

September 29, 2021

Tax Year 2021
941 ATS Scenario 2
Marigold Corporation
00-3333330

Forms Included in Scenario 2

Form 941
Form 941 Schedule B
Form 8453 Emp

The return is for a Corporation with an overpayment who is requesting a credit elect. This return uses the signature method.

These are the most current drafts available.

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

Report for this Quarter of 2021
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<input type="text" value="6"/>
2	Wages, tips, and other compensation	2	<input type="text" value="47,856 . 36"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="4,512 . 36"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/>	Check and go to line 6.

	Column 1		Column 2	
5a	Taxable social security wages*	<input type="text" value="47,856 . 36"/>	$\times 0.124 =$	<input type="text" value="5,934 . 19"/>
5a (i)	Qualified sick leave wages*	<input type="text" value="120 . 01"/>	$\times 0.062 =$	<input type="text" value="7 . 44"/>
5a (ii)	Qualified family leave wages*	<input type="text" value="130 . 01"/>	$\times 0.062 =$	<input type="text" value="8 . 06"/>
5b	Taxable social security tips	<input type="text" value=" ."/>	$\times 0.124 =$	<input type="text" value=" ."/>
5c	Taxable Medicare wages & tips	<input type="text" value="47,856 . 36"/>	$\times 0.029 =$	<input type="text" value="1,387 . 83"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value=" ."/>	$\times 0.009 =$	<input type="text" value=" ."/>
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e		<input type="text" value="7,337 . 52"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f		<input type="text" value=" ."/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6		<input type="text" value="11,849 . 88"/>
7	Current quarter's adjustment for fractions of cents	7		<input type="text" value=" ."/>
8	Current quarter's adjustment for sick pay	8		<input type="text" value=" ."/>
9	Current quarter's adjustments for tips and group-term life insurance	9		<input type="text" value=" ."/>
10	Total taxes after adjustments. Combine lines 6 through 9	10		<input type="text" value="11,849 . 88"/>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a		<input type="text" value=" ."/>
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b		<input type="text" value="263 . 66"/>
11c	Nonrefundable portion of employee retention credit	11c		<input type="text" value=" ."/>

**Include taxable qualified sick and family leave wages for leave taken after March 31, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for wages paid after March 31, 2020, for leave taken before April 1, 2021.*

Name (not your trade name) Marigold Corporation	Employer identification number (EIN) 00-3333330
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Part 1: Answer these questions for this quarter. (continued)

11d Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021 11d

11e Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters) 11e

11f Number of individuals provided COBRA premium assistance

11g Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 11e 11g

12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10 12

13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13a

13b Reserved for future use 13b

13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 13c

13d Refundable portion of employee retention credit 13d

13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021 13e

13f Refundable portion of COBRA premium assistance credit (see instructions for applicable quarters) 13f

13g Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f 13g

13h Total advances received from filing Form(s) 7200 for the quarter 13h

13i Total deposits and refundable credits less advances. Subtract line 13h from line 13g 13i

14 Balance due. If line 12 is more than line 13i, enter the difference and see instructions 14

15 Overpayment. If line 13i is more than line 12, enter the difference Check one: Apply to next return. Send a refund.

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

Name (not your trade name) Marigold Corporation Employer identification number (EIN) 00-3333330

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

17 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.

18a If you're a seasonal employer and you don't have to file a return for every quarter of the year [] Check here.

18b If you're eligible for the employee retention credit solely because your business is a recovery startup business [] Check here.

- 19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19 []
20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20 [] 10 [] 01
21 Qualified wages for the employee retention credit 21 []
22 Qualified health plan expenses for the employee retention credit 22 []
23 Qualified sick leave wages for leave taken after March 31, 2021 23 []
24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24 []
25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25 []
26 Qualified family leave wages for leave taken after March 31, 2021 26 []
27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27 []
28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28 []

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 all three pages of Form 941 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 Tulip Blue

Print your title here Vice President

Date 06/21 /2021

Best daytime phone 555-555-5555

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 B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) -

Name (not your trade name)

Calendar year (Also check quarter)

Report for this Quarter...
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1	<input type="text"/>	9	<input type="text"/>	17	<input type="text"/>	25	<input type="text"/>
2	<input type="text"/>	10	<input type="text"/>	18	<input type="text"/>	26	<input type="text"/>
3	<input type="text"/>	11	<input type="text"/>	19	<input type="text"/>	27	<input type="text"/>
4	<input type="text"/>	12	<input type="text"/>	20	<input type="text"/>	28	<input type="text"/>
5	<input type="text"/>	13	<input type="text"/>	21	<input type="text"/>	29	<input type="text"/>
6	<input type="text"/>	14	<input type="text"/>	22	<input type="text"/>	30	<input type="text"/>
7	<input type="text"/>	15	<input type="text"/>	23	<input type="text"/>	31	<input type="text"/>
8	<input type="text"/>	16	<input type="text"/>	24	5,000 . 00		

