

July 31, 2026

Tax Year 2026
ATS Scenario 04
Calla Lily Company
00-3889956

The information below identifies the contents of this scenario.

Form 943

Schedule R (Form 943)

Form 943-A

Use the signature option that is applicable to you.

Responsible Party Current: Yes

Note: Schedule R Form 943- Schema updates for this form
will not be available for testing until November 1,2026 when
schema 2026v2.0 is deployed.

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

Go to www.irs.gov/Form943 for instructions and the latest information.

430125
OMB No. 1545-0029
2026

Employer identification number (EIN)	0	0	-	3	8	8	9	9	5	6
Name (not your trade name)	Calla Lily Company									
Trade name (if any)										
Address	10 Old Fort Rd									
	Number			Street			Suite or room number			
	Fort Washington					MD	20744			
	City					State		ZIP code		
	Foreign country name					Foreign province/county		Foreign postal code		

If address is different from prior return, check here ☐

If you don't have to file returns in the future, check here ☐

Aggregate Return Filers Only

Type of filer (check one):

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

1	Number of agricultural employees employed in the pay period that includes March 12, 2026	1	3
2	Wages subject to social security tax	2	22555.00
3	Social security tax (multiply line 2 by 12.4% (0.124))	3	2796.82
4	Wages subject to Medicare tax	4	22555.00
5	Medicare tax (multiply line 4 by 2.9% (0.029))	5	654.10
6	Wages subject to Additional Medicare Tax withholding	6	.
7	Additional Medicare Tax withholding (multiply line 6 by 0.9% (0.009))	7	.
8	Federal income tax withheld	8	150.00
9	Total taxes before adjustments. Add lines 3, 5, 7, and 8	9	3600.92
10	Current year's adjustments	10	.
11	Total taxes after adjustments (line 9 as adjusted by line 10)	11	3600.92
12	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	12	.
13	Total taxes after adjustments and nonrefundable credits. Subtract line 12 from line 11	13	3600.92
14	Total deposits for 2026, including overpayment applied from a prior year and Form 943-X	14	4530.00
15	Balance due. If line 13 is more than line 14, enter the difference and see the instructions	15	.
16a	Overpayment. If line 14 is more than line 13, enter the difference	16a	929.08
16b	Check one: ☐ Apply to next return. ☒ Send a refund.		
16c	Routing number	16d Type:	☐ Checking ☐ Savings
16e	Account number		

Name (not your trade name)

Calla Lily Company

Employer identification number (EIN)

00 - 3889956

• **All filers:** If line 13 is less than \$2,500, **don't** 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 ☐

17 Monthly Summary of Federal Tax Liability. (Don't complete if you were a semiweekly schedule depositor.)

	Jan.		Apr.		July		Oct.
17a		17d		17g		17j	
	Feb.		May		Aug.		Nov.
17b		17e		17h		17k	
	Mar.		June		Sept.		Dec.
17c		17f		17i		17l	
Total liability for year. Add lines 17a through 17l. Total must equal line 13.							17m

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.

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 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

Schedule R (Form 943): Allocation Schedule for Aggregate Form 943 Filers

(Rev. April 2027) Department of the Treasury — Internal Revenue Service OMB No. 1545-0029

Employer identification number (EIN)

0

0

—

3

8

8

9

9

5

6

Name as shown on Form 943

Calla Lily Company

Type of filer (check one):

☒ Section 3504 agent

☐ CPEO

☐ Other third party

Report for calendar year:

(Same as Form 943):

2026

This Schedule R is attached to:

