

October 21, 2014

Tax Year 2015  
941 ATS Scenario 3  
Marty Azalea  
Daffodil Accounting  
00-3222220

#### Forms Included in Scenario 3

- Form 941
- Form 941 Schedule R
- Form 8453-EMP
- Transfer of Business Statement

#### Transfer of Business Statement

OwnerName	Stan Daisy
BusinessChange	PARTNERSHIP
TypeOfSale	TRANSFER
TransferDate	December 30, 2014
PayrollPersonName	Marty Azalea
PayrollPersonUSAddress	222 6th Street Kansas City, MO 64131

The return is for a Sole Proprietor with an overpayment requesting a refund. This return uses the 8453-EMP 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](http://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.**

<b>1</b>	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)</i>	<b>1</b>	<input type="text" value="3"/>
<b>2</b>	Wages, tips, and other compensation	<b>2</b>	<input type="text" value="5,000.00"/>
<b>3</b>	Federal income tax withheld from wages, tips, and other compensation	<b>3</b>	<input type="text" value="975.80"/>
<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.	

	Column 1		Column 2
<b>5a</b> Taxable social security wages	<input type="text" value="5,000.00"/>	x .124 =	<input type="text"/>
<b>5b</b> Taxable social security tips	<input type="text"/>	x .124 =	<input type="text"/>
<b>5c</b> Taxable Medicare wages & tips	<input type="text" value="5,000.00"/>	x .029 =	<input type="text"/>
<b>5d</b> Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	x .009 =	<input type="text"/>

<b>5e</b>	Add Column 2 from lines 5a, 5b, 5c, and 5d	<b>5e</b>	<input type="text"/>
<b>5f</b>	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	<b>5f</b>	<input type="text"/>
<b>6</b>	Total taxes before adjustments. Add lines 3, 5e, and 5f	<b>6</b>	<input type="text"/>
<b>7</b>	Current quarter's adjustment for fractions of cents	<b>7</b>	<input type="text"/>
<b>8</b>	Current quarter's adjustment for sick pay	<b>8</b>	<input type="text"/>
<b>9</b>	Current quarter's adjustments for tips and group-term life insurance	<b>9</b>	<input type="text"/>
<b>10</b>	Total taxes after adjustments. Combine lines 6 through 9	<b>10</b>	<input type="text"/>
<b>11</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, 944-X (PR), or 944-X (SP) filed in the current quarter	<b>11</b>	<input type="text" value="2,000.00"/>
<b>12</b>	Balance due. If line 10 is more than line 11, enter the difference and see instructions	<b>12</b>	<input type="text"/>
<b>13</b>	Overpayment. If line 11 is more than line 10, enter the difference	Check one: <input type="checkbox"/> Apply to next return. <input checked="" type="checkbox"/> Send a refund.	

Name (not your trade name) Marty Azalea	Employer identification number (EIN) 00-3222220
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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 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.
- 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 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 . . . . .  Check here, and enter the final date you paid wages .

- 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

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

**Schedule R (Form 941): Allocation Schedule for Aggregate Form 941 Filers**

(Rev. January 2014)

Department of the Treasury — Internal Revenue Service

**Report for calendar year:**

2015

Check the quarter (same as Form 941):

- 1: January, February, March
- 2: April, May, June
- 3: July, August, September
- 4: October, November, December

Employer identification number (EIN)   -

Name as shown on Form 941

Read the instructions before you complete Schedule R (Form 941). Type or print within the boxes. Complete a separate line for the amounts allocated to each of your clients.

(a) Client's Employer identification number (EIN)	(b) Wages, tips, and other compensation allocated to the listed client EIN from Form 941, line 2	(c) Federal income tax withheld from wages, tips, and other compensation allocated to the listed client EIN from Form 941, line 3	(d) Total social security and Medicare taxes allocated to the listed client EIN from Form 941, line 5e	(e) Section 3121(q) Notice and Demand-Tax due on unreported tips allocated to the listed client EIN from Form 941, line 5f	(f) Total taxes after adjustments allocated to the listed client EIN from Form 941, line 10	(g) Total deposits from Form 941, line 11, plus any payments made with the return allocated to the listed client EIN
1 00-3012345	1,000 . 00	675 . 80	265 . 00	.	940 . 80	1,200 . 00
2 00-3234567	.	300 . 00	.	.	300 . 00	300 . 00
3 00-3345678	4,000 . 00	.	500 . 00	.	500 . 00	500 . 00
4	.	.	.	.	.	.
5	.	.	.	.	.	.
6	.	.	.	.	.	.
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14	.	.	.	.	.	.
15	.	.	.	.	.	.
16 Subtotals for clients. Add all amounts on lines 1 through 15	5,000 . 00	975 . 80	765 . 00	.	1,740 . 80	2,000 . 00
17 Enter the combined subtotal from line 26 of all Continuation Sheets for Schedule R (Form 941)	.	.	.	.	.	.
18 Enter Form 941 amounts for your employees	.	.	.	.	.	.
19 Totals. Add lines 16, 17, and 18. The column totals must match the related lines on the aggregate Form 941.	.	.	.	.	.	.

