

October 12, 2023

Tax Year 2023  
944 ATS Scenario 09  
Lavender Water Flower Shop  
00-3568923

#### Forms Included in Scenario 9

- Form 944
- Final Payroll Information Statement  
(optional)

The return is for Sole Proprietor with no balance due, who is requesting a refund and selected a Third-Party Designee. This return uses the Online Filer Pin signature method.

This scenario includes the most current copy of Form 944.

Form **944 for 2023: 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](http://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.**

<b>1</b>	<b>Wages, tips, and other compensation</b>	<b>1</b>	<input type="text" value="3200"/> <input type="text" value="00"/>
<b>2</b>	<b>Federal income tax withheld from wages, tips, and other compensation</b>	<b>2</b>	<input type="text" value="319"/> <input type="text" value="00"/>
<b>3</b>	<b>If no wages, tips, and other compensation are subject to social security or Medicare tax</b>	<b>3</b>	<input type="checkbox"/> <b>Check and go to line 5.</b>
<b>4</b>	<b>Taxable social security and Medicare wages and tips:</b>		
		<b>Column 1</b>	<b>Column 2</b>
<b>4a</b>	<b>Taxable social security wages*</b>	<input type="text" value="3200"/> <input type="text" value="00"/> × 0.124 =	<input type="text" value="396"/> <input type="text" value="80"/>
<b>4a (i)</b>	<b>Qualified sick leave wages*</b>	<input type="text" value="."/> × 0.062 =	<input type="text" value="."/>
<b>4a (ii)</b>	<b>Qualified family leave wages*</b>	<input type="text" value="."/> × 0.062 =	<input type="text" value="."/>
<b>4b</b>	<b>Taxable social security tips</b>	<input type="text" value="."/> × 0.124 =	<input type="text" value="."/>
<b>4c</b>	<b>Taxable Medicare wages &amp; tips</b>	<input type="text" value="3200"/> <input type="text" value="00"/> × 0.029 =	<input type="text" value="92"/> <input type="text" value="80"/>
<b>4d</b>	<b>Taxable wages &amp; tips subject to Additional Medicare Tax withholding</b>	<input type="text" value="."/> × 0.009 =	<input type="text" value="."/>
<b>4e</b>	<b>Total social security and Medicare taxes. Add Column 2 from lines 4a, 4a(i), 4a(ii), 4b, 4c, and 4d</b>	<b>4e</b>	<input type="text" value="489"/> <input type="text" value="60"/>
<b>5</b>	<b>Total taxes before adjustments. Add lines 2 and 4e</b>	<b>5</b>	<input type="text" value="808"/> <input type="text" value="60"/>
<b>6</b>	<b>Current year's adjustments (see instructions)</b>	<b>6</b>	<input type="text" value="."/>
<b>7</b>	<b>Total taxes after adjustments. Combine lines 5 and 6</b>	<b>7</b>	<input type="text" value="808"/> <input type="text" value="60"/>
<b>8a</b>	<b>Qualified small business payroll tax credit for increasing research activities. Attach Form 8974</b>	<b>8a</b>	<input type="text" value="."/>
<b>8b</b>	<b>Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021</b>	<b>8b</b>	<input type="text" value="."/>
<b>8c</b>	<b>Reserved for future use</b>	<b>8c</b>	<input type="text" value="."/>
<b>8d</b>	<b>Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021</b>	<b>8d</b>	<input type="text" value="."/>

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

Name (not your trade name) Lavender Water Flower Shop	Employer identification number (EIN) 00 - 3568923
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**Part 1: Answer these questions for this year. (continued)**

8e Reserved for future use	8e	.
8f Reserved for future use		.
8g Total nonrefundable credits. Add lines 8a, 8b, and 8d	8g	.
9 Total taxes after adjustments and nonrefundable credits. Subtract line 8g from line 7	9	808 . 60
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	1,000 . 00
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 Reserved for future use	10g	.
10h Total deposits and refundable credits. Add lines 10a, 10d, and 10f	10h	1,000 . 00
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		191 . 40
	Check one: <input type="checkbox"/> Apply to next return. <input checked="" type="checkbox"/> 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.	13d Apr.	13g July	13j Oct.
.	.	.	.
13b Feb.	13e May	13h Aug.	13k Nov.
.	.	.	.
13c Mar.	13f June	13i Sept.	13l Dec.
.	.	.	.
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.

Name (not your trade name)  
Lavender Water Flower Shop

Employer identification number (EIN)  
00 - 3568923

**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 10/10/2023; 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** .

**16** Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 **16** .

**17** Reserved for future use **17** .

**18** Reserved for future use **18** .

**19** Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 **19** .

**20** Qualified health plan expenses allocable to qualified sick leave wages reported on line 19 **20** .

**21** Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 19 **21** .

**22** Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 **22** .

**23** Qualified health plan expenses allocable to qualified family leave wages reported on line 22 **23** .

**24** Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 22 **24** .

**25** Reserved for future use **25** .

**26** Reserved for future use **26** .

**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 Pluto Canine 111-283-1234

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. 1 2 3 4 5

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

Date

Best daytime phone 111-333-5555

**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