

September 19, 2013

Test Scenario 4  
Orchid Incorporated  
00-3000004

**Forms Included in Scenario #4**

- Form 941
- Schedule B (Form 941)
- General Dependency Small

Test Scenario 4 is for a Corporation. Attach a General Dependency to include information as to why there was no Social Security or Medicare Wages included on the form. All wages that were paid relate to non-resident aliens on an “F-1” Visa.

**941 for 2013: Employer's QUARTERLY Federal Tax Return**

Department of the Treasury — Internal Revenue Service

950113

OMB No. 1545-0029

Employer identification number (EIN) 00 - 300004

Name (not your trade name) ORCHID INCORPORATED

Trade name (if any)

Address 4TH TEST STREET

Number

Street

Suite or room number

WILLOW GROVE

City

PA

State

19090

ZIP code

**Report for this Quarter of 2013**  
(Check one.)☐ 1: January, February, March☐ 2: April, May, June☐ 3: July, August, September☒ 4: October, November, DecemberInstructions and prior year forms are available at [www.irs.gov/form941](http://www.irs.gov/form941).

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), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 3

2 Wages, tips, and other compensation 2 14500 00

3 Income tax withheld from wages, tips, and other compensation 3 2510 00

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☒ Check and go to line 6.

## Column 1

## Column 2

5a Taxable social security wages 00 x .124 = 00

5b Taxable social security tips 00 x .124 = 00

5c Taxable Medicare wages &amp; tips 00 x .029 = 00

5d Taxable wages &amp; tips subject to Additional Medicare Tax withholding 00 x .009 = 00

5e Add Column 2 from lines 5a, 5b, 5c, and 5d 5e 00

5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 5f 00

6 Total taxes before adjustments (add lines 3, 5e, and 5f) 6 00

7 Current quarter's adjustment for fractions of cents 7 00

8 Current quarter's adjustment for sick pay 8 00

9 Current quarter's adjustments for tips and group-term life insurance 9 00

10 Total taxes after adjustments. Combine lines 6 through 9 10 00

11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X filed in the current quarter 11 2510 00

12a COBRA premium assistance payments (see instructions) 12a 00

12b Number of individuals provided COBRA premium assistance 0

13 Add lines 11 and 12a 13 00

14 Balance due. If line 10 is more than line 13, enter the difference and see instructions 14 0 00

15 Overpayment. If line 13 is more than line 10, enter the difference 00 Check one: ☐ Apply to next return. ☐ Send a refund.

▶ You MUST complete both pages of Form 941 and SIGN it.

Next ▶

Name (not your trade name)

ORCHID INCORPORATED

Employer identification number (EIN)

00-3000004

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

**16 Check one:** ☐ Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are 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**  . 00

**Month 2**  . 00

**Month 3**  . 00

**Total liability for quarter**  . 00

**Total must equal line 10.**

☒ 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.

**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** . . . . . ☐ Check here, and

enter the final date you paid wages  /  / .

**18 If you are a seasonal employer and you do not have to file a return for every quarter of the year** . . . ☐ Check here.

**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 both 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**

John Wildflower

**Print your title here**

President

**Date**

 /  / 

**Best daytime phone**

202-555-5555

**Paid Preparer Use Only**

Check if you are 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**

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. June 2011)

Department of the Treasury — Internal Revenue Service

(EIN)  
Employer identification number 0 0 - 3 0 0 0 0 0 4

Name (not your trade name)

ORCHID INC.

Calendar year

2 0 1 3

(Also check quarter)

**Report for this Quarter...**

(Check one.)

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☐ 3: July, August, September
- ☒ 4: October, November, December

Use this schedule to show your **TAX LIABILITY** for the quarter; **DO NOT** use it to show your deposits. When you file this form with Form 941 or Form 941-SS, **DO NOT** change your tax liability by adjustments reported on any Forms 941-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for details.

**Month 1**

|   |          |    |  |    |          |    |  |
|---|----------|----|--|----|----------|----|--|
| 1 |          | 9  |  | 17 |          | 25 |  |
| 2 |          | 10 |  | 18 |          | 26 |  |
| 3 |          | 11 |  | 19 | 300 . 00 | 27 |  |
| 4 |          | 12 |  | 20 |          | 28 |  |
| 5 | 300 . 00 | 13 |  | 21 |          | 29 |  |
| 6 |          | 14 |  | 22 |          | 30 |  |
| 7 |          | 15 |  | 23 |          | 31 |  |
| 8 |          | 16 |  | 24 |          |    |  |

Tax liability for Month 1

**Month 2**

|   |       |    |          |    |  |    |          |
|---|-------|----|----------|----|--|----|----------|
| 1 |       | 9  |          | 17 |  | 25 |          |
| 2 | 300 . | 10 |          | 18 |  | 26 |          |
| 3 |       | 11 |          | 19 |  | 27 |          |
| 4 |       | 12 |          | 20 |  | 28 |          |
| 5 |       | 13 |          | 21 |  | 29 |          |
| 6 |       | 14 |          | 22 |  | 30 | 300 . 00 |
| 7 |       | 15 |          | 23 |  | 31 |          |
| 8 |       | 16 | 300 . 00 | 24 |  |    |          |

Tax liability for Month 2

**Month 3**

|   |          |    |          |    |  |    |          |
|---|----------|----|----------|----|--|----|----------|
| 1 |          | 9  |          | 17 |  | 25 |          |
| 2 |          | 10 |          | 18 |  | 26 |          |
| 3 | 500 . 00 | 11 |          | 19 |  | 27 |          |
| 4 |          | 12 |          | 20 |  | 28 | 210 . 00 |
| 5 |          | 13 |          | 21 |  | 29 |          |
| 6 |          | 14 | 300 . 00 | 22 |  | 30 |          |
| 7 |          | 15 |          | 23 |  | 31 |          |
| 8 |          | 16 |          | 24 |  |    |          |

Tax liability for Month 3

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

**Total must equal line 10 on Form 941 or Form 941-SS.**

Total liability for the quarter