# Continuation Sheet for Schedule R (Form 941)

(Rev. January 2014)

**Report for calendar year:**

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Check the quarter (same as Form 941):

- 1: January, February, March
- 2: April, May, June
- 3: July, August, September
- 4: October, November, December

Employer identification number (EIN)   -

Name as shown on Form 941

(a) Client's Employer identification number (EIN)	(b) Wages, tips, and other compensation allocated to the listed client EIN from Form 941, line 2	(c) Federal income tax withheld from wages, tips, and other compensation allocated to the listed client EIN from Form 941, line 3	(d) Total social security and Medicare taxes allocated to the listed client EIN from Form 941, line 5e	(e) Section 3121(q) Notice and Demand- Tax due on unreported tips allocated to the listed client EIN from Form 941, line 5f	(f) Total taxes after adjustments allocated to the listed client EIN from Form 941, line 10	(g) Total deposits from Form 941, line 11, plus any payments made with the return allocated to the listed client EIN
1	.	.	.	.	.	.
2	.	.	.	.	.	.
3	.	.	.	.	.	.
4	.	.	.	.	.	.
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21	.	.	.	.	.	.
22	.	.	.	.	.	.
23	.	.	.	.	.	.
24	.	.	.	.	.	.
25	.	.	.	.	.	.
26	Subtotals for clients. Add lines 1 through 25. Include the subtotals from line 26 on line 17 of Schedule R (Form 941).	.	.	.	.	.

Name (as shown on Form 940, 940-PR, 941, 941-PR, 941-SS, 943, 943-PR, 944, or 945)

Employer identification number

Marty Azalea

00-3222220

**Part I Type of Return and Return Information** (Whole dollars only)

Check the box for the return that you will file using this Form 8453-EMP. Enter the amounts from the applicable lines of the return. If any of the applicable lines on the return are blank, leave line 1b, 1c, 2b, 2c, 3b, 3c, 4b, 4c, 5b, or 5c, whichever is applicable, blank (do not enter -0-). However, if you entered -0- on the return, enter -0- on the applicable line. Complete a separate Form 8453-EMP for each return.

1a Form 940 check here ▶ <input type="checkbox"/>	b. Total payments to all employees (Form 940, Part 2, line 3)	1b	
(all 940 series)	c. Balance due (Form 940, Part 4, line 14)	1c	
2a Form 941 check here ▶ <input checked="" type="checkbox"/>	b. Total taxes after adjustments (Form 941, Part 1, line 10)	2b	1,740.80
(all 941 series)	c. Balance due (Form 941, Part 1, line 12 (line 14 for the fourth quarter of 2013))	2c	.00
3a Form 943 check here ▶ <input type="checkbox"/>	b. Total wages subject to social security tax (Form 943, line 2)	3b	
(all 943 series)	c. Balance due (Form 943, line 15)	3c	
4a Form 944 check here ▶ <input type="checkbox"/>	b. Wages, tips, and other compensation (Form 944, Part 1, line 1)	4b	
	c. Balance due (Form 944, Part 1, line 11)	4c	
5a Form 945 check here ▶ <input type="checkbox"/>	b. Total taxes (Form 945, line 3)	5b	
	c. Balance due (Form 945, line 5)	5c	

**Part II Declaration of Taxpayer** (see instructions)

- 6a  I am requesting a refund on Form 940, 940-PR, 941, 941-PR, 941-SS, 943, 943-PR, 944, or 945.
- b  I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed for the return indicated on lines 1a, 2a, 3a, 4a, or 5a, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

Under penalties of perjury, I declare that I have an approved role (as identified in the instructions for the employment tax return) within the company listed above and the information I have given the electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding return. To the best of my knowledge and belief, the return is true, correct, and complete. I consent to the ERO, transmitter, and/or ISP sending the return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending the ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the return is accepted and, if rejected, the reason(s) for the rejection. If the processing of the return or refund is delayed, I authorize the IRS to disclose to the ERO, transmitter, and/or ISP the reason(s) for the delay, or when the refund was sent.

**Sign Here** ▶ \_\_\_\_\_ ▶ Marty Azalea Sole Proprietor ▶ 1-15-2015  
Taxpayer's signature Print your name and title Date

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer** (see instructions)

I declare that I have reviewed the return indicated above and that the entries on Form 8453-EMP are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 3112, IRS e-file Application and Participation, Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns, and Pub. 3823, Employment Tax e-file System Implementation and User Guide. If I am also the paid preparer, 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. This paid preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature ▶ <u>Sam Rose</u>	Date <u>1-15-2015</u>	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P12345678</u>
	Firm's name (or yours if self-employed), address, and ZIP code ▶ <u>Rose in Bloom</u>	EIN <u>00-1234567</u>	Phone no. <u>111-222-33333</u>		

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. This declaration is based on all information of which I have any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.