

February 12, 2024

Tax Year 2024
Form 941
ATS Scenario 1
Orchid Incorporated
00-30000004

Forms Required: 941,*8822-B

Attachments: Final Payroll Information Statement (optional)

Binary Attachments: Form 8822-B

Tax Period: 202403

Responsible Party Current: No

Reminder: If 'Form8822BAttachedInd' in the Return Header is checked, then a binary attachment with Description containing "Form 8822-B" must be present in the return. Please complete a Form 8822-B, Change of Address or Responsible Party - Business, with the updated Responsible Party information and mail to the IRS. For additional information on Form 8822-B visit the IRS website at: <https://www.irs.gov/formspubs/about-form-8822-b>.

The return is for a corporation with no balance due and no refund.

Signature Option: Reporting Agent

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: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) | 1 | <input type="text" value="3"/> |
| 2 | Wages, tips, and other compensation | 2 | <input type="text" value="1,000.00"/> |
| 3 | Federal income tax withheld from wages, tips, and other compensation | 3 | <input type="text" value="100.00"/> |
| 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="1,000.00"/> | × 0.124 = | <input type="text" value="124.00"/> |
| 5b | Taxable social security tips <input type="text"/> | × 0.124 = | <input type="text"/> |
| 5c | Taxable Medicare wages & tips <input type="text" value="1,000.00"/> | × 0.029 = | <input type="text" value="29.00"/> |
| 5d | Taxable wages & tips subject to Additional Medicare Tax withholding <input type="text"/> | × 0.009 = | <input type="text"/> |
| 5e | Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d | | |
| 5e | <input type="text" value="153.00"/> | | |
| 5f | Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) | | |
| 5f | <input type="text"/> | | |
| 6 | Total taxes before adjustments. Add lines 3, 5e, and 5f | | |
| 6 | <input type="text" value="253.00"/> | | |
| 7 | Current quarter's adjustment for fractions of cents | | |
| 7 | <input type="text"/> | | |
| 8 | Current quarter's adjustment for sick pay | | |
| 8 | <input type="text"/> | | |
| 9 | Current quarter's adjustments for tips and group-term life insurance | | |
| 9 | <input type="text"/> | | |
| 10 | Total taxes after adjustments. Combine lines 6 through 9 | | |
| 10 | <input type="text" value="253.00"/> | | |
| 11 | Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 | | |
| 11 | <input type="text"/> | | |
| 12 | Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10 | | |
| 12 | <input type="text" value="253.00"/> | | |
| 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="253.00"/> | | |
| 14 | Balance due. If line 12 is more than line 13, enter the difference and see instructions | | |
| 14 | <input type="text" value="0.00"/> | | |
| 15 | Overpayment. If line 13 is more than line 12, enter the difference <input type="text"/> Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund. | | |

Name (not your trade name)

Employer identification number (EIN)

Orchid Incorporated

00 - 300004

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: [X] Line 12 on this return is less than \$2,500... [] You were a monthly schedule depositor for the entire quarter.

Tax liability: Month 1, Month 2, Month 3 (input boxes)

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... [X] Check here and enter the final date you paid wages 03/31/2024... 18 If you're a seasonal employer and you don't have to file a return for every quarter of the year... [] Check here.

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 [Signature] Print your name here Rose Lilly Print your title here Reporting Agent Date / / Best daytime phone 111-333-5555

Paid Preparer Use Only

Check if you're self-employed []

Preparer's name, signature, firm's name, address, city, state, ZIP code, PTIN, Date, EIN, Phone, ZIP code (input boxes)

Change of Address or Responsible Party — Business

▶ Please type or print.
 ▶ See instructions on back. ▶ Do not attach this form to your return.
 ▶ Go to www.irs.gov/Form8822B for the latest information.

Before you begin: If you are also changing your home address, use Form 8822 to report that change.

If you are a tax-exempt organization (see instructions), check here

Check **all** boxes this change affects.

- 1 Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.)
- 2 Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 3 Business location

| | |
|--|--|
| 4a Business name Orchid Incorporated | 4b Employer identification number |
|--|--|

5 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

| | | |
|----------------------|-------------------------|---------------------|
| Foreign country name | Foreign province/county | Foreign postal code |
|----------------------|-------------------------|---------------------|

6 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

| | | |
|----------------------|-------------------------|---------------------|
| Foreign country name | Foreign province/county | Foreign postal code |
|----------------------|-------------------------|---------------------|

7 New business location (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, also complete spaces below, see instructions.

| | | |
|----------------------|-------------------------|---------------------|
| Foreign country name | Foreign province/county | Foreign postal code |
|----------------------|-------------------------|---------------------|

8 New responsible party's name
Rose Orchid

9 New responsible party's SSN, ITIN, or EIN. (CAUTION: YOU MUST REFER TO THE INSTRUCTIONS FOR FORM SS-4 TO SEE WHO MAY USE AN EIN.)
abc-33-1234

10 Signature. Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
 Daytime telephone number of person to contact (optional) ▶ _____

| | |
|---|------|
| Sign Here | |
| Signature of owner, officer, or representative President | Date |
| Title | |

| Where To File | |
|---|---|
| Send this form to the address shown here that applies to you. | |
| IF your old business address was in . . . | THEN use this address . . . |
| Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin | Internal Revenue Service Kansas City, MO 64999 |
| Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, any place outside the United States | Internal Revenue Service Ogden, UT 84201-0023 |