ATS Test Scenario 02

January 8, 2014

Taxpayer: CROCUS COMPANY TIN: 00-3000002

Form 940 Form 940 Schedule R 940 for 2013: Employer's Annual Federal Unemployment (FUTA) Tax Return
Department of the Treasury — Internal Revenue Service

850113

OMB No. 1545-0028

Empl	oyer identification number 0 0 - 3 0 0 0 0 2	Type of R					
Name	e (not your trade name) CROCUS COMPANY	a. Amen	nded				
Trade Addre	Number Street Suite or room number	c. No pa 2013 d. Final: stopp	essor employer ayments to employees in Business closed or bed paying wages and prior-year forms are				
	ERIE PA 16501		www.irs.gov/form940.				
Read to	City State ZIP code Foreign country name Foreign province/county Foreign postal code the separate instructions before you complete this form. Please type or print within the boxes. Tell us about your return. If any line does NOT apply, leave it blank.	2	013				
1a If you had to pay state unemployment tax in one state only, enter the state abbreviation. 1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer							
_	Total navyaouta ta all amplavaos	2	70000 _ 00				
3	Total payments to all employees	. 3 [•				
4	Check all that apply: 4a Fringe benefits 4c Retirement/Pension 4b X Group-term life insurance 4d Dependent care	le Other					
5	Total of payments made to each employee in excess of \$7,000	00					
6	Subtotal (line 4 + line 5 = line 6)	. 6	•				
7	Total taxable FUTA wages (line 3 – line 6 = line 7) (see instructions)	. 7	•				
8	FUTA tax before adjustments (line 7 x .006 = line 8)	. 8	•				
Part 9	Determine your adjustments. If any line does NOT apply, leave it blank. If ALL of the taxable FUTA wages you paid were excluded from state unemployment to	ay —					
10	multiply line 7 by .054 (line 7 × .054 = line 9). Go to line 12	. 9 ax,	0 . 00				
	complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet	. 10	135 _ 06				
11	If credit reduction applies, enter the total from Schedule A (Form 940)	. 11	0 • 00				
Part 4	Determine your FUTA tax and balance due or overpayment for 2013. If any line of	does NOT a	pply, leave it blank.				
12	Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12)	. 12	•				
13 14	FUTA tax deposited for the year, including any overpayment applied from a prior year Balance due (If line 12 is more than line 13, enter the excess on line 14.) If line 14 is more than \$500, you must deposit your tax. If line 14 is \$500 or less, you may pay with this return. (see instructions)	. 13	210 _ 00				
15	Overpayment (If line 13 is more than line 12, enter the excess on line 15 and check a below.)		urn. Send a refund.				
			Next ■				

	e (not your trade name) CUS COMPANY				Employer ide	00-300002	
Part	5: Report your FU	TA tax liability by quarter or	nly if line 12	is more than \$5	00. If not, go to	Part 6.	
	Report the amount of garage and a second sec	your FUTA tax liability for each	ch quarter; d	o NOT enter the	amount you dep	oosited. If you had no liab	ility fo
	16a 1st quarter (Janua	ary 1 – March 31)		16a	300	00	
	16b 2nd quarter (April	1 – June 30)		16b	100	00	
	16c 3rd quarter (July	1 – September 30)		16c	50 .	00	
	16d 4th quarter (Octo	ber 1 – December 31)		16d	75 .	08	
17	Total tax liability for th	e year (lines 16a + 16b + 16c +	- 16d = line 17	7) 17		Total must equal	ine 12.
Part	-	vith your third-party designe					
	Do you want to allow a for details.	in employee, a paid tax prepa	rer, or anothe	er person to disc	uss this return w	rith the IRS? See the instr	uctions
[Select a 5-	s name and phone number digit Personal Identification Nu			to IRS		
Part	7: Sign here. You N	MUST complete both pages	of this form	and SIGN it.			
 	best of my knowledge a fund claimed as a credit	rry, I declare that I have examin ind belief, it is true, correct, and t was, or is to be, deducted froi I information of which preparer	d complete, ar m the paymer	nd that no part of its made to empl	any payment ma	de to a state unemploymer	
X	Sign your name here	Print your name here	LESLIE CROC	US			
	name nere			Print your title here	OWNER		
	Date /	/		Best daytime	phone	814-555-1212	
	Paid Preparer Use	e Only			Check if you	are self-employed	. 🗌
	Preparer's name	JOHN FLOWER			PTIN	P2222222	
	Preparer's signature				Date	1 1	
	Firm's name (or yours if self-employed)	FLOWER CPA FIRM			EIN	33-3333333	
	Address	4TH TEST ST			Phone	215-555-1212	
	City	PHILADELPHIA	State	PA	7IP code	19106	

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Schedule R (Form 940): Allocation Schedule for Aggregate Form 940 Filers

OMB No. 1545-0028

(Rev. December 2012)

Department of the	Treasury — Internal Revenue Service	

Employer identification number 0 0 - 3 0 0 0					
Name as shown on Form 940	CROCUS COMPANY				

Report for calendar year: (Same as Form 940):					

Read the separate instructions before you complete Schedule R (Form 940). Type or print within the boxes. Complete a separate line for the amounts allocated to each of your clients.

(a) Client Employer Identification Number (EIN)		Client Employer State entification Number abbreviation		(c) Total taxable FUTA wages allocated to the listed client EIN from Form 940, line 7	(d) Total adjustments to FUTA tax allocated to the listed client EIN from Form 940, line 9 or line 10	(e) Credit reduction amount allocated to the listed client EIN from Form 940, line 11	(f) Total FUTA tax after adjustments allocated to the listed client EIN from Form 940, line 12	(g) Total FUTA tax deposits from Form 940, line 13, plus any payment made with the return allocated to the listed client EIN
1	22-222222	P	A	1000 - 50	6 • 03	0 • 00	6 • 03	30 • 00
2	33-3333333	M	D	1500 - 55	9 • 00	0 • 00	9 • 00	35 • 00
3	44-444444	D	E	2000 - 75	12 • 01	0 • 00	12 • 01	40 • 00
4	55-555555	N	J	2500 - 80	15 • 01	0 • 00	15 • 01	45 • 00
5	66-666666	F	L	3000 • 00	18 • 00	0 • 00	18 • 00	50 • 00
6				-	•	=	•	
7				-	•	=	•	
8				-	•	=	•	
9				•	•	•	•	•
10				•	•	•	•	•
11				•	•	•	•	•
12				•	•	•	•	•
13				•	•	•	•	•
14				-	•	-	•	
15				-	•	-	•	
16	Subtotals for clients. Add all amounts on lines 1 through 15.					•	•	_
17	Enter the combined subtotal from line 26 of all Continuation Sheets for Schedule R (Form 940).							
18	Enter Form 940 amounts for employees of the agent.			5000 • 00	75 • 01	0 • 00	165 • 03	10 • 00
19	Totals. Add lines 16, 17, and 18. The column totals must match the related lines on the aggregate Form 940.				-	•		•