

ATS Test Scenario 9  
Taxpayer: Lilac Farms and Fertilizer  
EIN: 00-3775634

October 28, 2013

Test Scenario 9 includes the following form:

- Form 943

Include: Monthly Summary of Federal Tax Liability, overpayment and applied to next return.

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

**2013**

► Information about Form 943 and its separate instructions is at [www.irs.gov/form943](http://www.irs.gov/form943).

Type  
or  
Print

Name (as distinguished from trade name) <b>Lilac Farms and Fertilizer</b>	Employer identification number (EIN) <b>00-3775634</b>
Trade name, if any	
Address (number and street) <b>1st Test Street</b>	
City or town, state or province, country, and ZIP or foreign postal code <b>Fort Washington, MD 20744</b>	
If you do not have to file returns in the future, check here <input type="checkbox"/>	

If address is different from prior return, check here.

<b>1</b>	Number of agricultural employees employed in the pay period that includes March 12, 2013	<b>1</b>	<b>6</b>
<b>2</b>	Total wages subject to social security tax	<b>2</b>	
<b>3</b>	Social security tax (multiply line 2 by 12.4% (.124))	<b>3</b>	
<b>4</b>	Total wages subject to Medicare tax	<b>4</b>	<b>8,500 00</b>
<b>5</b>	Medicare tax (multiply line 4 by 2.9% (.029))	<b>5</b>	
<b>6</b>	Total wages subject to Additional Medicare Tax withholding	<b>6</b>	<b>13,000 00</b>
<b>7</b>	Additional Medicare Tax withholding (multiply line 6 by 0.9% (.009))	<b>7</b>	
<b>8</b>	Federal income tax withheld	<b>8</b>	
<b>9</b>	Total taxes before adjustments. Add lines 3, 5, 7, and 8	<b>9</b>	
<b>10</b>	Current year's adjustments	<b>10</b>	
<b>11</b>	Total taxes after adjustments (line 9 as adjusted by line 10)	<b>11</b>	<b>19,635 50</b>
<b>12</b>	Total deposits for 2013, including overpayment applied from a prior year and Form 943-X	<b>12</b>	<b>19,635 50</b>
<b>13a</b>	COBRA premium assistance payments	<b>13a</b>	<b>863 00</b>
<b>13b</b>	Number of individuals provided COBRA premium assistance	<b>13b</b>	<b>6</b>
<b>14</b>	Add lines 12 and 13a	<b>14</b>	
<b>15</b>	<b>Balance due.</b> If line 11 is more than line 14, enter the difference and see the instructions	<b>15</b>	
<b>16</b>	<b>Overpayment.</b> If line 14 is more than line 11, enter the difference		

Check one:  Apply to next return.  Send a refund.

- **All filers:** If line 11 is less than \$2,500, **do not** 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

<b>17 Monthly Summary of Federal Tax Liability. (Do not complete if you were a semiweekly schedule depositor.)</b>								
	Tax liability for month			Tax liability for month			Tax liability for month	
<b>A</b> January	1,800	00	<b>F</b> June	1,800	00	<b>K</b> November	1,850	00
<b>B</b> February	900	00	<b>G</b> July	1,800	00	<b>L</b> December	4,449	50
<b>C</b> March	900	00	<b>H</b> August	1,700	00	<b>M</b> Total liability for year (add lines A through L)	19,635	50
<b>D</b> April	900	00	<b>I</b> September	900	00			
<b>E</b> May	1,800	00	<b>J</b> October	836	00			

**Third-Party Designee**

Do you want to allow another person to discuss this return with the IRS (see separate instructions)?  Yes. Complete the following.  No.

Designee's name: \_\_\_\_\_ Phone no.: \_\_\_\_\_ Personal identification number (PIN): \_\_\_\_\_

**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: \_\_\_\_\_ Print Your Name and Title: **John Williams, VP** Date: \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_

Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_

Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_