

October 24, 2014

Tax Year 2014
944 ATS Scenario 7
Lavender of the Water Flower Shop
00-3568923

Forms Included in Scenario 7

- Form 944
- Final Payroll Information Statement

Final Payroll Information Statement

PersonName	John Lilac
USAddress	Test 1 Cincinnati, OH 45219

The return is for Sole Proprietor with an overpayment who is requesting a refund and selected a Third Party Designee. This return uses the Online Filer Pin signature method.

Form **944 for 2014: 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.** Instructions and prior-year forms are available at www.irs.gov/form944.

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.

1	Wages, tips, and other compensation	1	<input type="text" value="6,200.00"/>
2	Federal income tax withheld from wages, tips, and other compensation	2	<input type="text" value="1,156.80"/>
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="6,000.00"/>	<input type="text"/>
		x .124 =	
4b	Taxable social security tips	<input type="text" value="200.00"/>	<input type="text"/>
		x .124 =	
4c	Taxable Medicare wages & tips	<input type="text" value="6,200.00"/>	<input type="text"/>
		x .029 =	
4d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	<input type="text"/>
		x .009 =	
4e	Add Column 2 from lines 4a, 4b, 4c, and 4d	4e	<input type="text"/>
5	Total taxes before adjustments. Add lines 2 and 4e	5	<input type="text"/>
6	Current year's adjustments (see instructions)	6	<input type="text" value="80"/>
7	Total taxes after adjustments. Combine lines 5 and 6	7	<input type="text"/>
8	Total deposits for this year, including overpayment applied from a prior year and overpayments applied from Form 944-X, 944-X (PR), 944-X (SP), 941-X, or 941-X (PR)	8	<input type="text" value="2,200.00"/>
9a	Reserved		
9b	Reserved		
10	Reserved		
11	Balance due. If line 7 is more than line 8, enter the difference and see instructions	11	<input type="text"/>
12	Overpayment. If line 8 is more than line 7, enter the difference <input type="text"/>	Check one: <input type="checkbox"/> Apply to next return. <input checked="" type="checkbox"/> Send a refund.	

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

Next

Name (not your trade name)

Lavender of the Water Flower Shop

Employer identification number (EIN)

00-3568923

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

13 Check one: **Line 7 is less than \$2,500. Go to Part 3.**

Line 7 is \$2,500 or more. Enter your tax liability for each month. If you are a semiweekly depositor or you accumulate \$100,000 or more of liability on any day during a deposit period, you must complete Form 945-A instead of the boxes below.

	Jan.		Apr.		Jul.		Oct.	
13a	<input type="text"/>	13d	<input type="text"/>	13g	<input type="text"/>	13j	<input type="text"/>	
	Feb.		May		Aug.		Nov.	
13b	<input type="text"/>	13e	<input type="text"/>	13h	<input type="text"/>	13k	<input type="text"/>	
	Mar.		Jun.		Sep.		Dec.	
13c	<input type="text"/>	13f	<input type="text"/>	13i	<input type="text"/>	13l	<input type="text"/>	
Total liability for year. Add lines 13a through 13l. Total must equal line 7.							13m	<input type="text"/>

Part 3: Tell us about your business. If question 14 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.

12-30-2014

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

Pluto Canine

111-283-1234

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS.

1	2	3	4	5
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No.

Part 5: Sign Here. You MUST complete both 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 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