☒ Form 943 ☐ Form 943-X

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 EIN		(b) Type of wages (CPEO only)	(c) Form 943, line 1	(d) Form 943, line 2	(e) Form 943, line 4
1	44-4444444		1	12555 . 00	12555 . 00
2	55-5555555		1	5000 . 00	5000 . 00
3	66-6666666		1	5000 . 00	5000 . 00
4				.	.
5				.	.
6				.	.
7				.	.
8				.	.
9				.	.
10				.	.
11	Subtotals for clients. Add lines 1 through 10		3	22555 . 00	22555 . 00
12	Enter the combined subtotal from line 14 of all Continuation Sheets for Schedule R			.	.
13	Enter Form 943 amounts for your employees			.	.
14	Totals. Add lines 11, 12, and 13		3	22555 . 00	22555 . 00
(f) Form 943, line 6		(g) Form 943, line 8	(h) Form 943, line 12	(i) Form 943, line 13	(j) Form 943, line 14
1	.	50 . 00	.	1970 . 92	2265 . 00
2	.	50 . 00	.	815 . 00	1132 . 50
3	.	50 . 00	.	815 . 00	1132 . 50
4	.	.	.	.	.
5	.	.	.	.	.
6	.	.	.	.	.
7	.	.	.	.	.
8	.	.	.	.	.
9	.	.	.	.	.
10	.	.	.	.	.
11	.	150 . 00	.	3600 . 92	4530 . 00
12	.	.	.	.	.
13	.	.	.	.	.
14	.	150 . 00	.	3600 . 92	4530 . 00

**Agricultural Employer's Record of
Federal Tax Liability**
Go to www.irs.gov/Form943A for instructions and the latest information.
File with Form 943 or Form 943-X.

OMB No. 1545-0029

2 0 2 6
Calendar Year

Name (as shown on Form 943)

Calla Lily Company

Employer identification number (EIN)

00-3889956

You must complete this form if you're a semiweekly schedule depositor or became one because your accumulated tax liability during any month was \$100,000 or more. Show tax liability here, not deposits. (The IRS gets deposit data from electronic funds transfers.) Don't change your current year tax liability by adjustments reported on any Forms 943-X.

January Tax Liability				February Tax Liability				March Tax Liability			
1	150.03	16		1	150.03	16		1	150.04	16	
2		17		2		17		2		17	
3		18		3		18		3		18	
4		19		4		19		4		19	
5		20	150.03	5		20	150.03	5		20	150.04
6		21		6		21		6		21	
7		22		7		22		7		22	
8		23		8		23		8		23	
9		24		9		24		9		24	
10		25		10		25		10		25	
11		26		11		26		11		26	
12		27		12		27		12		27	
13		28		13		28		13		28	
14		29		14		29		14		29	
15		30		15				15		30	
		31								31	
A Total liability for month 300.06				B Total liability for month 300.06				C Total liability for month 300.08			

April Tax Liability				May Tax Liability				June Tax Liability			
1	150.04	16		1	150.04	16		1	150.04	16	
2		17		2		17		2		17	
3		18		3		18		3		18	
4		19		4		19		4		19	
5		20	150.04	5		20	150.04	5		20	150.04
6		21		6		21		6		21	
7		22		7		22		7		22	
8		23		8		23		8		23	
9		24		9		24		9		24	
10		25		10		25		10		25	
11		26		11		26		11		26	
12		27		12		27		12		27	
13		28		13		28		13		28	
14		29		14		29		14		29	
15		30		15		30		15		30	
						31					
D Total liability for month 300.08				E Total liability for month 300.08				F Total liability for month 300.08			

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 17030C

Form **943-A** (Rev. 12-2024)

July Tax Liability			August Tax Liability			September Tax Liability		
1	150.04	16	1	150.04	16	1	150.04	16
2		17	2		17	2		17
3		18	3		18	3		18
4		19	4		19	4		19
5		20	5		20	5		20
6		21	6		21	6		21
7		22	7		22	7		22
8		23	8		23	8		23
9		24	9		24	9		24
10		25	10		25	10		25
11		26	11		26	11		26
12		27	12		27	12		27
13		28	13		28	13		28
14		29	14		29	14		29
15		30	15		30	15		30
G Total liability for month			300.08	H Total liability for month			300.08	I Total liability for month
								300.08

October Tax Liability				November Tax Liability				December Tax Liability											
1	150.04		16		1	150.04		16		1	150.04		16						
2			17		2			17		2			17						
3			18		3			18		3			18						
4			19		4			19		4			19						
5			20	150.04	5			20	150.04	5			20	150.04					
6			21		6			21		6			21						
7			22		7			22		7			22						
8			23		8			23		8			23						
9			24		9			24		9			24						
10			25		10			25		10			25						
11			26		11			26		11			26						
12			27		12			27		12			27						
13			28		13			28		13			28						
14			29		14			29		14			29						
15			30		15			30		15			30						
				31										31					
J Total liability for month				300.08	K Total liability for month				300.08	L Total liability for month				300.08					
M Total tax liability for year (add lines A through L). This must equal line 13 on Form 943																3600.92			