

October 21, 2014

Tax Year 2014
94x MeF ATS Scenario 8
Majestic Sunflower Inc.
00-3675983

The information below identifies the contents of this scenario.

- Form 945
- Form 945-A
- Binary Attachment

This return should result in no balance due and no overpayment.

Annual Return of Withheld Federal Income Tax

Department of the Treasury
Internal Revenue Service

▶ For withholding reported on Forms 1099 and W-2G.
▶ For more information on income tax withholding, see Pub. 15 (Circ. E) and Pub. 15-A.
▶ Information about Form 945 and its separate instructions is at www.irs.gov/form945.

2014

Type or Print	Name (as distinguished from trade name) <u>Majestic Sunflower Inc</u>	Employer identification number (EIN) <u>00-3675983</u>	If address is different from prior return, check here. ▶ <input type="checkbox"/>
	Trade name, if any		
	Address (number and street) <u>128 Interval Road</u>		
	City or town, state or province, country, and ZIP or foreign postal code <u>Burlington, Vermont 05401</u>		

A If you **do not have to file** returns in the future, check here and enter date final payments made. ▶ -----

1 Federal income tax withheld from pensions, annuities, IRAs, gambling winnings, etc.	1	64,000	50
2 Backup withholding	2	999	50
3 Total taxes. If \$2,500 or more, this must equal line 7M below or Form 945-A, line M	3		
4 Total deposits for 2014, including overpayment applied from a prior year and overpayment applied from Form 945-X	4	65,000	00
5 Balance due. If line 3 is more than line 4, enter the difference and see the separate instructions	5		00
6 Overpayment. If line 4 is more than line 3, enter the difference ▶ \$ _____.			.00

Check one: Apply to next return. Send a refund.

- **All filers:** If line 3 is less than \$2,500, **do not** complete line 7 or Form 945-A.
- **Semiweekly schedule depositors:** Complete **Form 945-A** and check here
- **Monthly schedule depositors:** Complete **line 7, entries A through M**, and check here

7 Monthly Summary of Federal Tax Liability. (Do not 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 the instructions)? Yes. Complete the following. No.

Designee's name ▶ Jennifer Sunflower Phone no. ▶ 444-555-7777 Personal identification number (PIN) ▶ 1 3 4 8 9

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 ▶ President Date ▶ _____

Paid Preparer Use Only

Print/Type preparer's name <u>John Marigold</u>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <u>P00000000</u>
Firm's name ▶ <u>Marigold Quick Tax</u>	Firm's EIN ▶ <u>00-0876545</u>		Phone no. <u>444-345-6789</u>	
Firm's address ▶ <u>167 West Main Street Burlington, Vermont 05401</u>				

Annual Record of Federal Tax Liability

► Information about Form 945-A and its instructions is at www.irs.gov/form945a.

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

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

Employer identification number (EIN)

Majestic Sunflower Inc.

00-3675983

You must complete this form if you are required to deposit on a semiweekly schedule or if your 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.) **DO NOT change your tax liability by adjustments reported on any Form 945-X, 944-X, or CT-1 X.**

January Tax Liability				February Tax Liability				March Tax Liability			
1		17		1		17		1		17	
2		18		2		18	1,025 00	2		18	
3		19		3		19		3		19	
4		20	950 00	4		20		4		20	
5	1,200 00	21		5		21		5	1,500 00	21	
6		22		6	1200 00	22		6		22	
7		23		7		23	1,400 00	7		23	1,400 00
8		24		8		24		8		24	
9		25		9		25		9		25	
10		26	1,400 00	10		26		10		26	
11		27		11		27		11		27	
12	1,450 00	28		12	1,375 00	28		12	1,350 00	28	
13		29		13		29		13		29	1,250 00
14		30		14				14		30	
15		31		15				15		31	
16				16				16			

A Total for month ▶ 5,000.00 **B Total for month** ▶ 5,000.00 **C Total for month** ▶ 5,500.00

April Tax Liability				May Tax Liability				June Tax Liability			
1		17		1		17		1		17	
2		18		2		18		2		18	
3		19		3		19		3		19	1,500 00
4		20		4	1,350 00	20		4		20	
5	1,200 00	21		5		21		5	1,350 00	21	
6		22		6		22		6		22	
7		23	950 00	7		23	1,400 00	7		23	1,250 00
8		24		8		24		8		24	
9		25		9		25		9		25	
10		26		10	1,200 00	26		10	1,500 00	26	
11	1,450 00	27		11		27		11		27	
12		28	1,400 00	12		28	1,150 00	12		28	
13		29		13		29		13		29	
14		30		14		30		14		30	
15				15		31		15			
16				16				16			

D Total for month ▶ 5,000.00 **E Total for month** ▶ 5,100.00 **F Total for month** ▶ 5,600.00

July Tax Liability				August Tax Liability				September Tax Liability			
1		17		1		17		1		17	
2		18		2		18		2		18	1,800 00
3		19		3		19	1,600 00	3		19	
4		20	1,400 00	4		20		4		20	
5		21		5		21		5	1,200 00	21	
6	1,200 00	22		6	1,300 00	22		6		22	
7		23		7		23		7		23	1,400 00
8		24		8		24	1,400 00	8		24	
9		25	1,000 00	9		25		9		25	
10		26		10		26		10		26	
11		27		11		27		11	1,400 00	27	
12		28		12		28		12		28	
13	1,800 00	29		13	1,500 00	29		13		29	
14		30		14		30		14		30	
15		31		15		31		15		31	
16				16				16			

G Total for month ▶ 5,400.00 **H Total for month** ▶ 5,800.00 **I Total for month** ▶ 5,800.00

October Tax Liability				November Tax Liability				December Tax Liability			
1		17		1		17		1		17	
2		18		2		18	1,000 00	2		18	
3		19	1,600 00	3		19		3		19	1,000 00
4		20		4		20		4		20	
5		21		5	1,600 00	21		5		21	
6	1,400 00	22		6		22		6	1,200 00	22	
7		23		7		23		7		23	
8		24		8		24	1,400 00	8		24	1,850 00
9		25		9		25		9		25	
10		26	1,000 00	10		26		10		26	
11		27		11		27		11	1,750 00	27	
12		28		12	1,500 00	28		12		28	
13	1,500 00	29		13		29		13		29	
14		30		14		30		14		30	
15		31		15		31		15		31	
16				16				16			

J Total for month ▶ 5,500.00 **K Total for month** ▶ 5,500.00 **L Total for month** ▶ 5,800.00

M Total tax liability for the year (add lines **A** through **L**). This should equal line 3 on Form 945 (line 15 on Form CT-1, line 7 on Form 944). ▶