

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.

Form **944 for 2024: Employer's ANNUAL Federal Tax Return**

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Who Must File Form 944

You must file annual Form 944 instead of filing quarterly Forms 941 **only if the IRS notified you in writing.**

Go to www.irs.gov/Form944 for instructions and the latest information.

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

Part 1: Answer these questions for this year. Employers 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	<input type="text" value="3,200"/> <input type="text" value="00"/>
2	Federal income tax withheld from wages, tips, and other compensation	2	<input type="text" value="319"/> <input type="text" value="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	<input type="text" value="3,200"/> <input type="text" value="00"/>	$\times 0.124 =$ <input type="text" value="396"/> <input type="text" value="00"/>
4b	Taxable social security tips	<input type="text" value=""/> <input type="text" value=""/>	$\times 0.124 =$ <input type="text" value=""/> <input type="text" value=""/>
4c	Taxable Medicare wages & tips	<input type="text" value="3,200"/> <input type="text" value="00"/>	$\times 0.029 =$ <input type="text" value="92"/> <input type="text" value="80"/>
4d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value=""/> <input type="text" value=""/>	$\times 0.009 =$ <input type="text" value=""/> <input type="text" value=""/>
4e	Total social security and Medicare taxes. Add Column 2 from lines 4a, 4b, 4c, and 4d	4e	<input type="text" value="489"/> <input type="text" value="60"/>
5	Total taxes before adjustments. Add lines 2 and 4e	5	<input type="text" value="808"/> <input type="text" value="60"/>
6	Current year's adjustments (see instructions)	6	<input type="text" value=""/> <input type="text" value=""/>
7	Total taxes after adjustments. Combine lines 5 and 6	7	<input type="text" value="808"/> <input type="text" value="60"/>
8	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	8	<input type="text" value=""/> <input type="text" value=""/>
9	Total taxes after adjustments and nonrefundable credits. Subtract line 8 from line 7	9	<input type="text" value="808"/> <input type="text" value="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	<input type="text" value="1,000"/> <input type="text" value="00"/>
11	Balance due. If line 9 is more than line 10, enter the difference and see instructions	11	<input type="text" value=""/> <input type="text" value=""/>
12	Overpayment. If line 10 is more than line 9, enter the difference <input type="text" value="191"/> <input type="text" value="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

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.
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
13b	Feb.	13e	May	13h	Aug.	13k	Nov.
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
13c	Mar.	13f	June	13i	Sept.	13l	Dec.
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>

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

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 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

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