

July 6, 2026

Tax Year 2026
ATS Scenario 05
Calla Rose Inc
00-3889957

The information below identifies the contents of this scenario.

Form 943

Form 8974

Use the signature option that is applicable to you.

Responsible Party Current: Yes

**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	7
Name (not your trade name)	Calla Rose Inc									
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	12000.00
3	Social security tax (multiply line 2 by 12.4% (0.124))	3	1488.00
4	Wages subject to Medicare tax	4	12000.00
5	Medicare tax (multiply line 4 by 2.9% (0.029))	5	348.00
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	125.00
9	Total taxes before adjustments. Add lines 3, 5, 7, and 8	9	1961.00
10	Current year's adjustments	10	.
11	Total taxes after adjustments (line 9 as adjusted by line 10)	11	1961.00
12	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	12	800.00
13	Total taxes after adjustments and nonrefundable credits. Subtract line 12 from line 11	13	1161.00
14	Total deposits for 2026, including overpayment applied from a prior year and Form 943-X	14	1161.00
15	Balance due. If line 13 is more than line 14, enter the difference and see the instructions	15	0.00
16a	Overpayment. If line 14 is more than line 13, enter the difference	16a	.
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 Rose Inc

Employer identification number (EIN)

00 - 3889957

• **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

Employer identification number (EIN)	0	0	-	3	8	8	9	9	5	7
Name (not your trade name)	Calla Rose Inc									
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	2026									
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	1120	03 / 10 / 2026	00-3889956	800 . 00	.	800 . 00
2	/ /		/ /		.	.	.
3	/ /		/ /		.	.	.
4	/ /		/ /		.	.	.
5	/ /		/ /		.	.	.
6	Add lines 1(g) through 5(g) and enter the total here						800 . 00

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

7	Enter the amount from Part 1, line 6(g)	7	800 . 00
8	Enter the amount from Form 941, line 5a, column 2; Form 943, line 3; or Form 944, line 4a, column 2	8	1488 . 00
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	1488 . 00
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	744 . 00
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	744 . 00
13	Subtract line 12 from line 7	13	56 . 00
14	Enter the amount from Form 941, line 5c, column 2; Form 943, line 5; or Form 944, line 4c, column 2	14	348 . 00
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	174 . 00
16	Credit against the employer share of Medicare tax. Enter the smaller of line 13 or 15	16	56 . 00
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	800 . 00