Tax liability for Month 1

5,000 . 00

Month 2

1	<input type="text"/>	9	<input type="text"/>	17	<input type="text"/>	25	<input type="text"/>
2	<input type="text"/>	10	<input type="text"/>	18	<input type="text"/>	26	<input type="text"/>
3	<input type="text"/>	11	<input type="text"/>	19	<input type="text"/>	27	<input type="text"/>
4	<input type="text"/>	12	<input type="text"/>	20	<input type="text"/>	28	<input type="text"/>
5	<input type="text"/>	13	<input type="text"/>	21	<input type="text"/>	29	<input type="text"/>
6	<input type="text"/>	14	<input type="text"/>	22	<input type="text"/>	30	<input type="text"/>
7	<input type="text"/>	15	<input type="text"/>	23	<input type="text"/>	31	<input type="text"/>
8	<input type="text"/>	16	<input type="text"/>	24	5,000 . 00		

Tax liability for Month 2

5,000 . 00

Month 3

1	<input type="text"/>	9	<input type="text"/>	17	<input type="text"/>	25	<input type="text"/>
2	<input type="text"/>	10	<input type="text"/>	18	<input type="text"/>	26	<input type="text"/>
3	<input type="text"/>	11	<input type="text"/>	19	<input type="text"/>	27	<input type="text"/>
4	<input type="text"/>	12	<input type="text"/>	20	<input type="text"/>	28	<input type="text"/>
5	<input type="text"/>	13	<input type="text"/>	21	<input type="text"/>	29	<input type="text"/>
6	<input type="text"/>	14	<input type="text"/>	22	<input type="text"/>	30	<input type="text"/>
7	<input type="text"/>	15	<input type="text"/>	23	<input type="text"/>	31	<input type="text"/>
8	<input type="text"/>	16	<input type="text"/>	24	1,586 . 22		

Tax liability for Month 3

1,586 . 22

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total must equal line 12 on Form 941 or Form 941-SS.

Tax liability for the quarter

11,586 . 22

Employment Tax Declaration for an IRS e-file Return

For the period beginning April, 20 21, and ending June, 20 21.

For use with Forms 940, 940-PR, 941, 941-PR, 941-SS, 943, 943-PR, 944, and 945.

(Rev. February 2017)

OMB No. 1545-0967

Department of the Treasury
Internal Revenue Service

► **File electronically. Don't file paper copies.**

► **Information about Form 8453-EMP and its instructions is at www.irs.gov/form8453emp.**

Name (as shown on Form 940, 940-PR, 941, 941-PR, 941-SS, 943, 943-PR, 944, or 945)

Employer identification number

Marigold Corporation

00-3333330

Part I Type of Return and Return Information (Whole dollars only)

Check the box for the return that you'll file using this Form 8453-EMP. Enter the amounts from the applicable lines of the return. If any of the applicable lines on the return are blank, leave line **1b**, **1c**, **2b**, **2c**, **3b**, **3c**, **4b**, **4c**, **5b**, or **5c**, whichever is applicable, blank (don't enter -0-). However, if you entered -0- on the return, enter -0- on the applicable line. Complete a separate Form 8453-EMP for each return.

1a Form 940 check here ► <input type="checkbox"/>	b. Total payments to all employees (Form 940, Part 2, line 3)	1b	
(all 940 series)	c. Balance due (Form 940, Part 4, line 14)	1c	
2a Form 941 check here ► <input checked="" type="checkbox"/>	b. Total taxes after adjustments and credits (Form 941, Part 1, line 12)	2b	11,586.22
(all 941 series)	c. Balance due (Form 941, Part 1, line 14)	2c	
3a Form 943 check here ► <input type="checkbox"/>	b. Total wages subject to social security tax (Form 943, line 2)	3b	
(all 943 series)	c. Balance due (Form 943, line 15)	3c	
4a Form 944 check here ► <input type="checkbox"/>	b. Wages, tips, and other compensation (Form 944, Part 1, line 1)	4b	
	c. Balance due (Form 944, Part 1, line 11)	4c	
5a Form 945 check here ► <input type="checkbox"/>	b. Total taxes (Form 945, line 3)	5b	
	c. Balance due (Form 945, line 5)	5c	

Part II Declaration of Taxpayer (see instructions)

- 6a** I'm requesting a refund on Form 940, 940-PR, 941, 941-PR, 941-SS, 943, 943-PR, 944, or 945.
- b** I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed for the return indicated on lines 1a, 2a, 3a, 4a, or 5a, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

Under penalties of perjury, I declare that I have an approved role (as identified in the instructions for the employment tax return) within the company listed above and the information I've given the electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding return. To the best of my knowledge and belief, the return is true, correct, and complete. I consent to the ERO, transmitter, and/or ISP sending the return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending the ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the return is accepted and, if rejected, the reason(s) for the rejection. If the processing of the return or refund is delayed, I authorize the IRS to disclose to the ERO, transmitter, and/or ISP the reason(s) for the delay, or when the refund was sent.

Sign Here

Tulip Blue Taxpayer's signature
 Tulip Blue Print your name and title
 _____ Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I've reviewed the return indicated above and that the entries on Form 8453-EMP are complete and correct to the best of my knowledge. If I'm only a collector, I'm not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I'll give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns. If I'm also the paid preparer, under penalties of perjury I declare that I've examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. This paid preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN		Phone no.	

Under penalties of perjury, I declare that I've examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			