

October 21, 2015

Tax Year 2015  
943 MeF ATS Scenario 5  
Lilac Farms and Fertilizer  
00-3775634

The information below identifies the contents of this scenario:

- Form 943
- Form 943-A

This return results in an overpayment and send a refund.

**Employer's Annual Federal Tax Return for Agricultural Employees**

**2015**

► Information about Form 943 and its separate instructions is at [www.irs.gov/form943](http://www.irs.gov/form943).

Type  
or  
Print

Name (as distinguished from trade name) <b>Lilac Farms and Fertilizer</b>	Employer identification number (EIN) <b>00-3775634</b>
Trade name, if any	
Address (number and street) <b>1st Test Street</b>	
City or town, state or province, country, and ZIP or foreign postal code <b>Fort Washington, MD 20744</b>	
If you do not have to file returns in the future, check here <input type="checkbox"/>	

If address is different from prior return, check here.

<b>1</b>	Number of agricultural employees employed in the pay period that includes March 12, 2015	<b>1</b>	1
<b>2</b>	Total wages subject to social security tax	<b>2</b>	36449 95
<b>3</b>	Social security tax (multiply line 2 by 12.4% (.124))	<b>3</b>	
<b>4</b>	Total wages subject to Medicare tax	<b>4</b>	36449 95
<b>5</b>	Medicare tax (multiply line 4 by 2.9% (.029))	<b>5</b>	
<b>6</b>	Total wages subject to Additional Medicare Tax withholding	<b>6</b>	
<b>7</b>	Additional Medicare Tax withholding (multiply line 6 by 0.9% (.009))	<b>7</b>	
<b>8</b>	Federal income tax withheld	<b>8</b>	220 20
<b>9</b>	Total taxes before adjustments. Add lines 3, 5, 7, and 8	<b>9</b>	
<b>10</b>	Current year's adjustments	<b>10</b>	
<b>11</b>	Total taxes after adjustments (line 9 as adjusted by line 10)	<b>11</b>	5797 03
<b>12</b>	Total deposits for 2015, including overpayment applied from a prior year and Form 943-X	<b>12</b>	6130 00
<b>13a</b>	Reserved	<b>13a</b>	
<b>b</b>	Reserved	<b>13b</b>	
<b>14</b>	Reserved	<b>14</b>	
<b>15</b>	<b>Balance due.</b> If line 11 is more than line 12, enter the difference and see the instructions	<b>15</b>	
<b>16</b>	<b>Overpayment.</b> If line 12 is more than line 11, enter the difference		

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

- **All filers:** If line 11 is less than \$2,500, **do not** 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

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

**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 ►				

**Agricultural Employer's Record of  
Federal Tax Liability**

► Information about Form 943-A and its instructions is at [www.irs.gov/form943a](http://www.irs.gov/form943a).  
► File with Form 943 or Form 943-X.

2 0 1 5  
Calendar Year

Name (as shown on Form 943)  
Lilac Farms and Fertilizer

Employer identification number (EIN)  
00-3775634

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 Forms 943-X.**

January Tax Liability			February Tax Liability			March Tax Liability		
1	16		1	16		1	16	
2	17		2	17		2	17	
3	18		3	18		3	18	
4	19		4	19		4	19	
5	20		5	20		5	20	
6	21		6	21	235.10	6	21	235.10
7	22		7	255.41		7	255.41	
8	23		8	23		8	23	
9	24	235.10	9	24		9	24	
10	25	255.41	10	25		10	25	
11	26		11	26		11	26	
12	27		12	27		12	27	
13	28		13	28		13	28	
14	29		14	29		14	29	
15	30		15			15	30	
	31						31	
<b>A Total liability for month ►</b>			<b>B Total liability for month ►</b>			<b>C Total liability for month ►</b>		

April Tax Liability			May Tax Liability			June Tax Liability		
1	16		1	16	146.01	1	16	
2	17		2	255.41		2	17	
3	18	235.10	3	18		3	18	
4	19	255.41	4	19		4	19	
5	20		5	20		5	20	
6	21		6	21		6	21	
7	22		7	22		7	22	
8	23		8	23		8	23	
9	24		9	24		9	24	
10	25		10	25		10	25	
11	26		11	26		11	26	
12	27		12	27		12	27	235.10
13	28		13	28		13	255.41	28
14	29		14	29		14	29	
15	30		15	30		15	30	
	31			31				
<b>D Total liability for month ►</b>			<b>E Total liability for month ►</b>			<b>F Total liability for month ►</b>		

July Tax Liability			August Tax Liability			September Tax Liability		
1		16	1		16	1		16
2		17	2		17	2		17
3		18	3		18	3		18
4		19	4		19	4		19
5		20	5		20	5		20
6		21	6		21	6		21
7		22	7		22	7	235.10	22
8		23	8	255.41	23	8		23
9		24	9		24	9		24
10		25	10	235.10	25	10		25
11	255.41	26	11		26	11		26
12		27	12		27	12	255.41	27
13		28	13		28	13		28
14		29	14		29	14		29
15		30	15		30	15		30
		31			31			

**G** Total liability for month ▶      **H** Total liability for month ▶      **I** Total liability for month ▶

October Tax Liability			November Tax Liability			December Tax Liability		
1		16	1		16	1		16
2		17	2		17	2		17
3		18	3		18	3		18
4		19	4		19	4		19
5		20	5		20	5		20
6		21	6		21	6		21
7		22	7		22	7		22
8		23	8		23	8		23
9		24	9		24	9		24
10	255.41	25	10		25	10		25
11		26	11		26	11		26
12		27	12		27	12	255.41	27
13		28	13		28	13	235.10	28
14		29	14	255.41	29	14		29
15		30	15		30	15		30
		31			31			31

**J** Total liability for month ▶      **K** Total liability for month ▶      **L** Total liability for month ▶

**M** Total tax liability for year (add lines A through L) . . . . . ▶