Tax Year 2023 940 MeF ATS Scenario 3 Crocus Company 00-3000002

The information below identifies the contents of this scenario.

- Form 940
- Form 940 Schedule R

This return is for a single state filer, and uses the most current copies of Form 940 and Form 940 Schedule R available at this time. The return should use the Reporting Agent signature method and results in a balance due.

850113 Form **940 for 2023**: Employer's Annual Federal Unemployment (FUTA) Tax Return Department of the Treasury - Internal Revenue Service OMB No. 1545-0028 **Employer identification number** 0 0 3 0 0 0 0 2 Type of Return (EIN) (Check all that apply.) Crocus Company Name (not your trade name) a. Amended b. Successor employer Trade name (if any) c. No payments to employees in 2023 4th Street Address d. Final: Business closed or Number Suite or room number stopped paying wages Go to www.irs.gov/Form940 for Erie PA 16501 instructions and the latest information. City Foreign country name Foreign province/county Foreign postal code Read the separate instructions before you complete this form. Please type or print within the boxes. Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1. Part 1: X If you had to pay state unemployment tax in one state only, enter the state abbreviation. 1a 1a If you had to pay state unemployment tax in more than one state, you are a multi-state Check here employer . 1b Complete Schedule A (Form 940). Check here. If you paid wages in a state that is subject to CREDIT REDUCTION. 2 Complete Schedule A (Form 940). Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank. 560,000 00 3 Total payments to all employees 3 00 0 4 Payments exempt from FUTA tax Retirement/Pension Other Check all that apply: **4a** Fringe benefits 4c 4e Dependent care 4b Group-term life insurance 4d 5 Total of payments made to each employee in excess of 0 00 00 **Subtotal** (line 4 + line 5 = line 6) . . 6 560,000 _ 00 7 **Total taxable FUTA wages** (line 3 – line 6 = line 7). See instructions. . . 7 3,360 00 **FUTA** tax before adjustments (line 7 x 0.006 = line 8) 8 8 Determine your adjustments. If any line does NOT apply, leave it blank. If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, 00 **multiply line 7 by 0.054** (line $7 \times 0.054 = \text{line 9}$). Go to line 12 9 10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), 0 . 00 complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet . 10 0 . 00 11 **If credit reduction applies**, enter the total from Schedule A (Form 940) 11 Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank. 3,360 00 12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12). 12 1,428 00 13 FUTA tax deposited for the year, including any overpayment applied from a prior year ... 13 14 Balance due. If line 12 is more than line 13, enter the excess on line 14. • If line 14 is more than \$500, you must deposit your tax. 00 1,932 If line 14 is \$500 or less, you may pay with this return. See instructions.

Send a refund.

00

You MUST complete both pages of this form and SIGN it.

15

Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box below 15

Apply to next return.

Check one:

Nam									Employer identification number (EIN)				
Crocus Company									30000				
Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.													
16		ort the amount of arter, leave the lir	your FUTA tax liability for eac	h quarter; de	o NOT e	enter the	amount	you de	posite	d. If you had	d no liat	oility for	
	16a	1st quarter (Janu	uary 1 – March 31)		16a			800	00				
	16b	2nd quarter (Apr	il 1 – June 30)		16b			800	00				
	16c	3rd quarter (July	1 – September 30)		16c			800	00				
	16d	4th quarter (Octo	ober 1 – December 31)		16d			960	00				
17	Tota	l tax liability for th	he year (lines 16a + 16b + 16c +	16d = line 17	7) 17		3	3,360 00 Total must equal line 12.					
Par	Part 6: 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.												
	X	'es. Designee	's name and phone number					555-1122					
		Select a 5	5-digit personal identification nun	nber (PIN) to	use whe	en talking	to the IR	s. 1	2	3	4	5	
		lo.											
Par	t 7:	Sign here. You	MUST complete both pages	of this form	and SI	GN 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, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print your												
	_	n your ne here				name here Print your		79.04					
				¹ title	here	Owner	ner						
		Date /	/ Best daytime phor				phone	ne 814-555-1212					
	Paid Preparer Use Only Check if you are self-employed												
	Prep	arer's name	Jordyn Bloom				P	TIN		P222222	2222		
	Preparer's signature					Date / /							
	Firm's name (or yours if self-employed) Bloom CPA Firm					EIN			33-3333333				
	Address 11th Test Street						P	hone		2215-555-1212			
	City		Philadelphia	State		PA	Z	IP code		1910	6		

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Schedule R (Form 940): Allocation Schedule for Aggregate Form 940 Filers

9P0215

(Rev. December 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) 0 0 - 3 0 0 0 0 2								
Name as shown on Form 940								
pe of filer (check one): Section 3504 Agent Certified Professional Employer Organization (CPEO)								

Report for calendar year:						
(Same as Form 940):						
2023						

Read the instructions before you complete Schedule R (Form 940). 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 Employer Identification Number (EIN)	(b Sta abbrev from I 940, lir or Sche (Form	riation Form ne 1a, edule A	(c) Type of wages, tips, and other compensation (CPEO use only)	(d) Total taxable FUTA wages allocated to the listed client EIN from Form 940, line 7	(e) Total adjustments to FUTA tax allocated to the listed client EIN from Form 940, line 9 or line 10	(f) Credit reduction amount allocated to the listed client EIN from Form 940, line 11	(g) Total FUTA tax after adjustments allocated to the listed client EIN from Form 940, line 12	(h) Total FUTA tax deposits from Form 940, line 13, plus any payment made with the return allocated to the listed client EIN
1	00-3000001	Т	Х		42000 • 00			252 • 00	
2	00-3000003	Т	Х		35000 • 00			210 • 00	
3	00-3000004	Т	Х		35000 • 00			210 • 00	
4	00-3000005	Т	Х		35000 • 00			210 • 00	
5	00-3000006	Т	Х		35000 • 00			210 • 00	
6	00-3000007	Т	Х		98000 • 00			588 • 00	588 • 00
7	00-3000008	Т	Х		56000 • 00			366 • 00	•
8	00-3000009	Т	Х		21000 • 00			126 • 00	
9	00-3000010	Т	Х		21000 • 00			126 • 00	
10									
11									
12									
13									
14									
15									
16	Subtotals for clients. Add all amounts on lines 1 through 15.				378000 • 00			2268 • 00	588 - 00
17	Enter the combined subtotal from line 23 of all Continuation Sheets for Schedule R (Form 940).								
	Enter Form 940 amounts for your employees.				182000 • 00			1092 • 00	840 • 00
19	Totals. Add lines 16, 17, and 18. The column totals must match the related lines on the aggregate Form 940.				560000 - 00			3360 - 00	1428 - 00