

September 8, 2026

Tax Year 2026

ATS Scenario 09

Majestic Sunflower Inc

00-3675983

The information below identifies the contents of this scenario.

- Form 945
- Form 945-A

Responsible Party Current Indicator: Yes

Signature Option: Use the signature method applicable to you.

Annual Return of Withheld Federal Income Tax

For withholding reported on Forms 1099 and W-2G.

For more information on income tax withholding, see Pub. 15 and Pub. 15-A.

Go to www.irs.gov/Form945 for instructions and the latest information.**2026**

Employer identification number (EIN)	0 0 - 3 6 7 5 9 8 3
Name (not your trade name)	Majestic Sunflower Inc
Trade name (if any)	
Address	128 Interval Road
	Number Street Suite or room number
	Burlington VT 05401
	City State ZIP code
	Foreign country name Foreign province/county Foreign postal code

If address is different from prior
return, check here ☐**A** If you don't have to file returns in the future, check here ☐ and enter date final payments made.**A**

1	Federal income tax withheld from pensions, annuities, IRAs, gambling winnings, etc.	1	126,002 40
2	Backup withholding	2	
3	Total taxes. Add lines 1 and 2	3	126,002 40
4	Total deposits for 2026, including overpayment applied from a prior year and overpayment applied from Form 945-X	4	126,502 40
5	Balance due. If line 3 is more than line 4, enter the difference and see the separate instructions	5	
6a	Overpayment. If line 4 is more than line 3, enter the difference	6a	500 00
6b	Check one: ☐ Apply to next return. ☒ Send a refund.		
6c	Routing number	6d	Type: ☐ Checking ☐ Savings
6e	Account number		

Name (not your trade name) Majestic Sunflower Inc	Employer identification number (EIN) 00 — 3675983
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- **All filers:** If line 3 is less than \$2,500, **don't** complete line 7 or Form 945-A.
- **Semiweekly schedule depositors:** Complete Form 945-A and check here ☒
- **Monthly schedule depositors:** Complete line 7, entries 7a through 7m, and check here ☐

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

7a	Jan.	7d	Apr.	7g	July	7j	Oct.
7b	Feb.	7e	May	7h	Aug.	7k	Nov.
7c	Mar.	7f	June	7i	Sept.	7l	Dec.
Total liability for year. Add lines 7a through 7l. Total must equal line 3.				7m			

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 separate 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

Annual Record of Federal Tax Liability

Go to www.irs.gov/Form945A for instructions and the latest information.
File with Form 945, 945-X, CT-1, CT-1 X, 944, or 944-X.

Name (as shown on Form 945, 945-X, CT-1, CT-1 X, 944, or 944-X)
Majestic Sunflower Inc

Employer identification number (EIN)
00-3675983

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 Form 945-X, CT-1 X, or 944-X.

January Tax Liability				February Tax Liability				March Tax Liability			
1	10000	00	17	1	10000	00	17	1	10500	20	17
2			18	2			18	2			18
3			19	3			19	3			19
4			20	4		500	20	4			20
5			21	5			21	5			21
6			22	6			22	6			22
7			23	7			23	7			23
8			24	8			24	8			24
9			25	9			25	9			25
10			26	10			26	10			26
11			27	11			27	11			27
12			28	12			28	12			28
13			29	13			29	13			29
14			30	14				14			30
15			31	15				15			31
16				16				16			
A Total for month 10500.20				B Total for month 10500.20				C Total for month 10500.20			
April Tax Liability				May Tax Liability				June Tax Liability			
1	10000	00	17	1	10000	00	17	1	10500	20	17
2			18	2			18	2			18
3			19	3			19	3			19
4			20	4		500	20	4			20
5			21	5			21	5			21
6			22	6			22	6			22
7			23	7			23	7			23
8			24	8			24	8			24
9			25	9			25	9			25
10			26	10			26	10			26
11			27	11			27	11			27
12			28	12			28	12			28
13			29	13			29	13			29
14			30	14			30	14			30
15				15			31	15			
16				16				16			
D Total for month 10500.20				E Total for month 10500.20				F Total for month 10500.20			

July Tax Liability				August Tax Liability				September Tax Liability			
1	10000	00	17	1	10500	20	17	1	10000	00	17
2			18	2			18	2			18
3			19	3			19	3			19
4			20	4			20	4			20
5			21	5			21	5			21
6			22	6			22	6			22
7			23	7			23	7			23
8			24	8			24	8			24
9			25	9			25	9			25
10			26	10			26	10			26
11			27	11			27	11			27
12			28	12			28	12			28
13			29	13			29	13			29
14			30	14			30	14			30
15			31	15			31	15			
16				16				16			

G Total for month . . . 10500.20

H Total for month . . . 10500.20

I Total for month . . . 10500.20

October Tax Liability				November Tax Liability				December Tax Liability			
1	10500	20	17	1	10000	00	17	1	10500	20	17
2			18	2			18	2			18
3			19	3			19	3			19
4			20	4			20	4			20
5			21	5			21	5			21
6			22	6			22	6			22
7			23	7			23	7			23
8			24	8			24	8			24
9			25	9			25	9			25
10			26	10			26	10			26
11			27	11			27	11			27
12			28	12			28	12			28
13			29	13			29	13			29
14			30	14			30	14			30
15			31	15				15			31
16				16				16			

J Total for month . . . 10500.20

K Total for month . . . 10500.20

L Total for month . . . 10500.20

M Total tax liability for the year (add lines A through L). This must equal line 3 on Form 945 (line 15 on Form CT-1, line 9 on Form 944) 126002.40