

September 20, 2016

Tax Year 2017
941 MeF ATS Scenario 1
Orchid Incorporated
00-3000004

Forms Included in Scenario 1

- Form 941
- Final Payroll Information Statement

Person Name	John Wildflower
USA Address	1 st 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)		0	0	-	3	0	0	0	0	0	4
Name (not your trade name)		Orchid Incorporated									
Trade name (if any)											
Address		1st Test Street									
		Number	Street				Suite or room number				
		Willow			PA			19090			
		City			State			ZIP code			
Foreign country name					Foreign province/county			Foreign postal code			

Report for this Quarter of 2017
(Check one.)

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: <i>Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)</i>	1	20
2	Wages, tips, and other compensation	2	10200 □ 00
3	Federal income tax withheld from wages, tips, and other compensation	3	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	10200 □ 00	$\times 0.124 =$ □
5b	Taxable social security tips	□	$\times 0.124 =$ □
5c	Taxable Medicare wages & tips	10200 □ 00	$\times 0.029 =$ □
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	□	$\times 0.009 =$ □
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	□
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	□
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	□
7	Current quarter's adjustment for fractions of cents	7	□
8	Current quarter's adjustment for sick pay	8	□
9	Current quarter's adjustments for tips and group-term life insurance	9	□
10	Total taxes after adjustments. Combine lines 6 through 9	10	□
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	□
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	□
13	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	13	3000 □ 00
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	□
15	Overpayment. If line 13 is more than line 12, enter the difference	□	Check one: <input type="checkbox"/> Apply to next return. <input checked="" type="checkbox"/> Send a refund.

► You **MUST** complete both pages of Form 941 and **SIGN** it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 17001Z

Form **941** (Rev. 1-2017)

Next 

Name (not your trade name)

Orchid Incorporated

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 section 11 of Pub. 15.

16 Check one: Line 12 on this return is less than \$2,500 or line 12 (line 10 if the prior quarter was the fourth quarter of 2016) on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 (line 10 if the prior quarter was the fourth quarter of 2016) for the prior quarter was less than \$2,500 but line 12 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 12.

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.

17 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages .

18 If you are a seasonal employer and you don't 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