

September 29, 2021

Tax Year 2021
944 ATS Scenario 10
The Periwinkle Corporation
00-3568123

Forms Included in Scenario 10

- Form 944
- Form 945-A

The return is for a Corporation with no balance due and no overpayment. This return uses the Reporting Agent Pin signature method.

These are the most current drafts available.

Form 944 for 2021: Employer's ANNUAL Federal Tax Return

Department of the Treasury — Internal Revenue Service

OMB No. 1545-2007

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="194,680.00"/>
2	Federal income tax withheld from wages, tips, and other compensation		2	<input type="text" value="84,938.76"/>
3	If no wages, tips, and other compensation are subject to social security or Medicare tax		3	<input type="checkbox"/> Check 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="118,500.00"/>	$\times 0.124 =$ <input type="text" value="14,694.00"/>	*Include taxable qualified sick and family leave wages for leave taken after March 31, 2021, on line 4a. Use lines 4a(i) and 4a(ii) only to report wages paid for leave taken before April 1, 2021.
4a (i)	Qualified sick leave wages*	<input type="text"/>	$\times 0.062 =$ <input type="text"/>	
4a (ii)	Qualified family leave wages*	<input type="text"/>	$\times 0.062 =$ <input type="text"/>	
4b	Taxable social security tips	<input type="text"/>	$\times 0.124 =$ <input type="text"/>	
4c	Taxable Medicare wages & tips	<input type="text" value="194,680.00"/>	$\times 0.029 =$ <input type="text" value="5,645.72"/>	
4d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	$\times 0.009 =$ <input type="text"/>	
4e	Total social security and Medicare taxes. Add Column 2 from lines 4a, 4a(i), 4a(ii), 4b, 4c, and 4d		4e	<input type="text" value="20,339.72"/>
5	Total taxes before adjustments. Add lines 2 and 4e		5	<input type="text" value="105,278.48"/>
6	Current year's adjustments (see instructions)		6	<input type="text"/>
7	Total taxes after adjustments. Combine lines 5 and 6		7	<input type="text" value="105,278.48"/>
8a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974		8a	<input type="text"/>
8b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021		8b	<input type="text"/>
8c	Nonrefundable portion of employee retention credit		8c	<input type="text"/>
8d	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021		8d	<input type="text"/>

▶ You MUST complete all three pages of Form 944 and SIGN it.

Next

Name (not your trade name) The Periwinkle Corporation	Employer identification number (EIN) 00-3568123
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Part 1: Answer these questions for this year. (continued)

8e	Nonrefundable portion of COBRA premium assistance credit	8e	
8f	Number of individuals provided COBRA premium assistance		
8g	Total nonrefundable credits. Add lines 8a, 8b, 8c, 8d, and 8e	8g	
9	Total taxes after adjustments and nonrefundable credits. Subtract line 8g from line 7	9	105,278 48
10a	Total deposits for this year, including overpayment applied from a prior year and overpayments applied from Form 944-X, 944-X (SP), 941-X, or 941-X (PR)	10a	105,278 48
10b	Reserved for future use	10b	
10c	Reserved for future use	10c	
10d	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	10d	
10e	Refundable portion of employee retention credit	10e	
10f	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021	10f	
10g	Refundable portion of COBRA premium assistance credit	10g	
10h	Total deposits and refundable credits. Add lines 10a, 10d, 10e, 10f, and 10g	10h	
10i	Total advances received from filing Form(s) 7200 for the year	10i	
10j	Total deposits and refundable credits less advances. Subtract line 10i from line 10h	10j	
11	Balance due. If line 9 is more than line 10j, enter the difference and see instructions.	11	
12	Overpayment. If line 10j is more than line 9, enter the difference		Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

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.
13b	Feb.	13e	May	13h	Aug.	13k	Nov.
13c	Mar.	13f	June	13i	Sept.	13l	Dec.

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

► You MUST complete all three pages of Form 944 and SIGN it.

Next ►

Name (not your trade name) The Periwinkle Corporation	Employer identification number (EIN) 00-3568123
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Part 3: Tell us about your business. If any question 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.

