

December 11, 2020

Tax Year 2020
943 MeF ATS Scenario 7
Gardenia Company
00-3665534

The information below identifies the contents of this scenario.

- Form 943
- Form 8974

This return is for a single filer and uses the most current copies of the Form 943 and the Form 8974 available at this time. The return should use the Reporting Agent signature method and results 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**

Name (as distinguished from trade name) Gardenia Company	Employer identification number (EIN) 00-3665534
Trade name, if any	
Address (number and street) 29th Test Street	
City or town, state or province, country, and ZIP or foreign postal code Fort Washington, MD 20744	
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**

September 17, 2020
DO NOT FILE

1	Number of agricultural employees employed in the pay period that includes March 12, 2020	1		3
2	Wages subject to social security tax	2	12,000	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	12,000	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	8	125	00
9	Total taxes before adjustments. Add lines 3, 3a, 3b, 5, 7, and 8	9	1,961	00
10	Current year's adjustments	10		
11	Total taxes after adjustments (line 9 as adjusted by line 10)	11	1,961	00
12a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	12a	744	00
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	744	00
13	Total taxes after adjustments and nonrefundable credits. Subtract line 12d from line 11	13		
14a	Total deposits for 2020, including overpayment applied from a prior year and Form 943-X	14a	2,000	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	14f		
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	14h	2,000	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	783	00
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. **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 ▶ _____ **Date ▶** _____

Print your name and title ▶ _____

Paid Preparer Use Only

Print/Type preparer's name David Smith	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
Firm's name ▶ Smith RA Services			Firm's EIN ▶ 00-9999887	
Firm's address ▶ 67 Freeby St. Fort Washington			Phone no.	

Form **8974:** Qualified Small Business Payroll Tax Credit for Increasing Research Activities

950817

(Rev. December 2017) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) -

Name (not your trade name)

The credit from Part 2, line 12, will be reported on (check only one box):

Form 941, 941-PR, or 941-SS

Form 943 or 943-PR

Form 944 or 944(SP)

Calendar year You must select a quarter if you file Form 941, 941-PR, or 941-SS.

Report for this quarter . . .

Check only one box.

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Part 1: Tell us about your income tax return.

	(a) Ending date of income tax period	(b) Income tax return filed that included Form 6765	(c) Date income tax return was filed	(d) EIN used on Form 6765	(e) Amount from Form 6765, line 44, or if applicable, the amount that was allocated to your EIN	(f) Amount of credit from column (e) taken on a previous period(s)	(g) Remaining credit (subtract column (f) from column (e))
1	12 / 31 / 19	1,065	04 / 10 / 2020	003665534	800 . 00	.	800 . 00
2	/ /		/ /		.	.	.
3	/ /		/ /		.	.	.
4	/ /		/ /		.	.	.
5	/ /		/ /		.	.	.
6	Add lines 1(g) through 5(g) and enter the total here

Part 2: Determine the credit that you can use this period.

7 Enter the amount from Part 1, line 6(g). 7

8 Enter the amount from Form 941 (941-PR or 941-SS), line 5a, Column 2; Form 943 (943-PR), line 3; or Form 944 (944(SP)), line 4a, Column 2 8

9 Enter the amount from Form 941 (941-PR or 941-SS), line 5b, Column 2; or Form 944 (944(SP)), line 4b, Column 2 9

10 Add lines 8 and 9 10

11 Multiply line 10 by 50% (0.50). Check this box if you're a third-party payer of sick pay or check this box if you received a Section 3121(q) Notice and Demand. See the instructions before completing line 11 11

12 **Credit.** Enter the smaller of line 7 or line 11. Also enter this amount on Form 941 (941-PR or 941-SS), line 11; Form 943 (943-PR), line 12; or Form 944 (944(SP)), line 8 12