

March 10, 2024

Tax Year 2024
Form 941 ATS
Scenario 3 Marty
Azalea
Daffodil Accounting
00-3222220

Forms and Schedule Required: Form 941, Schedule R (Form 941), Form 8974, Form 8453-EMP

Binary Attachment: Form 8453-EMP

Tax Period: 202403

Responsible Party Current: Yes

The return is for a Sole Proprietor with an overpayment who is requesting a refund.

Signature Option: Binary Attachment, Form 8453-EMP

This scenario includes draft forms.

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 2024
 (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. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

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="10,200.00"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="1,200.00"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check here and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages <input type="text" value="10,200.00"/>	× 0.124 =	<input type="text" value="1,264.80"/>
5b	Taxable social security tips <input type="text" value=""/>	× 0.124 =	<input type="text" value=""/>
5c	Taxable Medicare wages & tips <input type="text" value="10,200.00"/>	× 0.029 =	<input type="text" value="295.80"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding <input type="text" value=""/>	× 0.009 =	<input type="text" value=""/>

5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<input type="text" value="1,560.60"/>
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="2,760.60"/>
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="2,760.60"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<input type="text" value="500.00"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10	12	<input type="text" value="2,260.60"/>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter	13	<input type="text" value="2,760.60"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	<input type="text" value=""/>
15	Overpayment. If line 13 is more than line 12, enter the difference <input type="text" value="500.00"/>	Check one: <input type="checkbox"/> Apply to next return. <input checked="" type="checkbox"/> Send a refund.	

Name (not your trade name)

Employer identification number (EIN)

Marty Azalea

00 - 322220

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.
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.

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

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 both 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
Print your name here
Print your title here
Date
Best daytime phone

Paid Preparer Use Only

Check if you're self-employed

Preparer's name: Rose Lily
Preparer's signature
Firm's name: Lily's Accounting
Address: 2nd Test Street
City: Kansas City, State: MO
PTIN: P55555555
Date
EIN: 33-333333
Phone: 111-222-3333
ZIP code: 64131

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

(Rev. March 2024) 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

This Schedule R is attached to:

Form 941

Form 941-X

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-X, lines 9 column 1, total	(g) Form 941, lines 5a total	(h) Form 941, line 5c, column 2	(i) Form 941, line 5e
1 00-3555555	A		3,400 . 00	400 . 00		421 . 60	98 . 60	520 . 20
2 00-3555556	B		3,400 . 00	400 . 00		421 . 60	98 . 60	520 . 20
3								
4								
5								
6 Subtotals for clients. Add lines 1 through 5.		20	10,200 . 00	1,200 . 00		1,264 . 80	295 . 80	1,560 . 60
7 Enter the combined subtotal from all Continuation Sheets for Schedule R.								
8 Enter Form 941 amounts for your employees		5	3,400 . 00	400 . 00		421 . 60	98 . 60	520 . 20
9 Totals. Add lines 6, 7, and 8.		20	10,200 . 00	1,200 . 00		1,264 . 80	295 . 80	1,560 . 60

(j) Form 941, line 5f	(k) Form 941, line 11	(l) Form 941-X, lines 17 and 27, column 1, total	(m) Reserved for future use	(n) Form 941-X, lines 18b and 26b, column 1, total	(o) Form 941-X, lines 18c and 26c, column 1, total	(p) Form 941-X, line 18d, column 1	(q) Form 941, line 12
1 .	166 . 66						753 . 54
2 .	166 . 66						753 . 54
3 .							
4 .							
5 .							
6 .	333 . 32						1,507 . 08
7 .							
8 .	166 . 68						753 . 52
9 .	500 . 00						2,260 . 60

