

July 28, 2025

Tax Year 2025

ATS Scenario 03

Crocus Company Inc

00-3000002

The information below identifies the contents of this scenario.

- Form 940
- Schedule R (Form 940)

Responsible Party Current Indicator: Yes

Signature Option: Use the signature method applicable to you.

Requested Payment Date: Must be within 5 days of the return submission date.

Form **940 for 2025: Employer's Annual Federal Unemployment (FUTA) Tax Return**

Department of the Treasury — Internal Revenue Service

850125

OMB No. 1545-0029

Employer identification number (EIN)	0	0	-	3	0	0	0	0	0	2
Name (not your trade name)	Crocus Company Inc									
Trade name (if any)										
Address	4th Flower Street									
	Number	Street								Suite or room number
	Houston				TX		77002			
	City				State		ZIP code			
	Foreign country name				Foreign province/county			Foreign postal code		

Type of Return
(Check all that apply.)

- ☐ a. Amended
- ☐ b. Successor employer
- ☐ c. No payments to employees in 2025
- ☐ d. Final: Business closed or stopped paying wages

Aggregate Return Filers Only

Type of filer (check one):

- ☒ Section 3504 Agent
- ☐ Certified Professional Employer Organization (CPEO)
- ☐ Other Third Party

Read the separate instructions before you complete this form. Please type or print within the boxes.

Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.

- 1a If you had to pay state unemployment tax in one state only, enter the state abbreviation 1a
- 1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer 1b ☐ Check here. Complete Schedule A (Form 940).
- 2 If you paid wages in a state that is subject to CREDIT REDUCTION 2 ☐ Check here. Complete Schedule A (Form 940).

Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.

- 3 Total payments to all employees 3
- 4 Payments exempt from FUTA tax 4
- Check all that apply: 4a ☐ Fringe benefits 4c ☐ Retirement/Pension 4e ☐ Other
- 4b ☐ Group-term life insurance 4d ☐ Dependent care
- 5 Total of payments made to each employee in excess of \$7,000 5
- 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 0.006 = line 8) 8

Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

- 9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12 9
- 10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet 10
- 11 If credit reduction applies, enter the total from Schedule A (Form 940) 11

Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.

- 12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) 12
- 13 FUTA tax deposited for the year, including any overpayment applied from a prior year 13
- 14 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 14

- 15a Overpayment. If line 13 is more than line 12, enter the difference 15b Check one: ☐ Apply to next return. ☐ Send a refund.
- 15c Routing number 15d Type: ☐ Checking ☐ Savings
- 15e Account number

You **MUST** complete both pages of this form and **SIGN** it.

Name (not your trade name) Crocus Company Inc	Employer identification number (EIN) 00 - 3000002
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Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.

16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.

16a 1st quarter (January 1 – March 31)	16a	800 . 00
16b 2nd quarter (April 1 – June 30)	16b	800 . 00
16c 3rd quarter (July 1 – September 30)	16c	800 . 00
16d 4th quarter (October 1 – December 31)	16d	960 . 00
17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) 17		3360 . 00

Total must equal line 12.**Part 6: 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 7: Sign here. You MUST complete both pages of this form 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, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. 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

Print your title here

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 940): Allocation Schedule for Aggregate Form 940 Filers

OMB No. 1545-0029

(Rev. December 2024)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) 0 0 - 3 0 0 0 2

Name as shown on Form 940

Crocus Company Inc

Type of filer (check one):



Section 3504 Agent



Certified Professional Employer Organization (CPEO)

Report for calendar year:

(Same as Form 940):

2025

860517

Read the instructions before you complete Schedule R. Type or print within the boxes. Complete a separate line for the amounts allocated to each of your clients. The term "client" as used on this form includes the term "customer." See the instructions.

	(a) Client's employer identification number (EIN)	(b) State abbreviation from Form 940, line 1a, or Schedule A (Form 940)	(c) Type of wages, tips, and other compensation (CPEO use only)	(d) Total taxable FUTA wages allocated to the listed client EIN from Form 940, line 7	(e) Total adjustments to FUTA tax allocated to the listed client EIN from Form 940, line 9 or line 10	(f) Credit reduction amount allocated to the listed client EIN from Form 940, line 11	(g) Total FUTA tax after adjustments allocated to the listed client EIN from Form 940, line 12	(h) Total FUTA tax deposits from Form 940, line 13, plus any payment made with the return allocated to the listed client EIN
1	00-3000001	T X		140000 . 00	.	.	840 . 00	357 . 00
2	00-3000003	T X		140000 . 00	.	.	840 . 00	357 . 00
3	00-3000004	T X		140000 . 00	.	.	840 . 00	357 . 00
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16 Subtotals for clients. Add all amounts on lines 1 through 15.				420000 . 00	.	.	2520 . 00	1071 . 00
17 Enter the combined subtotal from line 23 of all Continuation Sheets for Schedule R (Form 940).						.	.	.
18 Enter Form 940 amounts for your employees.				140000 . 00	.	.	840 . 00	357 . 00
19 Totals. Add lines 16, 17, and 18. The column totals must match the related lines on the aggregate Form 940.				560000 . 00	.	.	3360 . 00	1428 . 00

For Paperwork Reduction Act Notice, see the instructions.

www.irs.gov/Form940

Cat. No. 53082A

Schedule R (Form 940) (Rev. 12-2024)