

Form 943

**Employer's Annual Federal Tax Return
for Agricultural Employees**

OMB No. 1545-0035

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form943 for instructions and the latest information.

2023



Form 943 (Rev. 2023) Catalog Number 72181Y
Department of the Treasury **Internal Revenue Service** www.irs.gov



Visit the Accessibility
Page on [IRS.gov](https://www.irs.gov)

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Type or Print	Name (as distinguished from trade name)	Employer identification number (EIN) —	If address is different from prior return, check here <input type="checkbox"/>
	Trade name, if any		
	Address (number and street)		
	City or town, state or province, country, and ZIP or foreign postal code		
	If you don't have to file returns in the future, check here <input type="checkbox"/>		

1	Number of agricultural employees employed in the pay period that includes March 12, 2023 . . .	1		
2	Wages subject to social security tax*	2		
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		
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		
5	Medicare tax (multiply line 4 by 2.9% (0.029))	5		

* Include taxable qualified sick and family leave wages paid in 2023 for leave taken after March 31, 2021, and before October 1, 2021, on line 2. Use lines 2a and 2b **only** for taxable qualified sick and family leave wages paid in 2023 for leave taken after March 31, 2020, and before April 1, 2021.

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		
9	Total taxes before adjustments. Add lines 3, 3a, 3b, 5, 7, and 8		9		
10	Current year's adjustments		10		
11	Total taxes after adjustments (line 9 as adjusted by line 10)		11		
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	Reserved for future use		12c		
d	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021		12d		
e	Reserved for future use		12e		
f	Reserved for future use				
g	Total nonrefundable credits. Add lines 12a, 12b, and 12d		12g		
13	Total taxes after adjustments and nonrefundable credits. Subtract line 12g from line 11		13		

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

14a	Total deposits for 2023, including overpayment applied from a prior year and Form 943-X	14a		
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	Reserved for future use	14e		
f	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	14f		
g	Reserved for future use	14g		
h	Total deposits and refundable credits. Add lines 14a, 14d, and 14f	14h		
i	Reserved for future use	14i		
j	Reserved for future use	14j		
15	Balance due. If line 13 is more than line 14h, enter the difference and see the instructions	15		
16	Overpayment. If line 14h is more than line 13, enter the difference	16		
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			K	November . . .		
B	February			G	July			L	December . . .		
C	March			H	August			M	Total liability for year (add lines A through L) . .		
D	April			I	September . . .						
E	May			J	October						

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	Reserved for future use	20		
21	Reserved for future use	21		

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22	Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 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, and before October 1, 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	Reserved for future use	28		
29	Reserved for future use	29		

Third-Party Designee	Do you want to allow another person to discuss this return with the IRS? See the separate instructions. <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No.				
	Designee's name	Phone no.	Personal identification number (PIN)	<input type="text"/>	<input type="text"/>

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	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

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Form 943-V, Payment Voucher

Purpose of Form

Complete Form 943-V if you're making a payment with Form 943. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 943

To avoid a penalty, make your payment with your 2023 Form 943 **only if**:

- Your total taxes after adjustments and nonrefundable credits for the year (Form 943, line 13) are less than \$2,500 and you're paying in full with a timely filed return, or
- You're a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 for details. In this case, the amount of your payment may be \$2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 for deposit instructions. Don't use Form 943-V to make federal tax deposits.



Use Form 943-V when making any payment with Form 943. However, if you pay an amount with Form 943 that should've been deposited, you may be subject to a penalty. See Deposit Penalties in section 11 of Pub. 15.

Specific Instructions

Box 1—Employer identification number (EIN). If you don't have an EIN, you may apply for one online by visiting the IRS website at *www.irs.gov/EIN*. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 943, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 943.

Box 3—Name and address. Enter your name and address as shown on Form 943.

- Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 943," and "2023" on your check or money order. Don't send cash. Don't staple Form 943-V or your payment to Form 943 (or to each other).
- Detach Form 943-V and send it with your payment and Form 943 to the address provided in the Instructions for Form 943.

Note: You must also complete the entity information above line 1 on Form 943.

Detach Here and Mail With Your Payment and Form 943.

Form 943-V Department of the Treasury Internal Revenue Service	Payment Voucher Don't staple this voucher or your payment to Form 943.	OMB No. 1545-0035 2023	
1 Enter your employer identification number (EIN). —	2 Enter the amount of your payment Make your check or money order payable to "United States Treasury."	Dollars	Cents
	3 Enter your business name (individual name if sole proprietor). _____ Enter your address. _____ Enter your city or town, state or province, country, and ZIP or foreign postal code.		

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