

October 11, 2023

Tax Year 2023
941-SS ATS Scenario 5
Baba Rose
Azalea Accounting Services
00-3999999

Form and Schedule included in Scenario 5

Form 941-SS
Schedule B (Form 941)

The return is for Sole Proprietor with no balance due or overpayment. This return uses the Reporting Agent Signature method.

This scenario includes the most current copy of the Form 941-SS and Schedule B (Form 941).

Form 941-SS for 2023:

(Rev. March 2023)

Department of the Treasury — Internal Revenue Service

Employer's QUARTERLY Federal Tax Return

American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands

OMB No. 1545-0029

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 2023
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to www.irs.gov/Form941SS for instructions and the latest information.

Read the separate instructions before you complete Form 941-SS. 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

2

3

4 If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6.

| | Column 1 | Column 2 | |
|--|--|---------------------------------------|---------------------------------------|
| 5a Taxable social security wages* | <input type="text" value="30,000.00"/> | <input type="text" value="3,720.00"/> | |
| 5a (i) Qualified sick leave wages* | <input type="text"/> | <input type="text"/> | |
| 5a (ii) Qualified family leave wages* | <input type="text"/> | <input type="text"/> | |
| 5b Taxable social security tips | <input type="text"/> | <input type="text"/> | |
| 5c Taxable Medicare wages & tips | <input type="text" value="30,000.00"/> | <input type="text" value="870.00"/> | |
| 5d Taxable wages & tips subject to Additional Medicare Tax withholding | <input type="text"/> | <input type="text"/> | |
| 5e Total social security and Medicare taxes. Add column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d | | | <input type="text" value="4,590.00"/> |
| 5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) | | | <input type="text"/> |
| 6 Total taxes before adjustments. Add lines 5e and 5f | | | <input type="text" value="4,590.00"/> |
| 7 Current quarter's adjustment for fractions of cents | | | <input type="text"/> |
| 8 Current quarter's adjustment for sick pay | | | <input type="text"/> |
| 9 Current quarter's adjustments for tips and group-term life insurance | | | <input type="text"/> |
| 10 Total taxes after adjustments. Combine lines 6 through 9 | | | <input type="text" value="4,590.00"/> |
| 11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 | | | <input type="text"/> |
| 11b Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 | | | <input type="text"/> |
| 11c Reserved for future use | | | <input type="text"/> |

* Include taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2020, and before April 1, 2021.

You MUST complete all three pages of Form 941-SS and SIGN it.

| | |
|---|--|
| Name (not your trade name) Baba Rose | Employer identification number (EIN) 00 - 3999999 |
|---|--|

Part 1: Answer these questions for this quarter. (continued)

| | | | |
|-----|---|-----|--|
| 11d | Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 | 11d | <input type="text"/> |
| 11e | Reserved for future use | 11e | <input type="text"/> |
| 11f | Reserved for future use | | <input type="text"/> |
| 11g | Total nonrefundable credits. Add lines 11a, 11b, and 11d | 11g | <input type="text"/> |
| 12 | Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10 | 12 | <input type="text" value="4,590"/> <input type="text" value="00"/> |
| 13a | Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 944-X, or 944-X (SP) filed in the current quarter | 13a | <input type="text" value="4,590"/> <input type="text" value="00"/> |
| 13b | Reserved for future use | 13b | <input type="text"/> |
| 13c | Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 | 13c | <input type="text"/> |
| 13d | Reserved for future use | 13d | <input type="text"/> |
| 13e | Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 | 13e | <input type="text"/> |
| 13f | Reserved for future use | 13f | <input type="text"/> |
| 13g | Total deposits and refundable credits. Add lines 13a, 13c, and 13e | 13g | <input type="text" value="4,590"/> <input type="text" value="00"/> |
| 13h | Reserved for future use | 13h | <input type="text"/> |
| 13i | Reserved for future use | 13i | <input type="text"/> |
| 14 | Balance due. If line 12 is more than line 13g, enter the difference and see instructions | 14 | <input type="text"/> |
| 15 | Overpayment. If line 13g is more than line 12, enter the difference <input type="text"/> <input type="text"/> Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund. | | |

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 8 of Pub. 80.

16 Check one: Line 12 on this return is less than \$2,500 or line 12 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 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're a monthly schedule depositor, complete the deposit schedule below; if you're 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 | <input type="text"/> |
| | Month 2 | <input type="text"/> |
| | Month 3 | <input type="text"/> |
| Total liability for quarter | | <input type="text"/> |

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-SS. Go to Part 3.

