

October 27, 2015

Tax Year 2016
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, an overpayment, with taxable Social Security and 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 2016
 (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="20"/>
2	Wages, tips, and other compensation	2	<input type="text" value="10200.00"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="1200.00"/>
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.	

	Column 1		Column 2
5a Taxable social security wages	<input type="text" value="10200.00"/>	$\times .124 =$	<input type="text"/>
5b Taxable social security tips	<input type="text"/>	$\times .124 =$	<input type="text"/>
5c Taxable Medicare wages & tips	<input type="text" value="10200.00"/>	$\times .029 =$	<input type="text"/>
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	$\times .009 =$	<input type="text"/>

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<input type="text"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text"/>
8	Current quarter's adjustment for sick pay	8	<input type="text"/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text"/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text"/>
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, or 944-X (SP) filed in the current quarter	11	<input type="text" value="3000.00"/>
12	Balance due. If line 10 is more than line 11, enter the difference and see instructions	12	<input type="text"/>
13	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)

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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 section 11 of Pub. 15.

- 14 Check one: [] Line 10 on this return is less than \$2,500... [X] You were a monthly schedule depositor for the entire quarter.

Tax liability: Month 1 1000.00, Month 2 1000.00, Month 3 760.60, Total liability for quarter .

- [] 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.



Sign your name here

Signature line

Print your name here

Name line

Print your title here

Title line

Date

Date line

Best daytime phone

Phone line

Paid Preparer Use Only

Check if you are self-employed []

Preparer's name

Preparer's name line

PTIN

PTIN line

Preparer's signature

Preparer's signature line

Date

Date line

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

Firm's name line

EIN

EIN line

Address

Address line

Phone

Phone line

City

City line

State

State line

ZIP code

ZIP code line