

January 4, 2017

Tax Year 2016  
94x MeF ATS Scenario 9  
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.  
▶ Information about Form 945 and its separate instructions is at [www.irs.gov/form945](http://www.irs.gov/form945).

**2016**

<b>Type or Print</b>	Name (as distinguished from trade name) Majestic Sunflower Inc.	Employer identification number (EIN) 00-3675983	<b>If address is different from prior return, check here.</b> <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. ▶ -----

<b>1</b>	Federal income tax withheld from pensions, annuities, IRAs, gambling winnings, etc. . . . .	<b>1</b>	4,025	50
<b>2</b>	Backup withholding . . . . .	<b>2</b>	534	50
<b>3</b>	<b>Total taxes.</b> If \$2,500 or more, this must equal line 7M below or Form 945-A, line M . . . . .	<b>3</b>		
<b>4</b>	Total deposits for 2016, including overpayment applied from a prior year and overpayment applied from Form 945-X . . . . .	<b>4</b>	4,560	00
<b>5</b>	<b>Balance due.</b> If line 3 is more than line 4, enter the difference and see the separate instructions . . . . .	<b>5</b>		00
<b>6</b>	<b>Overpayment.</b> If line 4 is more than line 3, enter the difference ▶ \$ _____ .00			

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 . . . . .

<b>7 Monthly Summary of Federal Tax Liability. (Don't complete if you were a semiweekly schedule depositor.)</b>								
	Tax liability for month			Tax liability for month			Tax liability for month	
<b>A</b> January . . . . .			<b>F</b> June . . . . .			<b>K</b> November . . . . .		
<b>B</b> February . . . . .			<b>G</b> July . . . . .			<b>L</b> December . . . . .		
<b>C</b> March . . . . .			<b>H</b> August . . . . .			<b>M</b> Total liability for year (add lines <b>A</b> through <b>L</b> ) . . . . .		
<b>D</b> April . . . . .			<b>I</b> September . . . . .					
<b>E</b> May . . . . .			<b>J</b> 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 ▶ President Date ▶ \_\_\_\_\_

<b>Paid Preparer Use Only</b>	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

► Information about Form 945-A and its instructions is at [www.irs.gov/form945a](http://www.irs.gov/form945a).

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

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 are required to deposit on a semiweekly schedule or if your 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.) **DO NOT change your tax liability by adjustments reported on any Form 945-X, 944-X, or CT-1 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	194 75	7	185 25	23	
8	185 25	24		8		24		8		24	
9		25		9	185 25	25		9		25	
10		26		10		26		10		26	
11		27	194 75	11		27		11		27	
12		28		12		28		12		28	
13		29		13		29		13		29	194 75
14		30		14				14		30	
15		31		15				15		31	
16				16				16			

**A Total for month ► 380.00** **B Total for month ► 380.00** **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	194 75	5		21	
6		22		6		22		6		22	
7		23	194 75	7		23		7		23	
8		24		8		24		8		24	194 75
9		25		9	185 25	25		9		25	
10		26		10		26		10		26	
11	185 25	27		11		27		11		27	
12		28		12		28		12		28	
13		29		13		29		13	185 25	29	
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 ► 380.00**

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	7	194	75	23
8			24	8			24	8			24
9	185	25	25	9			25	9			25
10			26	10			26	10			26
11			27	11			27	11			27
12			28	12			28	12			28
13			29	13			29	13	185	25	29
14			30	14			30	14			30
15			31	15			31	15			31
16				16				16			

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

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	5			21	5			21
6			22	6			22	6	194	75	22
7			23	7			23	7			23
8			24	8			24	8	185	25	24
9	185	25	25	9			25	9			25
10			26	10			26	10			26
11			27	11			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** ▶ 380.00 **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 7 on Form 944).** ▶

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.

00-3675983

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

Check the box for the return that you will 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 (do not 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 (Form 941, Part 1, line 10)	2b
(all 941 series)	c. Balance due (Form 941, Part 1, line 12 (line 14 for the fourth quarter of 2013))	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 am 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 have 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 have 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 am only a collector, I am 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 will 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, Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns, and Pub. 3823, Employment Tax e-file System Implementation and User Guide. If I am also the paid preparer, 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. This paid preparer declaration is based on all information of which I have any knowledge.

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

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. This declaration is based on all information of which I have any knowledge.

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