

Aug 3, 2026

Tax Year 2027
ATS Scenario 3
Daffodil Accounting
00-3222220

The information below identifies the contents of this scenario.

Form 941

Form 8974

Schedule R 941- Schema updates for this form will not be available for testing until

November 1, 2026 when schema 2027v2.0 is deployed.

Use the signature option that is applicable to you.

Responsible Party Current: Yes

Employer identification number (EIN) 00-322220

Name (not your trade name) Daffodil Accounting

Trade name (if any)

Address 222 6th Street
Number Street Suite or room number

Kansas City MO 64131
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this quarter of 2027
(Check one.)

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

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 Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico must skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

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	10
2	Wages, tips, and other compensation	2	10,200.00
3	Federal income tax withheld from wages, tips, and other compensation	3	1,200.00
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	4	☐ Check here and go to line 6.

	Column 1		Column 2
5a	Taxable social security wages 10,200.00 × 0.124 =		1,264.80
5b	Taxable social security tips × 0.124 =		
5c	Taxable Medicare wages & tips 10,200.00 × 0.029 =		295.80
5d	Taxable wages & tips subject to Additional Medicare Tax withholding × 0.009 =		
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	1,560.60
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	2,760.60
7	Current quarter's adjustment for fractions of cents	7	
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	2,760.60
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	390.15
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10	12	2,370.45
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter	13	2,760.60
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	

15a Overpayment. If line 13 is more than line 12, enter the difference 390.15 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 Form 941 and SIGN it.

Name (not your trade name)

Daffodil Accounting

Employer identification number (EIN)

00 - 322220

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

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one:** ☒ **Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter.** If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're 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 12.

- ☐ **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. Go to Part 3.

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 / / ; also attach a statement to your return. See instructions.

- 18 If you're a seasonal employer and you don't 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

Print your title here

Date / /

Best daytime phone

Paid Preparer Use OnlyCheck if you're 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

950427

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

(Rev. April 2027)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)	0	0	—	3	2	2	2	2	2	0
Name as shown on Form 941	Daffodil Accounting									
Type of filer (check one):	☐ Section 3504 agent ☒ CPEO ☐ Other third party									

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.

Report for calendar year:

2027

Check the quarter (same as Form 941):

☒ 1: January, February, March

☐ 2: April, May, June

☐ 3: July, August, September

☐ 4: October, November, December

This Schedule R is attached to:

☒ Form 941

☐ Form 941-X

(a) Client's EIN		(b) Type of wages (CPEO only)	(c) Form 941, line 1	(d) Form 941, line 2		(e) Form 941, line 3	(f) Form 941, lines 5a and 5b, column 2, total	
1	00-3333336	A	5	5,100	. 00	600	. 00	632 . 40
2				.		.		.
3				.		.		.
4				.		.		.
5				.		.		.
6				.		.		.
7				.		.		.
8				.		.		.
9				.		.		.
10				.		.		.
11	Subtotals for clients. Add lines 1 through 10		5	5,100	. 00	600	. 00	632 . 40
12	Enter the combined subtotal from line 14 of all Continuation Sheets for Schedule R			.		.		.
13	Enter Form 941 amounts for your employees		5	5,100	. 00	600	. 00	632 . 40
14	Totals. Add lines 11, 12, and 13		10	10,200	. 00	1,200	. 00	1,264 . 80

(g) Form 941, line 5c, column 2	(h) Form 941, line 5d, column 2	(i) Form 941, line 5e	(j) Form 941, line 5f	(k) Form 941, line 11	(l) Form 941, line 12	(m) Form 941, line 13
1 147 . 90	.	780 . 30	.	390 . 15	990 . 15	1,380 . 30
2 .	.	.	.	.	.	.
3 .	.	.	.	.	.	.
4 .	.	.	.	.	.	.
5 .	.	.	.	.	.	.
6 .	.	.	.	.	.	.
7 .	.	.	.	.	.	.
8 .	.	.	.	.	.	.
9 .	.	.	.	.	.	.
10 .	.	.	.	.	.	.
11 147 . 90	.	780 . 30	.	390 . 15	990 . 15	1,380 . 30
12 .	.	.	.	.	.	.
13 147 . 90	.	780 . 30	.	.	1,380 . 30	1,380 . 30
14 295 . 80	.	1,560 . 60	.	390 . 15	2,370 . 45	2,760 . 60

For Paperwork Reduction Act Notice, see the separate instructions.

www.irs.gov/Form941

Cat. No. 49301K

Schedule R (Form 941) (Rev. 4-2027) Created 3/30/26

Employer identification number (EIN)

0

0

-

3

3

3

3

3

3

6

Name
(not your trade name)

Marty Azalea

The credit from Part 2, line 12 or, if applicable, line 17, will be reported on (check only one box):

☒ Form 941 (all 941 series)

☐ Form 943 (all 943 series)

☐ Form 944 (all 944 series)

Calendar year

2027

You must select a quarter if you file Form 941.

Report for this quarter...

Check only one box.

☒ 1: January, February, March

☐ 2: April, May, June

☐ 3: July, August, September

☐ 4: October, November, December

Part 1: Tell us about your income tax return.

	(a) Ending date of income tax period	(b) Income tax return filed that included Form 6765	(c) Date income tax return was filed	(d) EIN used on Form 6765	(e) Amount from Form 6765, line 36 or, if applicable, the amount that was allocated to your EIN	(f) Amount of credit from column (e) taken on a previous period(s)	(g) Remaining credit (subtract column (f) from column (e))
1	12 / 31 / 2025	1040	04 / 15 / 2026		600 . 00	99 . 96	500 . 04
2	/ /		/ /		.	.	.
3	/ /		/ /		.	.	.
4	/ /		/ /		.	.	.
5	/ /		/ /		.	.	.
6	Add lines 1(g) through 5(g) and enter the total here						500 . 04

Part 2: Determine the credit that you can use this period.

7

Enter the amount from Part 1, line 6(g)

7

500 . 04

8

Enter the amount from Form 941, line 5a, column 2; Form 943, line 3; or Form 944, line 4a, column 2

8

632 . 40

9

Enter the amount from Form 941, line 5b, column 2; or Form 944, line 4b, column 2

9

.

10

Add lines 8 and 9

10

632 . 40

11

Multiply line 10 by 50% (0.50). Check this box ☐ if you're a third-party payer of sick pay or check this box ☐ if you received a Section 3121(q) Notice and Demand. See the instructions before completing line 11

11

316 . 20

12

Credit against the employer share of social security tax. Enter the smaller of line 7 or 11, but not more than \$250,000. See the instructions before entering an amount if you file Form 943 or Form 944. If you entered the amount from line 7, stop here and also enter this amount on Form 941, line 11; Form 943, line 12; or Form 944, line 8

12

316 . 20

13

Subtract line 12 from line 7

13

183 . 84

14

Enter the amount from Form 941, line 5c, column 2; Form 943, line 5; or Form 944, line 4c, column 2

14

147 . 90

15

Multiply line 14 by 50% (0.50). If you're a third-party payer of sick pay or you received a Section 3121(q) Notice and Demand, see the instructions before completing line 15

15

73 . 95

16

Credit against the employer share of Medicare tax. Enter the smaller of line 13 or 15

16

73 . 95

17

Total credit. Add lines 12 and 16. Also, enter this amount on Form 941, line 11; Form 943, line 12; or Form 944, line 8

17

390 . 15