4,995 . 00	.	.	54,106 . 54	54,106 . 54	.	.	
4 .	.	.	.	.	.	.	.
5 .	.	.	.	189,106 . 54	189,106 . 54	.	.
6 .	4,995 . 00	.	.	.	.	.	.
7 .	.	.	.	.	.	.	.
8 .	.	.	.	.	.	.	.
9 .	4,995 . 00	.	.	189,106 . 54	189,106 . 54	.	.	
(r) Form 941, line 19	(s) Form 941, line 20	(t) Form 941, line 23	(u) Form 941, line 24	(v) Form 941, line 25	(w) Form 941, line 26	(x) Form 941, line 27	(y) Form 941, line 28	
1 .	.	.	.	.	.	.	.
2 .	.	.	.	.	.	.	.
3 .	.	.	.	.	.	.	.
4 .	.	.	.	.	.	.	.
5 .	.	.	.	.	.	.	.
6 .	.	.	.	.	.	.	.
7 .	.	.	.	.	.	.	.
8 .	.	.	.	.	.	.	.
9 .	.	.	.	.	.	.	.

951422

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

950823

(Rev. March 2023) 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 or, if applicable, line 17, 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 / 2020	1040	04 / 15 / 2021	00-3555554	17,722 . 00	3,581 . 59	14,140 . 41
2	/ /		/ /		.	.	.
3	/ /		/ /		.	.	.
4	/ /		/ /		.	.	.
5	/ /		/ /		.	.	.
6	Add lines 1(g) through 5(g) and enter the total here						14,140 . 41

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 against the employer share of social security tax.** Enter the smaller of line 7 or 11, but not more than \$250,000. See the instructions before entering an amount if you file Form 943 or Form 944. If you entered the amount from line 7, stop here and also enter this amount on Form 941 (941-PR or 941-SS), line 11a; Form 943 (943-PR), line 12a; or Form 944 (944(SP)), line 8a 12

13 Subtract line 12 from line 7 13

14 Enter the amount from Form 941 (941-PR or 941-SS), line 5c, column 2; Form 943 (943-PR), line 5; or Form 944 (944(SP)), line 4c, column 2 14

15 Multiply line 14 by 50% (0.50). If you're a third-party payer of sick pay or you received a Section 3121(q) Notice and Demand, see the instructions before completing line 15 15

16 **Credit against the employer share of Medicare tax.** Enter the smaller of line 13 or 15 16

17 **Total credit.** Add lines 12 and 16. Also, enter this amount on Form 941 (941-PR or 941-SS), line 11a; Form 943 (943-PR), line 12a; or Form 944 (944(SP)), line 8a 17