

August 19, 2020

Tax Year 2020
941 ATS Scenario 7
Lavender Tulip Inc
00-3111111

Forms included in Scenario 7

- Form 941
- Schedule B
- Schedule R

The return is for a Corporation with an overpayment who is requesting a credit elect and selected a third-party designee. This return uses the Online Filer Pin signature method.

These are the current forms available.

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 2020
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

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: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<input type="text" value="10"/>
2	Wages, tips, and other compensation	2	<input type="text" value="220,000.00"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="27,000.00"/>
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="161,900.00"/>	<input type="text" value=""/>
5a (i)	Qualified sick leave wages	<input type="text" value="38,000.00"/>	<input type="text" value=""/>
5a (ii)	Qualified family leave wages	<input type="text" value="20,100.00"/>	<input type="text" value=""/>
5b	Taxable social security tips	<input type="text" value=""/>	<input type="text" value=""/>
5c	Taxable Medicare wages & tips	<input type="text" value="220,000.00"/>	<input type="text" value=""/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value=""/>	<input type="text" value=""/>
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	<input type="text" value=""/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text" value=""/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value=""/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value=""/>
8	Current quarter's adjustment for sick pay	8	<input type="text" value=""/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text" value=""/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value=""/>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<input type="text" value=""/>
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	<input type="text" value="10,037.80"/>
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	<input type="text" value=""/>

Name (not your trade name) Lavender Tulip Inc	Employer identification number (EIN) 00-3111111
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Part 1: Answer these questions for this quarter. (continued)

11d Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d <input type="text" value=""/>
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10	12 <input type="text" value=""/>
13a 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	13a <input type="text" value=""/>
13b Deferred amount of the employer share of social security tax	13b <input type="text" value="10,037"/> <input type="text" value="80"/>
13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1	13c <input type="text" value="49,815"/> <input type="text" value="15"/>
13d Refundable portion of employee retention credit from Worksheet 1	13d <input type="text" value="47,500"/> <input type="text" value="50"/>
13e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d	13e <input type="text" value=""/>
13f Total advances received from filing Form(s) 7200 for the quarter	13f <input type="text" value="44,491"/> <input type="text" value="00"/>
13g Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e	13g <input type="text" value=""/>
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14 <input type="text" value=""/>
15 Overpayment. If line 13g is more than line 12, enter the difference <input type="text" value=""/>	Check one: <input checked="" 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 11 of Pub. 15.

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" value=""/>
Month 2	<input type="text" value=""/>
Month 3	<input type="text" value=""/>
Total liability for quarter	<input type="text" value=""/>

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. Go to Part 3.

▶ You MUST complete all three pages of Form 941 and SIGN it. **Next**

Name (not your trade name)

Lavender Tulip Inc

Employer identification number (EIN)

00-3111111

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 19 785 25
- 20 Qualified health plan expenses allocable to qualified family leave wages 20 125 25
- 21 Qualified wages for the employee retention credit 21 55,000 00
- 22 Qualified health plan expenses allocable to wages reported on line 21 22 170 50
- 23 Credit from Form 5884-C, line 11, for this quarter 23 .
- 24 Qualified wages paid March 13 through March 31, 2020, for the employee retention credit (use this line only for the second quarter filing of Form 941) 24 39,420 00
- 25 Qualified health plan expenses allocable to wages reported on line 24 (use this line only for the second quarter filing of Form 941) 25 410 50

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 Periwinkle Grey 111-222-3333

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. 1 2 3 4 5

No.

Part 5: Sign here. You MUST complete all three 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're 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

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" value="0.00"/>	9	<input type="text" value="."/>	17	<input type="text" value="."/>	25	<input type="text" value="."/>
2	<input type="text" value="."/>	10	<input type="text" value="."/>	18	<input type="text" value="."/>	26	<input type="text" value="."/>
3	<input type="text" value="."/>	11	<input type="text" value="."/>	19	<input type="text" value="."/>	27	<input type="text" value="."/>
4	<input type="text" value="."/>	12	<input type="text" value="."/>	20	<input type="text" value="."/>	28	<input type="text" value="."/>
5	<input type="text" value="."/>	13	<input type="text" value="."/>	21	<input type="text" value="."/>	29	<input type="text" value="."/>
6	<input type="text" value="."/>	14	<input type="text" value="."/>	22	<input type="text" value="."/>	30	<input type="text" value="."/>
7	<input type="text" value="."/>	15	<input type="text" value="."/>	23	<input type="text" value="."/>	31	<input type="text" value="."/>
8	<input type="text" value="."/>	16	<input type="text" value="."/>	24	<input type="text" value="."/>		

Tax liability for Month 1

Month 2

1	<input type="text" value="."/>	9	<input type="text" value="."/>	17	<input type="text" value="."/>	25	<input type="text" value="47,020.00"/>
2	<input type="text" value="."/>	10	<input type="text" value="."/>	18	<input type="text" value="."/>	26	<input type="text" value="."/>
3	<input type="text" value="."/>	11	<input type="text" value="."/>	19	<input type="text" value="."/>	27	<input type="text" value="."/>
4	<input type="text" value="."/>	12	<input type="text" value="."/>	20	<input type="text" value="."/>	28	<input type="text" value="."/>
5	<input type="text" value="."/>	13	<input type="text" value="."/>	21	<input type="text" value="."/>	29	<input type="text" value="."/>
6	<input type="text" value="."/>	14	<input type="text" value="."/>	22	<input type="text" value="."/>	30	<input type="text" value="."/>
7	<input type="text" value="."/>	15	<input type="text" value="."/>	23	<input type="text" value="."/>	31	<input type="text" value="."/>
8	<input type="text" value="."/>	16	<input type="text" value="."/>	24	<input type="text" value="."/>		

