

July 30, 2026

Tax Year 2027
941-X ATS Scenario 4
Orchid Incorporated
00-3000004

Form: 941-X

Signature Option: Use signature option applicable to your return.

Note: ATS will open with schema version 2026v1.0. This scenario will be available to test 11/01/2026, using schema version 2026v2.0.

Employer identification number (EIN)	0	0	—	3	0	0	0	0	0	4
Name (not your trade name)	Orchid Incorporated									
Trade name (if any)										
Address	1st Test Street									
	Number		Street			Suite or room number				
	Willow Grove					PA		19090		
	City		State			ZIP code				
	Foreign country name			Foreign province/county			Foreign postal code			

Read the separate instructions before completing this form. Use this form to correct errors you made on Form 941. Use a separate Form 941-X for each quarter that needs correction. Type or print within the boxes. You **MUST** complete all three pages. Don't attach this form to Form 941 unless you're reclassifying workers; see the instructions for line 21.

Part 1: Select ONLY one process. See page 4 for additional guidance, including information on how to treat employment tax credits.

- ☒ **1. Adjusted employment tax return.** Check this box if you underreported tax amounts. Also, check this box if you overreported tax amounts and you would like to use the adjustment process to correct the errors. You must check this box if you're correcting both underreported and overreported tax amounts on this form. The amount shown on line 19a, if less than zero, may only be applied as a credit to your Form 941 for the tax period in which you're filing this form.
- ☐ **2. Claim.** Check this box if you overreported tax amounts only and you would like to use the claim process to ask for a refund or abatement of the amount shown on line 19a. Don't check this box if you're correcting ANY underreported tax amounts on this form.

Part 2: Complete the certifications.

- ☒ **3. I certify that I've filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, as required.**
- Note:** If you're correcting underreported tax amounts only, go to Part 3 on page 2 and skip lines 4 and 5. If you're correcting overreported tax amounts, for purposes of the certifications on lines 4 and 5, Medicare tax doesn't include Additional Medicare Tax. Form 941-X can't be used to correct overreported amounts of Additional Medicare Tax unless the amounts weren't withheld from employee wages or an adjustment is being made for the current year.
- 4. If you checked line 1 because you're adjusting overreported federal income tax, social security tax, Medicare tax, or Additional Medicare Tax, check all that apply.** You must check at least one box.
- I certify that:
- ☒ **4a.** I repaid or reimbursed each affected employee for the overcollected federal income tax or Additional Medicare Tax for the current year and the overcollected social security tax and Medicare tax for current and prior years. For adjustments of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☐ **4b.** The adjustments of social security tax and Medicare tax are for the employer's share only. I couldn't find the affected employees or each affected employee didn't give me a written statement that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☐ **4c.** The adjustment is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.
- 5. If you checked line 2 because you're claiming a refund or abatement of overreported federal income tax, social security tax, Medicare tax, or Additional Medicare Tax, check all that apply.** You must check at least one box.
- I certify that:
- ☐ **5a.** I repaid or reimbursed each affected employee for the overcollected social security tax and Medicare tax. For claims of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☐ **5b.** I have a written consent from each affected employee stating that I may file this claim for the employee's share of social security tax and Medicare tax. For refunds of employee social security tax and Medicare tax overcollected in prior years, I also have a written statement from each affected employee stating that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☐ **5c.** The claim for social security tax and Medicare tax is for the employer's share only. I couldn't find the affected employees, or each affected employee didn't give me a written consent to file a claim for the employee's share of social security tax and Medicare tax, or each affected employee didn't give me a written statement that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☐ **5d.** The claim is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.

Return You're Correcting...Check the **ONE** quarter you're correcting.

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

Enter the calendar year of the quarter you're correcting.

