

December 08, 2015

Tax Year 2015
941 MeF ATS Scenario 1
Orchid Incorporated
00-3000004

Forms Included in Scenario 1

- Form 941
- Final Payroll Information Statement

| | |
|------------|---|
| PersonName | John Wildflower |
| USAddress | 1st Test Street Willow Grove, PA 19090 |

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

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 2015
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Instructions and prior year forms are available at www.irs.gov/form941.

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

Part 1: Answer these questions for this quarter.

| | | | | | | | |
|---|--|-----------------------------------|---|--|-----------------|--|-----------------|
| 1 | Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) | 1 | <input type="text" value="3"/> | | | | |
| 2 | Wages, tips, and other compensation | 2 | <input type="text" value="10,500.00"/> | | | | |
| 3 | Federal income tax withheld from wages, tips, and other compensation | 3 | <input type="text" value="3,895.00"/> | | | | |
| 4 | If no wages, tips, and other compensation are subject to social security or Medicare tax | <input type="checkbox"/> | Check and go to line 6. | | | | |
| <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Column 1</td> <td></td> <td style="text-align: center;">Column 2</td> </tr> </table> | | | | | Column 1 | | Column 2 |
| | Column 1 | | Column 2 | | | | |
| 5a | Taxable social security wages | <input type="text" value="0.00"/> | $\times .124 =$ <input type="text" value="0.00"/> | | | | |
| 5b | Taxable social security tips | <input type="text" value="0.00"/> | $\times .124 =$ <input type="text" value="0.00"/> | | | | |
| 5c | Taxable Medicare wages & tips | <input type="text" value="0.00"/> | $\times .029 =$ <input type="text" value="0.00"/> | | | | |
| 5d | Taxable wages & tips subject to Additional Medicare Tax withholding | <input type="text" value="0.00"/> | $\times .009 =$ <input type="text" value="0.00"/> | | | | |
| 5e | Add Column 2 from lines 5a, 5b, 5c, and 5d | 5e | <input type="text" value="0.00"/> | | | | |
| 5f | Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) | 5f | <input type="text" value="0.00"/> | | | | |
| 6 | Total taxes before adjustments. Add lines 3, 5e, and 5f | 6 | <input type="text" value="0.00"/> | | | | |
| 7 | Current quarter's adjustment for fractions of cents | 7 | <input type="text" value="0.35"/> | | | | |
| 8 | Current quarter's adjustment for sick pay | 8 | <input type="text" value="0.00"/> | | | | |
| 9 | Current quarter's adjustments for tips and group-term life insurance | 9 | <input type="text" value="0.00"/> | | | | |
| 10 | Total taxes after adjustments. Combine lines 6 through 9 | 10 | <input type="text" value="0.00"/> | | | | |
| 11 | Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter | 11 | <input type="text" value="3895.35"/> | | | | |
| 12 | Balance due. If line 10 is more than line 11, enter the difference and see instructions | 12 | <input type="text" value="0.00"/> | | | | |
| 13 | Overpayment. If line 11 is more than line 10, enter the difference | <input type="text" value="0.00"/> | Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund. | | | | |

Name (not your trade name)

Orchid Incorporation

Employer identification number (EIN)

00-3000004

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 Pub. 15 (Circular E), section 11.

14 Check one: [] Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500 but line 10 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.

[X] 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 [1298 . 45]

Month 2 [1298 . 45]

Month 3 [1298 . 45]

Total liability for quarter [.] Total must equal line 10.

[] 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.

15 If your business has closed or you stopped paying wages [X] Check here, and

enter the final date you paid wages [1 2 / 3 0 / 2 0 1 4] .

16 If you are a seasonal employer and you do not 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

[Signature box]

Print your name here

[Name box]

Print your title here

[Title box]

Date

[Date box]

Best daytime phone

[Phone box]

Paid Preparer Use Only

Check if you are self-employed . . . []

Preparer's name

[Preparer name box]

PTIN

[PTIN box]

Preparer's signature

[Preparer signature box]

Date

[Date box]

Firm's name (or yours if self-employed)

[Firm name box]

EIN

[EIN box]

Address

[Address box]

Phone

[Phone box]

City

[City box]

State

[State box]

ZIP code

[ZIP code box]