

October 22, 2013

Test Scenario 6
Marty Azalea (Daffodil Accounting)
00-3222220

Forms Included in Scenario #6

- Form 941
- Schedule R (Form 941)

Test Scenario 6 is for a Sole Proprietor entity with no employees. The taxpayer is self-employed and is a monthly-schedule depositor.

Employer identification number (EIN)	0	0	-	3	2	2	2	2	2	0
Name (not your trade name)	MARTY AZALEA									
Trade name (if any)	DAFFODIL ACCOUNTING									
Address	222 6TH STREET									
	Number				Street				Suite or room number	
	KANSAS CITY				MO				64131	
	City				State				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, December

Instructions and prior year forms are available at 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: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	20
2	Wages, tips, and other compensation	2	325000 ■ 00
3	Income tax withheld from wages, tips, and other compensation	3	20000 ■ 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	■	× .124 = ■
5b	Taxable social security tips	0 ■ 00	× .124 = 0 ■ 00
5c	Taxable Medicare wages & tips	■	× .029 = ■
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	200000 ■ 00	× .009 = ■
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	■
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	0 ■ 00
6	Total taxes before adjustments (add lines 3, 5e, and 5f)	6	■
7	Current quarter's adjustment for fractions of cents	7	■ 59
8	Current quarter's adjustment for sick pay	8	320 ■ 40
9	Current quarter's adjustments for tips and group-term life insurance	9	0 ■ 00
10	Total taxes after adjustments. Combine lines 6 through 9	10	■
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	71845 ■ 99
12a	COBRA premium assistance payments (see instructions)	12a	0 ■ 00
12b	Number of individuals provided COBRA premium assistance	0	
13	Add lines 11 and 12a	13	■
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	0 ■ 00	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund

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

Next

Name (not your trade name)

MARTY AZALEA

Employer identification number (EIN)

00-3222220

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

Month 2

Month 3

Total liability for quarter

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

Marty Azalea

Print your title here

Owner

Date / /

Best daytime phone

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 R (Form 941): Allocation Schedule for Aggregate Form 941 Filers

OMB No. 1545-0029

(Rev. January 2013)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN)	0	0	—	3	2	2	2	2	2	0
Name as shown on Form 941	MARTY AZALEA									

Read the instructions before you complete Schedule R (Form 941). Type or print within the boxes.
Complete a separate line for the amounts allocated to each of your clients.

Report for calendar year:

2013

Check the quarter (same as Form 941):

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

(a) Client's Employer Identification Number (EIN)	(b) Wages, tips, and other compensation allocated to the listed client EIN from Form 941, line 2	(c) Total income tax withheld from wages, tips, and other compensation allocated to the listed client EIN from Form 941, line 3	(d) Total social security and Medicare taxes allocated to the listed client EIN from Form 941, line 5e	(e) Section 3121(q) Notice and Demand- Tax due on unreported tips allocated to the listed client EIN from Form 941, line 5f	(f) Total taxes after adjustments allocated to the listed client EIN from Form 941, line 10	(g) Total deposits and COBRA payments from Form 941, line 13, plus any payments made with the return allocated to the listed client EIN
1 00-3012345	10000 . 00	1000 . 00	1530 . 00	.	2850 . 99	.
2 00-3234567	.	7000 . 00
3 00-3345678	95000 . 00	.	14535 . 00	.	26535 . 00	.
4
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16 Subtotals for clients. Add all amounts on lines 1 through 15	325000 . 00	20000 . 00	51525 . 00	.	71845 . 99	.
17 Enter the combined subtotal from line 26 of all Continuation Sheets for Schedule R (Form 941)	.	.	.	.	.	.
18 Enter Form 941 amounts for your employees	.	.	.	.	.	.
19 Totals. Add lines 16, 17, and 18. The column totals must match the related lines on the aggregate Form 941.	325000 . 00	20000 . 00	51525 . 00	.	71845 . 99	.

Continuation Sheet for Schedule R (Form 941)

(Rev. January 2013)

Report for calendar year:

Check the quarter (same as Form 941):

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

Employer identification number (EIN)

 -

Name as shown on Form 941

(a) Client's Employer Identification Number (EIN)	(b) Wages, tips, and other compensation allocated to the listed client EIN from Form 941, line 2	(c) Total income tax withheld from wages, tips, and other compensation allocated to the listed client EIN from Form 941, line 3	(d) Total social security and Medicare taxes allocated to the listed client EIN from Form 941, line 5e	(e) Section 3121(q) Notice and Demand- Tax due on unreported tips allocated to the listed client EIN from Form 941, line 5f	(f) Total taxes after adjustments allocated to the listed client EIN from Form 941, line 10	(g) Total deposits and COBRA payments from Form 941, line 13, plus any payments made with the return allocated to the listed client EIN
1	■	■	■	■	■	■
2	■	■	■	■	■	■
3	■	■	■	■	■	■
4	■	■	■	■	■	■
5	■	■	■	■	■	■
6	■	■	■	■	■	■
7	■	■	■	■	■	■
8	■	■	■	■	■	■
9	■	■	■	■	■	■
10	■	■	■	■	■	■
11	■	■	■	■	■	■
12	■	■	■	■	■	■
13	■	■	■	■	■	■
14	■	■	■	■	■	■
15	■	■	■	■	■	■
16	■	■	■	■	■	■
17	■	■	■	■	■	■
18	■	■	■	■	■	■
19	■	■	■	■	■	■
20	■	■	■	■	■	■
21	■	■	■	■	■	■
22	■	■	■	■	■	■
23	■	■	■	■	■	■
24	■	■	■	■	■	■
25	■	■	■	■	■	■
26 Subtotals for clients. Add lines 1 through 25. Include the subtotals from line 26 on line 17 of Schedule R (Form 941).	■	■	■	■	■	■