Tax liability for Month 2

Month 3

1	<input type="text" value="0.00"/>	9	<input type="text" value="."/>	17	<input type="text" value="."/>	25	<input type="text" value="."/>
2	<input type="text" value="."/>	10	<input type="text" value="."/>	18	<input type="text" value="."/>	26	<input type="text" value="."/>
3	<input type="text" value="."/>	11	<input type="text" value="."/>	19	<input type="text" value="."/>	27	<input type="text" value="."/>
4	<input type="text" value="."/>	12	<input type="text" value="."/>	20	<input type="text" value="."/>	28	<input type="text" value="."/>
5	<input type="text" value="."/>	13	<input type="text" value="."/>	21	<input type="text" value="."/>	29	<input type="text" value="."/>
6	<input type="text" value="."/>	14	<input type="text" value="."/>	22	<input type="text" value="."/>	30	<input type="text" value="."/>
7	<input type="text" value="."/>	15	<input type="text" value="."/>	23	<input type="text" value="."/>	31	<input type="text" value="."/>
8	<input type="text" value="."/>	16	<input type="text" value="."/>	24	<input type="text" value="."/>		

Tax liability for Month 3

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

Schedule R (Form 941): Allocation Schedule for Aggregate Form 941 Filers

(Rev. June 2020)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) -

Name as shown on Form 941

Type of filer (check one): Section 3504 Agent CPEO Other Third Party

Report for calendar year:

Check the quarter (same as Form 941):

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

950420

Read the instructions before you complete Schedule R. Type or print within the boxes. Complete a separate line for the amounts allocated to each of your clients. The term "client" as used on this form includes the term "customer." See the instructions.

(a) Client's EIN	(b) Type of wages (CPEO only)	(c) Form 941, line 1	(d) Form 941, line 2	(e) Form 941, line 3	(f) Form 941, line 5a(i), column 1	(g) Form 941, line 5a(ii), column 1	(h) Form 941, line 5e	(i) Form 941, line 5f
1 00-0000001		3	60,000 . 00	9,000 . 00	20,000 . 00	10,000 . 00	7,320 . 00	. 00
2 00-0000002		3	90,000 . 00	9,000 . 00	13,000 . 00	5,000 . 00	12,654 . 00	. 00
3		
4		
5		
6 Subtotals for clients. Add lines 1 through 5		6	150,000 . 00	18,000 . 00	33,000 . 00	15,000 . 00	19,974 . 00	. 00
7 Enter the combined subtotal from line 9 of all Continuation Sheets for Schedule R		
8 Enter Form 941 amounts for your employees		4	70,000 . 00	9,000 . 00	5,000 . 00	5,100 . 00	10,083 . 80	. 00
9 Totals. Add lines 6, 7, and 8.		10	220,000 . 00	27,000 . 00	38,000 . 00	20,100 . 00	30,057 . 80	. 00
(j) Form 941, line 11a	(k) Form 941, line 11b	(l) Form 941, line 11c	(m) Form 941, line 12	(n) Form 941, line 13a	(o) Form 941, line 13b	(p) Form 941, line 13c	(q) Form 941, line 13d	
1 . 00	1,860 . 00	. 00	14,460 . 00	. 00	1,860 . 00	28,575 . 00	10,000 . 00	
2 . 00	4,464 . 00	. 00	17,190 . 00	. 00	4,464 . 00	14,707 . 50	12,585 . 25	
3 .	.	.	.	.	.	.	.
4 .	.	.	.	.	.	.	.
5 .	.	.	.	.	.	.	.
6 . 00	6,324 . 00	. 00	31,650 . 00	. 00	6,324 . 00	43,282 . 50	22,585 . 25	
7 .	.	.	.	.	.	.	.
8 . 00	3,713 . 80	. 00	15,370 . 00	. 00	3,713 . 80	6,532 . 65	24,915 . 25	
9 . 00	10,037 . 80	. 00	47,020 . 00	. 00	10,037 . 80	49,815 . 15	47,500 . 50	
(r) Form 941, line 13f	(s) Form 941, line 19	(t) Form 941, line 20	(u) Form 941, line 21	(v) Form 941, line 22	(w) Form 941, lines 5a and 5b, column 2, total	(x) Form 941, line 24	(y) Form 941, line 25	
1 25,540 . 00	. 00	. 00	20,000 . 00	. 00	3,720 . 00	. 00	. 00	
2 14,305 . 75	785 . 25	125 . 25	25,000 . 00	170 . 50	8,928 . 00	. 00	. 00	
3 .	.	.	.	.	.	.	.
4 .	.	.	.	.	.	.	.
5 .	.	.	.	.	.	.	.
6 39,845 . 75	785 . 25	125 . 25	45,000 . 00	170 . 50	12,648 . 00	. 00	. 00	
7 .	.	.	.	.	.	.	.
8 4,645 . 25	. 00	.	10,000 . 00	. 00	7,427 . 60	39,420 . 00	410 . 50	
9 44,491 . 00	785 . 25	125 . 25	55,000 . 00	170 . 50	20,075 . 60	39,420 . 00	410 . 50	