15 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 **15**

16 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 **16**

17 Qualified wages for the employee retention credit **17**

18 Qualified health plan expenses for the employee retention credit **18**

19 Qualified sick leave wages for leave taken after March 31, 2021 **19**

20 Qualified health plan expenses allocable to qualified sick leave wages reported on line 19 **20**

21 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 19 **21**

22 Qualified family leave wages for leave taken after March 31, 2021 **22**

23 Qualified health plan expenses allocable to qualified family leave wages reported on line 22 **23**

24 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 22 **24**

25 If you're eligible for the employee retention credit in the third quarter solely because your business is a recovery startup business, enter the total of any amounts included on lines 8c and 10e for the third quarter **25**

26 If you're eligible for the employee retention credit in the fourth quarter solely because your business is a recovery startup business, enter the total of any amounts included on lines 8c and 10e for the fourth quarter **26**

INTERNAL USE ONLY

DRAFT AS OF

June 11, 2021

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 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

Annual Record of Federal Tax Liability

(Rev. December 2020)

► Go to www.irs.gov/Form945A for instructions and the latest information.

2021

Department of the Treasury
Internal Revenue Service

► File with Form 945, 945-X, CT-1, CT-1 X, 944, or 944-X.

Calendar Year

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

Employer identification number (EIN)

The Periwinkle Corporation

00-3568123

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		17		1		17		1		17	
2	22	77	18	2		18		2		18	
3			19	3		19		3		19	
4			20	4		20	22 77	4		20	22 77
5			21	5		21		5		21	
6			22	6	22	77	22	6	22	77	22
7			23	7		23		7		23	
8			24	8		24		8		24	
9	22	77	25	9		25		9		25	
10			26	10		26		10		26	
11			27	11		27	22 77	11		27	22 77
12			28	12		28		12		28	
13			29	13	22	77	29	13	22	77	29
14			30	14				14		30	
15			31	15				15		31	
16	22	77		16				16			

A Total for month ▶ 113.85 **B Total for month** ▶ 91.08 **C Total for month** ▶ 91.08

April Tax Liability				May Tax Liability				June Tax Liability			
1			17	1	22	77	17	1			17
2			18	2			18	2			18
3	22	77	19	3			19	3			19
4			20	4			20	4			20
5			21	5			21	5	22	77	21
6			22	6			22	6	22	77	22
7			23	7			23	7			23
8			24	8	22	77	24	8			24
9			25	9			25	9			25
10	22	77	26	10			26	10			26
11			27	11			27	11			27
12			28	12			28	12	22	77	28
13			29	13			29	13	22	77	29
14			30	14			30	14			30
15				15	22	77	31	15			
16				16				16			

D Total for month ▶ 91.08 **E Total for month** ▶ 113.85 **F Total for month** ▶ 91.08

July Tax Liability			August Tax Liability			September Tax Liability						
1		17	22	77	1		17			17		
2		18			2		18			2		22 77
3	22	77	19		3		19			3		19
4		20			4		20		22	77	20	
5		21			5		21	22	77	5		21
6		22			6		22			6		22
7		23	22	77	7	22	77	23		7		23
8		24			8		24			8		24
9		25			9		25			9		25 22 77
10	22	77	26		10		26			10		26
11		27			11		27		22	77	27	
12		28			12		28	22	77	12		28
13		29			13		29			13		29
14		30	22	77	14	22	77	30		14		30
15		31			15		31			15		
16					16					16		

G Total for month ▶ 113.85 **H Total for month** ▶ 91.08 **I Total for month** ▶ 91.08

October Tax Liability			November Tax Liability			December Tax Liability						
1		17			1		17			1		17
2	22	77	18		2		18			2		18
3		19	22	77	3		19			3		19 22 77
4		20			4		20	22	77	4	22	77 20
5		21			5		21			5		21
6		22			6	22	77	22		6		22
7		23	22	77	7		23			7		23
8		24			8		24			8		24
9	22	77	25		9		25			9		25 22 77
10		26			10		26		22	77	26	
11		27			11		27	22	77	11		27
12		28			12		28			12		28
13		29			13	22	77	29		13		29
14		30	22	77	14		30			14		30
15		31			15					15	104,094	44 31
16					16					16		

J Total for month ▶ 113.85 **K Total for month** ▶ 91.08 **L Total for month** ▶ 104,185.52

M Total tax liability for the year (add lines **A** through **L**). This must equal line 3 on Form 945 (line 19 on Form CT-1, line 9 on Form 944). ▶ 105,278.48