

September 22, 2017

Tax Year 2017
94x MeF ATS Scenario 11
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.
▶ Go to www.irs.gov/Form945 for instructions and the latest information.

2017

Type or Print	Name (as distinguished from trade name) Majestic Sunflower Inc.	Employer identification number (EIN) 00-3675983	If address is different from prior return, check here. <input type="checkbox"/>
	Trade name, if any		
	Address (number and street) 128 Interval Road		
	City or town, state or province, country, and ZIP or foreign postal code Burlington, Vermont 05401		

A If you don't 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	4,025	50
2	Backup withholding	2	534	50
3	Total taxes. If \$2,500 or more, this must equal line 7M below or Form 945-A, line M	3		
4	Total deposits for 2017, including overpayment applied from a prior year and overpayment applied from Form 945-X	4	4560	00
5	Balance due. If line 3 is more than line 4, enter the difference and see the separate instructions	5		
6	Overpayment. If line 4 is more than line 3, enter the difference ▶ \$ _____			

Check one: Apply to next return. Send a refund.

- **All filers:** If line 3 is less than \$2,500, **don't** 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. (Don't 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 separate 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 ▶ _____ 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

(Rev. October 2017)

► Go to www.irs.gov/Form945A for the latest information.

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Department of the Treasury
Internal Revenue Service

► File with Form 945, 945-X, CT-1, CT-1 X, 944, or 944-X.

Calendar Year

Name (as shown on Form 945, 945-X, CT-1, CT-1 X, 944, or 944-X)

Employer identification number (EIN)

Majestic Sunflower Inc.

00-3675983

You must complete this form if you're a semiweekly schedule depositor or became one because your accumulated 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.) Don't change your current year tax liability by adjustments reported on any Form 945-X, CT-1 X, or 944-X.

January Tax Liability			February Tax Liability			March Tax Liability		
1		17	1		17	1		17
2		18	2		18	2		18
3		19	3		19	3		19
4		20	4		20	4		20
5		21	5		21	5		21
6		22	6		22	6		22
7		23	7		23	7	194	75
8	185	25	8		24	8		24
9		25	9	185	25	9	185	25
10		26	10		26	10		26
11		27	11	194	75	11		27
12		28	12		28	12		28
13		29	13		29	13		29
14		30	14			14		30
15		31	15			15		31
16			16			16		

A Total for month ▶ 380.00 **B Total for month** ▶ **C Total for month** ▶ 380.00

April Tax Liability			May Tax Liability			June Tax Liability		
1		17	1		17	1		17
2		18	2		18	2		18
3		19	3		19	3		19
4		20	4		20	4		20
5		21	5		21	5	194	75
6		22	6		22	6		22
7		23	7	194	75	7		23
8		24	8		24	8		24
9		25	9	185	25	9		25
10		26	10		26	10		26
11	185	25	11		27	11		27
12		28	12		28	12		28
13		29	13		29	13	185	25
14		30	14		30	14		30
15			15		31	15		
16			16			16		

D Total for month ▶ 380.00 **E Total for month** ▶ 380.00 **F Total for month** ▶

July Tax Liability				August Tax Liability				September Tax Liability			
1		17		1		17		1		17	
2		18		2		18		2		18	
3		19		3		19		3		19	
4		20		4		20		4		20	
5		21		5		21		5		21	
6		22		6		22		6	185	25	22
7		23		7		23	194	75			23
8		24		8		24				194	75
9	185	25		9		25					25
10		26		10		26					26
11		27	194	75	11			11			27
12		28		12		28		12			28
13		29		13	185	25	29	13			29
14		30		14		30		14			30
15		31		15		31		15			31
16				16				16			

G Total for month ▶ **H Total for month** ▶ 380.00 **I Total for month** ▶

October Tax Liability				November Tax Liability				December Tax Liability			
1		17		1		17		1		17	
2		18		2		18		2		18	
3		19		3		19		3		19	
4		20		4		20		4		20	
5		21	194	75	5		21	5		21	
6		22		6		22	194	75	6		22
7		23		7		23		7		23	
8		24		8		24		8	185	25	24
9	185	25		9		25		9			25
10		26		10		26		10			26
11		27		11	185	25	27	11			27
12		28		12		28		12			28
13		29		13		29		13			29
14		30		14		30		14			30
15		31		15		31		15			31
16				16				16			

J Total for month ▶ 380.00 **K Total for month** ▶ **L Total for month** ▶ 380.00

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 9 on Form 944). ▶

(Rev. February 2017)

Department of the Treasury
Internal Revenue Service

► **File electronically. Don't file paper copies.**

► **Information about Form 8453-EMP and its instructions is at www.irs.gov/form8453emp.**

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

Employer identification number

Majestic Sunflower Inc.

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

Check the box for the return that you'll 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 (don't 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 type="checkbox"/>	b. Total taxes after adjustments and credits (Form 941, Part 1, line 12)	2b
(all 941 series)	c. Balance due (Form 941, Part 1, line 14)	2c
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'm 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've 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

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've 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'm only a collector, I'm 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'll 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, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns. If I'm also the paid preparer, under penalties of perjury I declare that I've 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.

ERO's Use Only	ERO's signature <input type="text"/>	Date <input type="text"/>	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <input type="text"/>
	Firm's name (or yours if self-employed), address, and ZIP code <input type="text"/>	EIN <input type="text"/>		Phone no. <input type="text"/>	

Under penalties of perjury, I declare that I've 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.

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