

November 2, 2015

Tax Year 2015
94x MeF ATS Scenario 9
Majestic Sunflower Inc.
00-3675983

The information below identifies the contents of this scenario.

- Form 945
- Form 945-A
- Form 8453-EMP - Binary Attachment

This return should result in no balance due and no overpayment.
This is the most current copy of Form 945 available at this time.

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 and Pub. 15-A.
▶ Information about Form 945 and its separate instructions is at www.irs.gov/form945.

2015

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	50,500	75
2	Backup withholding	2		
3	Total taxes. If \$2,500 or more, this must equal line 7M below or Form 945-A, line M	3	51,000	00
4	Total deposits for 2015, including overpayment applied from a prior year and overpayment applied from Form 945-X	4		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	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

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)

Majestic Sunflower Inc.

Employer identification number (EIN)

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	950	00
2		18	2		18	2		18
3	1,000	00	3		19	3		1,000 00
4		20	4	1,000	25	4		20
5		21	5	1,000	00	5		21
6		22	6		22	6		22
7		23	7		23	7		23
8	250	00	8		24	8	1,000	00
9		25	9		25	9	1,000	00
10		26	10	999	00	10		26
11		27	11		27	11		1,050 00
12	1,000	75	12	1,000	00	12		28
13		29	13		29	13		29
14		30	14			14		30
15		31	15			15	250	00
16			16	250	00	16		

A Total for month ▶ 4,250.00 **B Total for month** ▶ 4,250.00 **C Total for month** ▶ 4,250.00

April Tax Liability			May Tax Liability			June Tax Liability		
1		17	1		17	1		17
2	1,000	00	2		18	2		1,000 00
3		19	3		19	3		19
4		20	4		20	4	950	00
5		21	5	1,000	00	5		21
6		22	6	1,000	00	6	1,000	00
7	950	00	7		23	7		23
8		24	8		24	8	1,050	00
9		25	9		25	9		25
10		26	10	1050	00	10	1,000	00
11		27	11		27	11		1,000 00
12		28	12	1,000	00	12		28
13		29	13		29	13		29
14		30	14		30	14	250	00
15	250	00	15		31	15	250	00
16			16			16		

D Total for month ▶ 4,250.00 **E Total for month** ▶ 4,250.00 **F Total for month** ▶ 4,250.00

July Tax Liability			August Tax Liability			September Tax Liability						
1		17			17			17				
2		18	250	00	18	1,000	00	18				
3	1,000	19			19			19	1,000	00		
4		20			20			20	950	00		
5		21			21	1,000	00	21				
6		22			22			22				
7		23			23			23				
8		24	1,000	00	24	1,000	00	24				
9		25			25			25	250	00	1,000	00
10	1,000	26			26			26				
11		27			27	1,000	00	27				
12		28	1,000	00	28			28				
13		29			29			29	1,050	00		
14		30			30	250	00	30				
15		31			31			31				
16					16			16				

G Total for month ▶ 4,250.00 **H Total for month** ▶ 4,250.00 **I Total for month** ▶ 4,250.00

October Tax Liability			November Tax Liability			December Tax Liability				
1		17			17			17		
2		18			18	1,000	00	18	1,000	00
3		19	1,000	00	19	1,000	00	19		
4	1,000	20			20			20	1,000	00
5		21			21			21		
6		22			22			22		
7		23			23			23	1,000	00
8		24			24	1,000	00	24		
9		25			25	1,000	00	25		
10		26			26			26	1,000	00
11	1,000	27	1,000	00	27			27		
12		28			28			28		
13		29			29			29	250	00
14		30			30			30		
15	250	31			31	250	00	31		
16					16			16		

J Total for month ▶ 4,250.00 **K Total for month** ▶ 4,250.00 **L Total for month** ▶ 4,250.00

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). ▶