(r) Form 941, line 13	(s) Reserved for future use	(t) Reserved for future use	(u) Form 941-X, lines 28 and 29, column 1, total	(v) Reserved for future use	(w) Form 941-X, lines 35 and 37, column 1, total	(x) Form 941-X, lines 36 and 39, column 1, total	(y) Form 941-X, lines 38 and 40, column 1, total
1 920 . 00							
2 920 . 00							
3 .							
4 .							
5 .							
6 1,840 . 00							
7 .							
8 920 . 00							
9 2,760 . 60							

For Paperwork Reduction Act Notice, see the separate instructions.

www.irs.gov/Form941

Cat. No. 49301K

Schedule R (Form 941) (Rev. 3-2024)

950421

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

951823

(Rev. December 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 (all 941 series)

Form 943 (all 943 series)

Form 944 (all 944 series)

Calendar year You must select a quarter if you file Form 941.

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	23 / 12 / 31	1040	24 / 04 / 15		200 . 00	33 . 32	166 . 68
2	/ /		/ /		.	.	.
3	/ /		/ /		.	.	.
4	/ /		/ /		.	.	.
5	/ /		/ /		.	.	.
6	Add lines 1(g) through 5(g) and enter the total here						166 . 68

Part 2: Determine the credit that you can use this period.

7 Enter the amount from Part 1, line 6(g)

8 Enter the amount from Form 941, line 5a, column 2; Form 943, line 3; or Form 944, line 4a, column 2

9 Enter the amount from Form 941, line 5b, column 2; or Form 944, line 4b, column 2

10 Add lines 8 and 9

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

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, line 11a; Form 943, line 12a; or Form 944, line 8a

13 Subtract line 12 from line 7

14 Enter the amount from Form 941, line 5c, column 2; Form 943, line 5; or Form 944, line 4c, column 2

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

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

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

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

951823

(Rev. December 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 (all 941 series)

Form 943 (all 943 series)

Form 944 (all 944 series)

Calendar year You must select a quarter if you file Form 941.

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	23 / 12 / 31	1040	24 / 04 / 15		200 . 00	33 . 34	166 . 66
2	/ /		/ /		.	.	.
3	/ /		/ /		.	.	.
4	/ /		/ /		.	.	.
5	/ /		/ /		.	.	.
6	Add lines 1(g) through 5(g) and enter the total here						166 . 66

Part 2: Determine the credit that you can use this period.

7 Enter the amount from Part 1, line 6(g)

8 Enter the amount from Form 941, line 5a, column 2; Form 943, line 3; or Form 944, line 4a, column 2

9 Enter the amount from Form 941, line 5b, column 2; or Form 944, line 4b, column 2

10 Add lines 8 and 9

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

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, line 11a; Form 943, line 12a; or Form 944, line 8a

13 Subtract line 12 from line 7

14 Enter the amount from Form 941, line 5c, column 2; Form 943, line 5; or Form 944, line 4c, column 2

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

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

www.irs.gov/Form8974

Cat. No. 37797C

Form **8974** (Rev. 12-2023)

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

951823

(Rev. December 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 (all 941 series)

Form 943 (all 943 series)

Form 944 (all 944 series)

Calendar year You must select a quarter if you file Form 941.

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	23 / 12 / 31	1040	24 / 04 / 15		200 . 00	33 . 34	166 . 66
2	/ /		/ /		.	.	.
3	/ /		/ /		.	.	.
4	/ /		/ /		.	.	.
5	/ /		/ /		.	.	.
6	Add lines 1(g) through 5(g) and enter the total here						166 . 66

Part 2: Determine the credit that you can use this period.

7 Enter the amount from Part 1, line 6(g)

8 Enter the amount from Form 941, line 5a, column 2; Form 943, line 3; or Form 944, line 4a, column 2

9 Enter the amount from Form 941, line 5b, column 2; or Form 944, line 4b, column 2

10 Add lines 8 and 9

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

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, line 11a; Form 943, line 12a; or Form 944, line 8a

13 Subtract line 12 from line 7

14 Enter the amount from Form 941, line 5c, column 2; Form 943, line 5; or Form 944, line 4c, column 2

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

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

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