

October 12, 2023

Tax Year 2023
943 MeF ATS Scenario 6
Calla Lilly Company
00-3889956

The information below identifies the contents of this scenario:

- Form 943
- Form 943 Schedule R

The return is for a single state filer and uses the most current copies Form 943 and Form 943 Schedule R at this time. The return should use the Reporting Agent signature method and result in an overpayment (refund).

430123

OMB No. 1545-0035

2023

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) <u>Calla Lily Company</u> | Employer identification number (EIN) 00 - 3889956 | If address is different from prior return, check here <input type="checkbox"/> |
| | Trade name, if any | | |
| | Address (number and street) <u>10th 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, 2023 | 1 | 1 | |
| 2 | Wages subject to social security tax* | 2 | 12,555 | 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 | 1,556 | 82 |
| 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 | 12,555 | 00 |
| 5 | Medicare tax (multiply line 4 by 2.9% (0.029)) | 5 | 364 | 10 |
| 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 | 150 | 00 |
| 9 | Total taxes before adjustments. Add lines 3, 3a, 3b, 5, 7, and 8 | 9 | 2,070 | 92 |
| 10 | Current year's adjustments | 10 | | |
| 11 | Total taxes after adjustments (line 9 as adjusted by line 10) | 11 | 2,070 | 92 |
| 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 | Reserved for future use | 12e | | |
| f | Reserved for future use | | | |
| g | Total nonrefundable credits. Add lines 12a, 12b, and 12d | 12g | | |
| 13 | Total taxes after adjustments and nonrefundable credits. Subtract line 12g from line 11 | 13 | 2,070 | 92 |

* Include taxable qualified sick and family leave wages paid in 2023 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 2023 for leave taken after March 31, 2020, and before April 1, 2021.

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

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| | | | | |
|------------|---|------------|-------|----|
| 14a | Total deposits for 2023, including overpayment applied from a prior year and Form 943-X | 14a | 3,000 | 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 | Reserved for future use | 14g | | |
| h | Total deposits and refundable credits. Add lines 14a, 14d, and 14f | 14h | 3,000 | 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 | 929 | 08 |

Check one: Apply to next return. Send a refund.

- 13 less
- **Semiweekly schedule depositors:** Complete Form 943-A and check here
- **Monthly schedule depositors:** Complete line 17 and check here

| 17 Monthly Summary | | | | depositor.) | | | |
|--------------------|--------------------|-------------------------|--|-------------|---------------------|-------------------------|--|
| | | Tax liability for month | | | | Tax liability for month | |
| A | January | | | | | K | November |
| B | February | | | | | | |
| C | March | | | H | August | | |
| D | April | | | I | September | M | Total liability for year (add lines A through L) |
| E | May | | | J | October | | |

| | | | | |
|-----------|---|-----------|--|--|
| 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.

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| | | | | |
|-----------|---|-----------|--|--|
| 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"/> |
|------------------------|------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|

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 |
| | Joe Smith | | | | P-00000001 |
| | Firm's name | Firm's EIN | | 00-6655444 | |
| | Firm's address | Phone no. | | | |

Schedule R (Form 943): Allocation Schedule for Aggregate Form 943 Filers

(Rev. December 2023)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0035

Employer identification number (EIN) -

Name as shown on Form 943

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

Report for calendar year:

(Same as Form 943):

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 943, line 1 | (d) Form 943, line 2 | (e) Form 943, line 2a | (f) Form 943, line 2b | (g) Form 943, line 4 | (h) Form 943, line 6 | (i) Form 943, line 8 |
|---|--|-------------------------------|----------------------|----------------------|-----------------------|-----------------------|----------------------|----------------------|----------------------|
| 1 | 44-4444444 | | 1 | 2,555 . 00 | . | . | 2,555 . 00 | . | 50 . 00 |
| 2 | 55-5555555 | | | 5,000 . 00 | . | . | 00 | . | 50 . 00 |
| 3 | 66-6666666 | | | | | | 00 | . | 50 . 00 |
| 4 | | | | | | | | . | . |
| 5 | | | | . | . | . | . | . | . |
| 6 | Subtotals for clients. Add lines 1 through 5 | | 3 | . | . | . | . 00 | . | 150 . 00 |
| 7 | Enter the combined subtotal from line 9 of all Continuation Sheets for Schedule R | | | . | . | . | . | . | . |
| 8 | Enter Form 943 amounts for your employees | | | . | . | . | . | . | . |
| 9 | Totals. Add lines 6, 7, and 8. | | | . | . | . | 555 . 00 | . | 150 . 00 |

| | (j) Form 943, line 12a | (k) Form 943, line 12b | (l) Form 943, line 12d | (m) Form 943, line 13 | (n) Form 943, line 14a | (o) Form 943, line 14d | (p) Form 943, line 14f | (q) Form 943, line 18 |
|---|------------------------|------------------------|------------------------|-----------------------|------------------------|------------------------|------------------------|-----------------------|
| 1 | . | . | | 470 . | | . | . | 500 . 00 |
| 2 | . | . | | . | | . | . | 1,250 . 00 |
| 3 | . | . | | . | . | . | . | 1,250 . 00 |
| 4 | . | . | | . | . | . | . | . |
| 5 | . | . | | . | . | . | . | . |
| 6 | . | . | | 2,070 . 00 | . | . | . | 3,000 . 00 |
| 7 | . | . | | . | . | . | . | . |
| 8 | . | . | | . | . | . | . | . |
| 9 | . | . | | 2,070 . 00 | . | . | . | 3,000 . 00 |

| | (r) Form 943, line 19 | (s) Form 943, line 22 | (t) Form 943, line 23 | (u) Form 943, line 24 | (v) Form 943, line 25 | (w) Form 943, line 26 | (x) Form 943, line 27 | (y) Reserved for future use |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------------|
| 1 | . | . | . | . | . | . | . | . |
| 2 | . | . | . | . | . | . | . | . |
| 3 | . | . | . | . | . | . | . | . |
| 4 | . | . | . | . | . | . | . | . |
| 5 | . | . | . | . | . | . | . | . |
| 6 | . | . | . | . | . | . | . | . |
| 7 | . | . | . | . | . | . | . | . |
| 8 | . | . | . | . | . | . | . | . |
| 9 | . | . | . | . | . | . | . | . |