2027 (YYYY)

Enter the date you discovered errors:05 / 15 / 2027
(MM / DD / YYYY)**Aggregate Return Filers Only**

Type of filer (check one):

- ☐ Section 3504 agent
- ☐ Certified professional employer organization (CPEO)
- ☐ Other third party

Name (not your trade name)	Employer identification number (EIN)	Correcting quarter 1 (1, 2, 3, 4)
Orchid Incorporated	00 - 3000004	Correcting calendar year (YYYY) 2027

Part 3: Enter the corrections for this quarter. If any line doesn't apply, leave it blank.

	Column 1 Total corrected amount (for ALL employees)	Column 2 Amount originally reported or as previously corrected (for ALL employees)	Column 3 Difference (If this amount is a negative number, use a minus sign.)	Column 4 Tax correction
6. Wages, tips, and other compensation (Form 941, line 2)	2,500 . 00	1,000 . 00	1,500 . 00	Use the amount in Column 1 when you prepare your Forms W-2 or Forms W-2c.
7. Federal income tax withheld from wages, tips, and other compensation (Form 941, line 3)	250 .	100 .	150 .	Copy Column 3 here 150 .
8. Taxable social security wages (Form 941, line 5a, Column 1)	2,500 . 00	1,000 . 00	1,500 . 00	$\times 0.124^* = 186 .$
				* If you're correcting your employer share only, use 0.062. See instructions.
9. Taxable social security tips (Form 941, line 5b, Column 1)	.	.	.	$\times 0.124^* = .$
				* If you're correcting your employer share only, use 0.062. See instructions.
10. Taxable Medicare wages & tips (Form 941, line 5c, Column 1)	2,500 . 00	1,000 . 00	1,500 . 00	$\times 0.029^* = 43 . 50$
				* If you're correcting your employer share only, use 0.0145. See instructions.
11. Taxable wages & tips subject to Additional Medicare Tax withholding (Form 941, line 5d, Column 1)	.	.	.	$\times 0.009^* = .$
				* Certain wages and tips reported in Column 3 shouldn't be multiplied by 0.009. See instructions.
12. Section 3121(q) Notice and Demand—Tax due on unreported tips (Form 941, line 5f)	.	.	.	Copy Column 3 here .
13. Tax adjustments (Form 941, lines 7 through 9)	.	.	.	Copy Column 3 here .
14. Qualified small business payroll tax credit for increasing research activities (See instructions; you must attach Form 8974.)	.	.	.	See instructions .
15. Special addition to wages for federal income tax	.	.	.	See instructions .
16. Special addition to wages for social security taxes	.	.	.	See instructions .
17. Special addition to wages for Medicare taxes	.	.	.	See instructions .
18. Special addition to wages for Additional Medicare Tax	.	.	.	See instructions .
19a. Total. Combine the amounts on lines 7 through 18 of Column 4				379 . 50

If line 19a is less than zero:

- If you checked line 1, this is the amount you want applied as a credit to your Form 941 for the tax period in which you're filing this form.
- If you checked line 2, this is the amount you want refunded or abated. Complete lines 19b, 19c, and 19d for direct deposit.

19b. Routing number 19c. Type: ☐ Checking ☐ Savings

19d. Account number

If line 19a is more than zero, this is the amount you owe. Pay this amount by the time you file this return. For information on how to pay, see *Amount you owe* in the instructions.

Name (not your trade name)	Employer identification number (EIN)	Correcting quarter 1 (1, 2, 3, 4)
Orchid Incorporated	00 - 3000004	Correcting calendar year (YYYY) 2027

Part 4: Explain your corrections for this quarter.

☐ **20. Check here if any corrections you entered on a line include both underreported and overreported amounts.** Explain both your underreported and overreported amounts on line 22.

☐ **21. Check here if any corrections involve reclassified workers.** Explain on line 22.

22. You must give us a detailed explanation of how you determined your corrections. See the instructions.

correcting underreported tax amounts

Part 5: Sign here. You must complete all three pages of this form and sign it.

Under penalties of perjury, I declare that I have filed an original Form 941 and that I have examined this adjusted return or claim, 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 Only

Check 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