

December 11, 2020

Tax Year 2020
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

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

**Employer's Annual Federal Tax Return
 for Agricultural Employees**

2020

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

**Type
 or
 Print**

**DRAFT AS OF
 September 17, 2020
 DO NOT FILE**

| | |
|--|---|
| 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

| | | |
|---|------------|------------------|
| Number of agricultural employees employed in the pay period that includes March 12, 2020 | ▶ 3 | |
| Wages subject to social security tax | 2 | 12,555 00 |
| a Qualified sick leave wages | 2a | |
| b Qualified family leave wages | 2b | |
| 3 Social security tax (multiply line 2 by 12.4% (0.124)) | | 3 |
| a Social security tax on qualified sick leave wages (multiply line 2a by 6.2% (0.062)) | | 3a |
| b Social security tax on qualified family leave wages (multiply line 2b by 6.2% (0.062)) | | 3b |
| 4 Wages subject to Medicare tax | 4 | 12,555 00 |
| 5 Medicare tax (multiply line 4 by 2.9% (0.029)) | | 5 |
| 6 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 | | 150 00 |
| 9 Total taxes before adjustments. Add lines 3, 3a, 3b, 5, 7, and 8 | | 9 |
| 10 Current year's adjustments | | 10 |
| 11 Total taxes after adjustments (line 9 as adjusted by line 10) | | 2,070 92 |
| 12a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 | | 12a |
| b Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1 | | 12b |
| c Nonrefundable portion of employee retention credit from Worksheet 1 | | 12c |
| d Total nonrefundable credits. Add lines 12a, 12b, and 12c | | 12d |
| 13 Total taxes after adjustments and nonrefundable credits. Subtract line 12d from line 11 | | 2070 92 |
| 14a Total deposits for 2020, including overpayment applied from a prior year and Form 943-X | | 3000 00 |
| b Deferred amount of the employer share of social security tax | | 14b |
| c Deferred amount of the employee share of social security tax | | 14c |
| d Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 | | 14d |
| e Refundable portion of employee retention credit from Worksheet 1 | | 14e |
| f Total deposits, deferrals, and refundable credits. Add lines 14a, 14b, 14c, 14d, and 14e | | 3000 00 |
| g Total advances received from filing Form(s) 7200 for the year | | 14g |
| h Total deposits, deferrals, and refundable credits less advances. Subtract line 14g from line 14f | | 3000 00 |

You must complete both pages of Form 943 and sign it.

Next ▶

| | | | |
|--|-----------|--|--|
| 15 Balance due. If line 13 is more than line 14h, enter the difference and see the instructions . . . ▶ | 15 | | |
| 16 Overpayment. If line 14h is more than line 13, enter the difference ▶ | 16 | | |
| 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 | | | |

| | | | |
|---|-----------|--|--|
| 18 Qualified health plan expenses allocable to qualified sick leave wages | 18 | | |
| 19 Qualified health plan expenses allocable to qualified family leave wages | 19 | | |
| 20 Qualified wages for the employee retention credit | 20 | | |
| 21 Qualified health plan expenses allocable to wages reported on line 20 | 21 | | |
| 22 Credit from Form 5884-C, line 11, for the year | 22 | | |

| | | | | | | | | |
|-----------------------------|---|--------------------------|--|---|---|---|---|---|
| Third-Party Designee | Do you want to allow another person to discuss this return with the IRS? See the separate instructions. <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No. | | | | | | | |
| | Designee's name ▶ J. Smith at Flowers Payroll Services | Phone no. ▶ 555-555-5555 | Personal identification number (PIN) ▶ <table border="1" style="display: inline-table; text-align: center; width: 60px;"><tr><td>9</td><td>2</td><td>7</td><td>0</td><td>1</td></tr></table> | 9 | 2 | 7 | 0 | 1 |
| 9 | 2 | 7 | 0 | 1 | | | | |

| | | | |
|------------------|--|--------------|--|
| 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 ▶ _____ | Date ▶ _____ | |
| | Print your name and title ▶ _____ | | |

| | | | | | |
|-------------------------------|--|-------------------------|------|--|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name Joe Smith | Preparer's signature | Date | Check <input checked="" type="checkbox"/> if self-employed | PTIN P00000001 |
| | Firm's name ▶ e-File for You | Firm's EIN ▶ 00-6655443 | | Phone no. 555-555-5555 | |
| | Firm's address ▶ 50 W 17th St. Fort Washington, MD 55062 | | | | |

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

(Rev. December 2020) Department of the Treasury — Internal Revenue Service OMB No. 1545-0035

Employer identification number (EIN) -

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

Name as shown on Form 943
Callia Lily Company
 Section 504 Agent CPEO Other Third Party

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 943, line 1 | (d) Form 943, line 2 | (e) Form 943, line 2a | (f) Form 943, line 2b | (g) Form 943, line 4 | (h) Form 943, line 6 | (i) Form 943, line 8 |
|---|-------------------------------|------------------------|------------------------|-----------------------|------------------------|------------------------|------------------------|----------------------|
| 1 44-4444444 | | 1 | 2,555 . 00 | | | 2,555 . 00 | | 50 . 00 |
| 2 55-5555555 | | 1 | 5,000 . 00 | | | 5,000 . 00 | | 50 . 00 |
| 3 66-6666666 | | 1 | 5,000 . 00 | | | 5,000 . 00 | | 50 . 00 |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 Subtotals for clients. Add lines 1 through 5 | | 3 | 12,555 . 00 | | | 12,555 . 00 | | 150 . 00 |
| 7 Enter the combined subtotal from line 9 of all Continuation Sheets for Schedule R | | | | | | | | |
| 8 Enter Form 943 amounts for your employees | | | | | | | | |
| 9 Totals. Add lines 6, 7, and 8. | | 3 | | | | | | |
| (j) Form 943, line 10 | (k) Form 943, line 12a | (l) Form 943, line 12b | (m) Form 943, line 12c | (n) Form 943, line 13 | (o) Form 943, line 14a | (p) Form 943, line 14b | (q) Form 943, line 14c | |
| 1 . | | | | 470 . 92 | 500 . 00 | | | |
| 2 . | | | | 800 . 00 | 1,250 . 00 | | | |
| 3 . | | | | 800 . 00 | 1,250 . 00 | | | |
| 4 . | | | | | | | | |
| 5 . | | | | | | | | |
| 6 . | | | | 2070 . 92 | 3000 . 00 | | | |
| 7 . | | | | | | | | |
| 8 . | | | | | | | | |
| 9 . | | | | | | | | |
| (r) Form 943, line 14d | (s) Form 943, line 14e | (t) Form 943, line 14g | (u) Form 943, line 18 | (v) Form 943, line 19 | (w) Form 943, line 20 | (x) Form 943, line 21 | (y) Form 943, line 22 | |
| 1 . | | | | | | | | |
| 2 . | | | | | | | | |
| 3 . | | | | | | | | |
| 4 . | | | | | | | | |
| 5 . | | | | | | | | |
| 6 . | | | | | | | | |
| 7 . | | | | | | | | |
| 8 . | | | | | | | | |
| 9 . | | | | | | | | |