

September 29, 2021

Tax Year 2021
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 an overpayment who is requesting a refund and selected a Third -Party Designee. This return uses the Online Filer Pin signature method.

This is the most current draft available

Form 944 for 2021: 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 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.

1	Wages, tips, and other compensation	1	<input type="text" value="3,200"/> <input type="text" value="00"/>
2	Federal income tax withheld from wages, tips, and other compensation	2	<input type="text" value="319"/> <input type="text" value="00"/>
3	If no wages, tips, and other compensation are subject to social security or Medicare tax	3	<input type="checkbox"/> Check and go to line 5.
4	Taxable social security and Medicare wages and tips:		
		Column 1	Column 2
4a	Taxable social security wages*	<input type="text" value="3,200"/> <input type="text" value="00"/> × 0.124 =	<input type="text" value="396"/> <input type="text" value="80"/>
4a (i)	Qualified sick leave wages*	<input type="text" value="."/> × 0.062 =	<input type="text" value="."/>
4a (ii)	Qualified family leave wages*	<input type="text" value="."/> × 0.062 =	<input type="text" value="."/>
4b	Taxable social security tips	<input type="text" value="."/> × 0.124 =	<input type="text" value="."/>
4c	Taxable Medicare wages & tips	<input type="text" value="3,200"/> <input type="text" value="00"/> × 0.029 =	<input type="text" value="92"/> <input type="text" value="80"/>
4d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value="."/> × 0.009 =	<input type="text" value="."/>
4e	Total social security and Medicare taxes. Add Column 2 from lines 4a, 4a(i), 4a(ii), 4b, 4c, and 4d	4e	<input type="text" value="489"/> <input type="text" value="60"/>
5	Total taxes before adjustments. Add lines 2 and 4e	5	<input type="text" value="808"/> <input type="text" value="60"/>
6	Current year's adjustments (see instructions)	6	<input type="text" value="."/>
7	Total taxes after adjustments. Combine lines 5 and 6	7	<input type="text" value="808"/> <input type="text" value="60"/>
8a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	8a	<input type="text" value="."/>
8b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	8b	<input type="text" value="."/>
8c	Nonrefundable portion of employee retention credit	8c	<input type="text" value="."/>
8d	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021	8d	<input type="text" value="."/>

*Include taxable qualified sick and family leave wages for leave taken after March 31, 2021, on line 4a. Use lines 4a(i) and 4a(ii) **only** to report wages paid for leave taken before April 1, 2021.

▶ You MUST complete all three pages of Form 944 and SIGN it.

Next ▶

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 Nonrefundable portion of COBRA premium assistance credit **8e**

8f Number of individuals provided COBRA premium assistance

8g Total nonrefundable credits. Add lines 8a, 8b, 8c, 8d, and 8e **8g**

9 Total taxes after adjustments and nonrefundable credits. Subtract line 8g from line 7 **9**

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**

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 Refundable portion of employee retention credit **10e**

10f Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021 **10f**

10g Refundable portion of COBRA premium assistance credit **10g**

10h Total deposits and refundable credits. Add lines 10a, 10d, 10e, 10f, and 10g **10h**

10i Total advances received from filing Form(s) 7200 for the year **10i**

10j Total deposits and refundable credits less advances. Subtract line 10i from line 10h **10j**

11 Balance due. If line 9 is more than line 10j, enter the difference and see instructions. **11**

12 Overpayment. If line 10j is more than line 9, enter the difference Check one: Apply to next return. 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.

	Jan.		Apr.		July		Oct.
13a	<input type="text"/>	13d	<input type="text"/>	13g	<input type="text"/>	13j	<input type="text"/>
	Feb.		May		Aug.		Nov.
13b	<input type="text"/>	13e	<input type="text"/>	13h	<input type="text"/>	13k	<input type="text"/>
	Mar.		June		Sept.		Dec.
13c	<input type="text"/>	13f	<input type="text"/>	13i	<input type="text"/>	13l	<input type="text"/>

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.

Next ▶

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 [X] Check here, and

enter the final date you paid wages 12/30/2021; 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
16 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021
17 Qualified wages for the employee retention credit
18 Qualified health plan expenses for the employee retention credit
19 Qualified sick leave wages for leave taken after March 31, 2021
20 Qualified health plan expenses allocable to qualified sick leave wages reported on line 19
21 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 19
22 Qualified family leave wages for leave taken after March 31, 2021
23 Qualified health plan expenses allocable to qualified family leave wages reported on line 22
24 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 22
25 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 8c and 10e for the third quarter
26 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 8c and 10e for the fourth quarter

INTERNAL USE ONLY

DRAFT AS OF

June 11, 2021

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.

[X] Yes. Designee's name and phone number

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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

Signature box

Print your name here

Name box

Print your title here

Title box

Date

Date box

Best daytime phone

Phone box

Paid Preparer Use Only

Check if you're self-employed []

Preparer's name

Preparer name box

PTIN

PTIN box

Preparer's signature

Preparer signature box

Date

Date box

Firm's name (or yours if self-employed)

Firm name box

EIN

EIN box

Address

Address box

Phone

Phone box

City

City box

State

State box

ZIP code

ZIP code box