

October 14, 2021

Tax Year 2021
943 MeF ATS Scenario 5
Lilac Farms and Fertilization
00-3775634

The information below identifies the contents of this scenario:

- Form 943
- Form 943-A

This return results in an overpayment and send refund. This is the most current copy of Form 943 and Form 943-A available at this time.

2021

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) Lilac Farms and Fertilization	Employer identification number (EIN) 00-3775634
Trade name, if any	
Address (number and street) 1st Test Street	
City or town, state or province, country, and ZIP or foreign postal code Fort Washington, MD 20744	
If you don't have to file returns in the future, check here <input type="checkbox"/>	

If address is different from prior return, check here

1	Number of agricultural employees employed in the pay period that includes March 12, 2021	1	4
2	Wages subject to social security tax*	2	36,449 95
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	4,519 79
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	36,449 95
5	Medicare tax (multiply line 4 by 2.9% (0.029))	5	1,057 05
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	220 20
9	Total taxes before adjustments. Add lines 3, 3a, 3b, 5, 7, and 8	9	5,797 04
10	Current year's adjustments	10	
11	Total taxes after adjustments (line 9 as adjusted by line 10)	11	5,797 04
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	Nonrefundable portion of employee retention credit	12c	
d	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021	12d	
e	Nonrefundable portion of COBRA premium assistance credit	12e	
f	Number of individuals provided COBRA premium assistance <input type="text"/>		
g	Total nonrefundable credits. Add lines 12a, 12b, 12c, 12d, and 12e	12g	
13	Total taxes after adjustments and nonrefundable credits. Subtract line 12g from line 11	13	5,797 04

*Include taxable qualified sick and family leave wages for leave taken after March 31, 2021, on line 2. Use lines 2a and 2b **only** to report wages paid for leave taken before April 1, 2021.

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

Next

14a	Total deposits for 2021, including overpayment applied from a prior year and Form 943-X	14a	6,130	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	Refundable portion of employee retention credit	14e		
f	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021	14f		
g	Refundable portion of COBRA premium assistance credit	14g		
h	Total deposits and refundable credits. Add lines 14a, 14d, 14e, 14f, and 14g	14h	6,130	00
i	Total advances received from filing Form(s) 7200 for the year	14i		
j	Total deposits and refundable credits less advances. Subtract line 14i from line 14h	14j	6,130	00
15	Balance due. If line 13 is more than line 14j, enter the difference and see the instructions ▶	15		
16	Overpayment. If line 14j is more than line 13, enter the difference ▶	16	332	96
Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.				

- **All filers:** If line 13 is less than \$2,500, **don't** complete line 17 or Form 943-A.
- **Semiweekly schedule depositors:** Complete Form 943-A and check here ▶
- **Monthly schedule depositors:** Complete line 17 and check here ▶

17 Monthly Summary of Federal Tax Liability. (Don't complete if you were a semiweekly schedule depositor.)					
	Tax liability for month			Tax liability for month	
A January			F June		
B February			G July		
C March			H August		
D April			I September		
E May			J October		
			K November		
			L December		
			M Total liability for year (add lines A through L)		

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	Qualified wages for the employee retention credit	20		
21	Qualified health plan expenses for the employee retention credit	21		

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

Next ⇨

22	Qualified sick leave wages for leave taken after March 31, 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	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	If you're eligible for the employee retention credit in the third quarter solely because your business is a recovery startup business, enter the total of any amounts included on lines 12c and 14e for the third quarter	28	
29	If you're eligible for the employee retention credit in the fourth quarter solely because your business is a recovery startup business, enter the total of any amounts included on lines 12c and 14e for the fourth quarter	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)** ▶

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 David Smith	Preparer's signature	Date 01/21/2022	Check <input checked="" type="checkbox"/> if self-employed	PTIN P-0000001
	Firm's name ▶ Smith RA Service			Firm's EIN ▶	00-9999887
	Firm's address ▶ 67 Freeby St. Fort Washington, MD 60512			Phone no.	555-555-5555

Agricultural Employer's Record of Federal Tax Liability

▶ Go to www.irs.gov/Form943A for instructions and the latest information.
 ▶ File with Form 943 or Form 943-X.

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Calendar Year

Name (as shown on Form 943) <u>Lilac Farms and Fertilization</u>	Employer identification number (EIN) 00-3775634
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You must complete this form if you're a semiweekly schedule depositor or became one because your accumulated tax liability during any month was \$100,000 or more. Show tax liability here, not deposits. (The IRS gets deposit data from electronic funds transfers.) Don't change your current year tax liability by adjustments reported on any Forms 943-X.

January Tax Liability			February Tax Liability			March Tax Liability		
1	16		1	16		1	16	
2	17		2	17		2	17	
3	18	235.10	3	18		3	18	
4	19		4	19		4	19	
5	20		5	20	255.41	5	20	
6	21		6	21		6	21	255.41
7	22		7	22		7	22	
8	23		8	23		8	23	
9	24	255.41	9	24		9	24	
10	25		10	25		10	25	235.10
11	26		11	26		11	26	
12	27		12	27		12	27	
13	28		13	28		13	28	
14	29		14	29	235.10	14	29	
15	30		15			15	30	
	31						31	
A Total liability for month ▶ 490.51			B Total liability for month ▶ 490.51			C Total liability for month ▶ 490.51		

April Tax Liability			May Tax Liability			June Tax Liability		
1	16		1	16		1	16	
2	17		2	17		2	17	
3	18		3	18	235.10	3	18	255.41
4	19		4	19		4	19	
5	20	255.41	5	20		5	20	
6	21		6	21		6	21	
7	22		7	22		7	22	
8	23		8	23		8	23	
9	24		9	24		9	24	235.10
10	25		10	25		10	25	
11	26	235.10	11	26		11	26	
12	27		12	27		12	27	
13	28		13	28	255.41	13	28	
14	29		14	29		14	29	
15	30		15	30		15	30	
	31							
D Total liability for month ▶ 490.51			E Total liability for month ▶ 490.51			F Total liability for month ▶ 490.51		

July Tax Liability			August Tax Liability			September Tax Liability		
1		16	1		16	1		16
2		17	2		17	2		17
3	255.41	18	3		18	3		18
4		19	4		19	4		19
5		20	5		20	5		20
6		21	6		21	6	255.41	21
7		22	7		22	7		22
8		23	8		23	8		23
9		24	9		24	9		24
10		25	10		25	10		25
11		26	11	235.10	26	11		26
12	235.10	27	12		27	12		27
13		28	13		28	13		28
14		29	14		29	14		29
15		30	15		30	15	255.41	30
		31			31			
G Total liability for month ▶			H Total liability for month ▶			I Total liability for month ▶		
490.51			490.51			490.51		

October Tax Liability			November Tax Liability			December Tax Liability		
1		16	1		16	1		16
2		17	2		17	2	255.41	17
3		18	3		18	3		18
4		19	4		19	4		19
5		20	5		20	5		20
6	255.41	21	6		21	6		21
7		22	7		22	7		22
8		23	8		23	8		23
9		24	9		24	9		24
10		25	10		25	10		25
11		26	11		26	11		26
12		27	12		27	12		27
13		28	13		28	13		28
14		29	14	255.41	29	14		29
15		30	15		30	15		30
		31			31			31
J Total liability for month ▶			K Total liability for month ▶			L Total liability for month ▶		
490.51			401.43			490.51		
M Total tax liability for year (add lines A through L). This must equal line 13 on Form 943 . . . ▶								5,797.04