

September 12, 2019

Tax Year 2019
943 MeF ATS Scenario 6
Calla Lily Company
00-3889956

The information below identifies the contents of this scenario:

- Form 943
- Form 943 Schedule R

This return is for a single state filer, and uses the most current copies of Form 943 and Form 943 Schedule R available at this time. The return should use the Reporting Agent signature method and results in an overpayment (refund).

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form943 for instructions and the latest information.

2019

Type
or
Print

Name (as distinguished from trade name) Calla Lily Company	Employer identification number (EIN) 00-3889956
Trade name, if any	
Address (number and street) 10th Test Street	
City or town, state or province, country, and ZIP or foreign postal code Fort Washington, MD 20101	
If you don't have to file returns in the future, check here <input type="checkbox"/>	

If address is different from prior return, check here.

1	Number of agricultural employees employed in the pay period that includes March 12, 2019	1	1
2	Total wages subject to social security tax	2	12555 00
3	Social security tax (multiply line 2 by 12.4% (0.124))	3	
4	Total wages subject to Medicare tax	4	12555 00
5	Medicare tax (multiply line 4 by 2.9% (0.029))	5	
6	Total wages subject to Additional Medicare Tax withholding	6	
7	Additional Medicare Tax withholding (multiply line 6 by 0.9% (0.009))	7	
8	Federal income tax withheld	8	150 00
9	Total taxes before adjustments. Add lines 3, 5, 7, and 8	9	2070 92
10	Current year's adjustments	10	
11	Total taxes after adjustments (line 9 as adjusted by line 10)	11	
12	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	12	
13	Total taxes after adjustments and credits. Subtract line 12 from line 11	13	2070 92
14	Total deposits for 2019, including overpayment applied from a prior year and Form 943-X	14	3000 00
15	Balance due. If line 13 is more than line 14, enter the difference and see the instructions	15	
16	Overpayment. If line 14 is more than line 13, enter the difference ► \$	Check one: <input type="checkbox"/> Apply to next return. <input checked="" type="checkbox"/> Send a refund.	

- **All filers:** If line 13 is less than \$2,500, **don't** complete line 17 or Form 943-A.
- **Semiweekly schedule depositors:** Complete Form 943-A and check here • **Monthly schedule depositors:** Complete line 17 and check here

17 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 ► Phone no. ► Personal identification number (PIN) ►

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 ►		Phone no.	
Firm's address ►				

Schedule R (Form 943): Allocation Schedule for Aggregate Form 943 Filers

(December 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0035

430417

Employer identification number (EIN) -

Name as shown on Form 943

Type of filer (check one): Section 3504 Agent Certified Professional Employer Organization (CPEO)

Report for calendar year:
(Same as Form 943):

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 Employer identification number (EIN)	(b) Type of wages and other compensation (CPEO Use Only)	(c) Social security tax allocated to the listed client EIN from Form 943, line 3	(d) Medicare tax allocated to the listed client EIN from Form 943, line 5	(e) Additional Medicare Tax withheld allocated to the listed client EIN from Form 943, line 7	(f) Federal income tax withheld allocated to the listed client EIN from Form 943, line 8	(g) Qualified small business payroll tax credit for increasing research activities allocated to the listed client EIN from Form 943, line 12	(h) Total taxes after adjustments and credits allocated to the listed client EIN from Form 943, line 13	(i) Total deposits from Form 943, line 14, plus any payments made with the return allocated to the listed client EIN
1 44-4444444		500 . 00	165 . 95	.	40 . 00	.	750 . 02	800 . 00
2 55-5555555		475 . 40	64 . 10	.	57 . 00	.	651 . 90	1000 . 00
3 66-6666666		581 . 42	134 . 05	.	53 . 00	.	669 . 00	1200 . 00
4	
5	
6	
7	
8	
9	
10	
11 Subtotals for clients. Add all amounts on lines 1 through 10		.	.	.	150 . 00	.	2070 . 92	3000 . 00
12 Enter the combined subtotal from line 24 of all Continuation Sheets for Schedule R	
13 Enter Form 943 amounts for your agricultural employees	
14 Totals. Add lines 11, 12, and 13. The column totals must match the related lines on the aggregate Form 943.		1556 . 82	.	.	150 . 00	.	2070 . 92	.

For Paperwork Reduction Act Notice, see the instructions.

www.irs.gov/Form943

Cat. No. 69329E

Schedule R (Form 943) (12-2017)