

September 05, 2018

Tax Year 2018
943 MeF ATS Scenario 7
Gardenia Company
00-3665543

The information below identifies the contents of this scenario:

- Form 943
- Form 8974

This return is for a single state filer, and uses the most current copies of Form 943 and Form 8974 available at this time. The return should use the Reporting Agent signature method and results in an overpayment (refund).

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form943 for instructions and the latest information.

2018

Type
or
Print

Name (as distinguished from trade name) Gardenia Company	Employer identification number (EIN) 00-3665534
Trade name, if any	
Address (number and street) 20th Test St.	
City or town, state or province, country, and ZIP or foreign postal code Fort Washington, MD 20744	
If you don't have to file returns in the future, check here <input type="checkbox"/>	

If address is different from prior return, check here.

1	Number of agricultural employees employed in the pay period that includes March 12, 2018 . . . ►	1	3
2	Total wages subject to social security tax	2	12000 00
3	Social security tax (multiply line 2 by 12.4% (0.124))	3	1488 00
4	Total wages subject to Medicare tax	4	12000 00
5	Medicare tax (multiply line 4 by 2.9% (0.029))	5	
6	Total wages subject to Additional Medicare Tax withholding	6	
7	Additional Medicare Tax withholding (multiply line 6 by 0.9% (0.009))	7	
8	Federal income tax withheld	8	125 00
9	Total taxes before adjustments. Add lines 3, 5, 7, and 8	9	
10	Current year's adjustments	10	
11	Total taxes after adjustments (line 9 as adjusted by line 10)	11	1961 00
12	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	12	
13	Total taxes after adjustments and credits. Subtract line 12 from line 11	13	1217 00
14	Total deposits for 2018, including overpayment applied from a prior year and Form 943-X	14	2000 00
15	Balance due. If line 13 is more than line 14, enter the difference and see the instructions . . . ►	15	
16	Overpayment. If line 14 is more than line 13, enter the difference ► \$ 783.00 Check one: <input type="checkbox"/> Apply to next return. <input checked="" type="checkbox"/> Send a refund.		

- **All filers:** If line 13 is less than \$2,500, **don't** complete line 17 or Form 943-A.
- **Semiweekly schedule depositors:** Complete Form 943-A and check here • **Monthly schedule depositors:** Complete line 17 and check here

17 Monthly Summary of Federal Tax Liability. (Don't complete if you were a semiweekly schedule depositor.)								
	Tax liability for month			Tax liability for month			Tax liability for month	
A January			F June			K November		
B February			G July			L December		
C March			H August			M Total liability for year (add lines A through L)		
D April			I September					
E May			J October					

Third-Party Designee Do you want to allow another person to discuss this return with the IRS? See separate instructions. Yes. Complete the following. No.

Designee's name ► Phone no. ► Personal identification number (PIN) ►

Sign Here 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.

Signature ► Print Your Name and Title ► Date ►

Paid Preparer Use Only

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

Form **8974:** Qualified Small Business Payroll Tax Credit for Increasing Research Activities

950817

(Rev. December 2017) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) -

Name (not your trade name)

The credit from Part 2, line 12, will be reported on (check only one box):

Form 941, 941-PR, or 941-SS

Form 943 or 943-PR

Form 944 or 944(SP)

Calendar year You must select a quarter if you file Form 941, 941-PR, or 941-SS.

Report for this quarter . . .

Check only one box.

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Part 1: Tell us about your income tax return.

	(a) Ending date of income tax period	(b) Income tax return filed that included Form 6765	(c) Date income tax return was filed	(d) EIN used on Form 6765	(e) Amount from Form 6765, line 44, or if applicable, the amount that was allocated to your EIN	(f) Amount of credit from column (e) taken on a previous period(s)	(g) Remaining credit (subtract column (f) from column (e))
1	12 / 31 / 17	1065	04 / 06 / 18	00-3665543	800 . 00	.	800 . 00
2	/ /		/ /		.	.	.
3	/ /		/ /		.	.	.
4	/ /		/ /		.	.	.
5	/ /		/ /		.	.	.
6	Add lines 1(g) through 5(g) and enter the total here						800 . 00

Part 2: Determine the credit that you can use this period.

7 Enter the amount from Part 1, line 6(g) 7

8 Enter the amount from Form 941 (941-PR or 941-SS), line 5a, Column 2; Form 943 (943-PR), line 3; or Form 944 (944(SP)), line 4a, Column 2 8

9 Enter the amount from Form 941 (941-PR or 941-SS), line 5b, Column 2; or Form 944 (944(SP)), line 4b, Column 2 9

10 Add lines 8 and 9 10

11 Multiply line 10 by 50% (0.50). Check this box if you're a third-party payer of sick pay or check this box if you received a Section 3121(q) Notice and Demand. See the instructions before completing line 11 11 . 00

12 **Credit.** Enter the smaller of line 7 or line 11. Also enter this amount on Form 941 (941-PR or 941-SS), line 11; Form 943 (943-PR), line 12; or Form 944 (944(SP)), line 8 12