

September 20, 2018

Tax Year 2019  
941 MeF ATS Scenario 1  
Orchid Incorporated  
00-3000004

Forms Included in Scenario 1

Form 941

PersonName	John Wildflower
USAddress	1 <sup>st</sup> Test Street Willow Grove, PA 19090

The return is for a Corporation with no balance due. There is an overpayment, taxable Social Security and Medicare wages. This return should use the Reporting Agent Signature method.

This is the most current Form 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 2019**  
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

DRAFT AS  
 June 28, 2018

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

**Part 1: Answer these questions for this quarter.**

<b>1</b> Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	<b>1</b>	<input type="text" value="20"/>
<b>2</b> Wages, tips, and other compensation	<b>2</b>	<input type="text" value="10,200.00"/>
<b>3</b> Federal income tax withheld from wages, tips, and other compensation	<b>3</b>	<input type="text" value="1200.00"/>
<b>4</b> If no wages, tips, and other compensation are subject to social security or Medicare tax		<input type="checkbox"/> Check and go to line 6.
	<b>Column 1</b>	<b>Column 2</b>
<b>5a</b> Taxable social security wages	<input type="text" value="10,200.00"/> × 0.124 =	<input type="text" value="1264.80"/>
<b>5b</b> Taxable social security tips	<input type="text" value="."/> × 0.124 =	<input type="text" value="."/>
<b>5c</b> Taxable Medicare wages & tips	<input type="text" value="10,200.00"/> × 0.029 =	<input type="text" value="295.80"/>
<b>5d</b> Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value="."/> × 0.009 =	<input type="text" value="."/>
<b>5e</b> Add Column 2 from lines 5a, 5b, 5c, and 5d		<input type="text" value="."/>
<b>5f</b> Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)		<input type="text" value="."/>
<b>6</b> Total taxes before adjustments. Add lines 3, 5e, and 5f		<input type="text" value="."/>
<b>7</b> Current quarter's adjustment for fractions of cents		<input type="text" value="."/>
<b>8</b> Current quarter's adjustment for sick pay		<input type="text" value="."/>
<b>9</b> Current quarter's adjustments for tips and group-term life insurance		<input type="text" value="."/>
<b>10</b> Total taxes after adjustments. Combine lines 6 through 9		<input type="text" value="."/>
<b>11</b> Qualified small business payroll tax credit for increasing research activities. Attach Form 8974		<input type="text" value="."/>
<b>12</b> Total taxes after adjustments and credits. Subtract line 11 from line 10		<input type="text" value="."/>
<b>13</b> 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		<input type="text" value="3000.00"/>
<b>14</b> Balance due. If line 12 is more than line 13, enter the difference and see instructions		<input type="text" value="."/>
<b>15</b> Overpayment. If line 13 is more than line 12, enter the difference	<input type="text" value="."/>	Check one: <input type="checkbox"/> Apply to next return. <input checked="" type="checkbox"/> Send a refund.

Name (not your trade name) Orchid Incorporated	Employer identification number (EIN) 00-3000004
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**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are 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 are a monthly schedule depositor, complete the deposit schedule below; if you are 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.

**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 .

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

**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 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

Print your title here

Date

Best daytime phone

**Paid Preparer Use Only**

Check if you are 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