

April 16, 2022

Tax Year 2022
941 ATS Scenario 1
Orchid Incorporated
00-3000004

Form included in Scenario 1

- Form 941
- Final Payroll Information Statement (optional)

The return is for a corporation with no balance due and no refund. This return uses the Reporting Agent Signature method.

This scenario includes the most current copy of Form 941.

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 2022
 (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.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1)	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 and go to line 6.

	Column 1		Column 2	
5a	Taxable social security wages*	<input type="text" value="1,000.00"/>	$\times 0.124 =$	<input type="text" value="124.00"/>
5a (i)	Qualified sick leave wages*	<input type="text" value=""/>	$\times 0.062 =$	<input type="text" value=""/>
5a (ii)	Qualified family leave wages*	<input type="text" value=""/>	$\times 0.062 =$	<input type="text" value=""/>
5b	Taxable social security tips	<input type="text" value=""/>	$\times 0.124 =$	<input type="text" value=""/>
5c	Taxable Medicare wages & tips	<input type="text" value="1,000.00"/>	$\times 0.029 =$	<input type="text" value="29.00"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value=""/>	$\times 0.009 =$	<input type="text" value=""/>

*Include taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2020, and before April 1, 2021.

5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 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" value=""/>
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" 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="253.00"/>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<input type="text" value=""/>
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	<input type="text" value=""/>
11c	Reserved for future use	11c	<input type="text" value=""/>

Name (not your trade name) Orchid Incorporated	Employer identification number (EIN) 00-3000004
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Part 1: Answer these questions for this quarter. (continued)

11d Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 11d

11e Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarter) 11e

11f Number of individuals provided COBRA premium assistance

11g Total nonrefundable credits. Add lines 11a, 11b, 11d, and 11e 11g

12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10 12

13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13a

13b Reserved for future use 13b

13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 13c

13d Reserved for future use 13d

13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 13e

13f Refundable portion of COBRA premium assistance credit (see instructions for applicable quarter) 13f

13g Total deposits and refundable credits. Add lines 13a, 13c, 13e, and 13f 13g

13h Reserved for future use 13h

13i Reserved for future use 13i

14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions 14

15 Overpayment. If line 13g is more than line 12, 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 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. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

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.

Name (not your trade name) Orchid Incorporated Employer identification number (EIN) 00-3000004

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 0 4/2 5/2 0 2 2; also attach a statement to your return. See instructions.

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

- 19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021
20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021
21 Reserved for future use
22 Reserved for future use
23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021
24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23
25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23
26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021
27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26
28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26

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 all three 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 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 []

PTIN []

Preparer's signature []

Date [] / [] / []

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

EIN []

Address []

Phone []

City []

State []

ZIP code []