

February 13, 2025

Tax Year 2024
944 ATS Scenario 06
Lavender Water Flower Shop
00-3568923

Forms Included in Scenario 6

- Form 944

The return is for Sole Proprietor with no balance due, who is requesting a refund and selected a Third-Party Designee. This return uses the On-Line Signature Pin method.

This scenario includes the most current copy of Form 944.

Employer identification number (EIN)		0	0	-	3	5	6	8	9	2	3	
Name (not your trade name)		Lavender Water Flower Shop										
Trade name (if any)		John Lilac										
Address		1 Test Street										
		Number	Street			Suite or room number						
		Cincinnati			OH	45219						
		City		State		ZIP code						
Foreign country name		Foreign province/county			Foreign postal code							

Read the separate instructions before you complete Form 944. Type or print within the boxes.

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

1	Wages, tips, and other compensation	1	3,200	00	
2	Federal income tax withheld from wages, tips, and other compensation	2	319	00	
3	If no wages, tips, and other compensation are subject to social security or Medicare tax	3	<input type="checkbox"/> Check here and go to line 5.		
4	Taxable social security and Medicare wages and tips:				
	Column 1	Column 2			
4a	Taxable social security wages	3,200	00	$\times 0.124 =$ 396	00
4b	Taxable social security tips			$\times 0.124 =$	
4c	Taxable Medicare wages & tips	3,200	00	$\times 0.029 =$ 92	80
4d	Taxable wages & tips subject to Additional Medicare Tax withholding			$\times 0.009 =$	
4e	Total social security and Medicare taxes. Add Column 2 from lines 4a, 4b, 4c, and 4d	4e	489	60	
5	Total taxes before adjustments. Add lines 2 and 4e	5	808	60	
6	Current year's adjustments (see instructions)	6			
7	Total taxes after adjustments. Combine lines 5 and 6	7	808	60	
8	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	8			
9	Total taxes after adjustments and nonrefundable credits. Subtract line 8 from line 7	9	808	60	
10	Total deposits for this year, including overpayment applied from a prior year and overpayments applied from Form 944-X, 941-X, or 941-X (PR)	10	1,000	00	
11	Balance due. If line 9 is more than line 10, enter the difference and see instructions	11			
12	Overpayment. If line 10 is more than line 9, enter the difference	191	40	Check one: <input type="checkbox"/> Apply to next return. <input checked="" type="checkbox"/> Send a refund.	

You MUST complete both pages of Form 944 and SIGN it.

Name (not your trade name) Lavender Water Flower Shop	Employer identification number (EIN) 00 - 3568923
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Part 2: Tell us about your deposit schedule and tax liability for this year.

13 Check one: Line 9 is less than \$2,500. Go to Part 3.

Line 9 is \$2,500 or more. Enter your tax liability for each month. If you're a semiweekly schedule depositor or you became one because you accumulated \$100,000 or more of liability on any day during a deposit period, you must complete Form 945-A instead of the boxes below.

13a	Jan.	13d	Apr.	13g	July	13j	Oct.
	Feb.		May		Aug.		Nov.
13b	Mar.	13e	June	13h	Sept.	13k	Dec.
13c		13f		13i		13l	

Total liability for year. Add lines 13a through 13l. Total must equal line 9. 13m _____

Part 3: Tell us about your business. If question 14 does NOT apply to your business, leave it blank.

14 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.

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 Pluto Canine 111-283-1234

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. 1 2 3 4 5

No.

Part 5: Sign here. You MUST complete both pages of Form 944 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 Only

Preparer's name

Check if you're self-employed

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code