You MUST complete all three pages of Form 941-SS and SIGN it.

| | |
|---|--|
| Name (not your trade name) Baba Rose | Employer identification number (EIN) 00 - 3999999 |
|---|--|

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 ; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year Check here.

| | | |
|--|----|--------------------------------|
| 19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 | 19 | <input type="text" value="."/> |
| 20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 | 20 | <input type="text" value="."/> |
| 21 Reserved for future use | 21 | <input type="text" value="."/> |
| 22 Reserved for future use | 22 | <input type="text" value="."/> |
| 23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 | 23 | <input type="text" value="."/> |
| 24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 | 24 | <input type="text" value="."/> |
| 25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 | 25 | <input type="text" value="."/> |
| 26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 | 26 | <input type="text" value="."/> |
| 27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 | 27 | <input type="text" value="."/> |
| 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 | 28 | <input type="text" value="."/> |

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 all three pages of Form 941-SS 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 | <input style="width:95%;" type="text"/> | Print your name here | <input style="width:95%;" type="text" value="Rose Lilly"/> |
| Date | <input style="width:150px;" type="text" value="/ /"/> | Print your title here | <input style="width:95%;" type="text" value="Reporting Agent"/> |
| | | Best daytime phone | <input style="width:150px;" type="text" value="111-333-5555"/> |

Paid Preparer Use Only

Check if you're self-employed

| | | | |
|---|---|----------|---|
| Preparer's name | <input style="width:95%;" type="text"/> | PTIN | <input style="width:95%;" type="text"/> |
| Preparer's signature | <input style="width:95%;" type="text"/> | Date | <input style="width:150px;" type="text" value="/ /"/> |
| Firm's name (or yours if self-employed) | <input style="width:95%;" type="text"/> | EIN | <input style="width:95%;" type="text"/> |
| Address | <input style="width:95%;" type="text"/> | | |
| City | <input style="width:150px;" type="text"/> | State | <input style="width:50px;" type="text"/> |
| | | ZIP code | <input style="width:100px;" type="text"/> |

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) -

Name (not your trade name)

Calendar year (Also check quarter)

Report for this Quarter...
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

| | | | | | | | |
|---|----------------------|----|----------------------|----|----------------------|----|----------------------|
| 1 | <input type="text"/> | 9 | <input type="text"/> | 17 | <input type="text"/> | 25 | <input type="text"/> |
| 2 | <input type="text"/> | 10 | <input type="text"/> | 18 | <input type="text"/> | 26 | <input type="text"/> |
| 3 | <input type="text"/> | 11 | <input type="text"/> | 19 | <input type="text"/> | 27 | <input type="text"/> |
| 4 | <input type="text"/> | 12 | <input type="text"/> | 20 | <input type="text"/> | 28 | <input type="text"/> |
| 5 | <input type="text"/> | 13 | <input type="text"/> | 21 | <input type="text"/> | 29 | <input type="text"/> |
| 6 | <input type="text"/> | 14 | <input type="text"/> | 22 | <input type="text"/> | 30 | <input type="text"/> |
| 7 | <input type="text"/> | 15 | <input type="text"/> | 23 | <input type="text"/> | 31 | <input type="text"/> |
| 8 | <input type="text"/> | 16 | <input type="text"/> | 24 | <input type="text"/> | | <input type="text"/> |

Tax liability for Month 1

0 . 00

Month 2

| | | | | | | | |
|---|----------------------|----|----------------------|----|----------------------|----|----------------------|
| 1 | <input type="text"/> | 9 | <input type="text"/> | 17 | <input type="text"/> | 25 | <input type="text"/> |
| 2 | <input type="text"/> | 10 | <input type="text"/> | 18 | <input type="text"/> | 26 | <input type="text"/> |
| 3 | <input type="text"/> | 11 | <input type="text"/> | 19 | <input type="text"/> | 27 | <input type="text"/> |
| 4 | <input type="text"/> | 12 | <input type="text"/> | 20 | <input type="text"/> | 28 | <input type="text"/> |
| 5 | <input type="text"/> | 13 | <input type="text"/> | 21 | <input type="text"/> | 29 | <input type="text"/> |
| 6 | <input type="text"/> | 14 | <input type="text"/> | 22 | <input type="text"/> | 30 | <input type="text"/> |
| 7 | <input type="text"/> | 15 | <input type="text"/> | 23 | <input type="text"/> | 31 | <input type="text"/> |
| 8 | <input type="text"/> | 16 | <input type="text"/> | 24 | <input type="text"/> | | <input type="text"/> |

Tax liability for Month 2

0 . 00

Month 3

| | | | | | | | |
|---|----------------------|----|---|----|----------------------|----|----------------------|
| 1 | <input type="text"/> | 9 | <input type="text"/> | 17 | <input type="text"/> | 25 | <input type="text"/> |
| 2 | <input type="text"/> | 10 | <input type="text"/> | 18 | <input type="text"/> | 26 | <input type="text"/> |
| 3 | <input type="text"/> | 11 | <input type="text"/> | 19 | <input type="text"/> | 27 | <input type="text"/> |
| 4 | <input type="text"/> | 12 | <input type="text" value="4,590 . 00"/> | 20 | <input type="text"/> | 28 | <input type="text"/> |
| 5 | <input type="text"/> | 13 | <input type="text"/> | 21 | <input type="text"/> | 29 | <input type="text"/> |
| 6 | <input type="text"/> | 14 | <input type="text"/> | 22 | <input type="text"/> | 30 | <input type="text"/> |
| 7 | <input type="text"/> | 15 | <input type="text"/> | 23 | <input type="text"/> | 31 | <input type="text"/> |
| 8 | <input type="text"/> | 16 | <input type="text"/> | 24 | <input type="text"/> | | <input type="text"/> |

Tax liability for Month 3

4,590 . 00

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3)

Total must equal line 12 on Form 941 or Form 941-SS.

Tax liability for the quarter

4,590 . 00