

September 29, 2020

Tax Year 2020
943 MeF ATS Scenario 5
Lilac Farms and Fertilization
00-3775634

The information below identifies the contents of this scenario:

- Form 943
- Form 943-A

This return results in an overpayment and send refund. This is the most current copy of Form 943 and Form 943-A available at this time.

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) Lilac Farms and Fertilization	Employer identification number (EIN) 00-3775634
Trade name, if any	
Address (number and street) 1st 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		4
2	Wages subject to social security tax	2	36,449	95
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	36,449	95
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	220	20
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)	11	5,797	04
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	13	5,797	04
14a	Total deposits for 2020, including overpayment applied from a prior year and Form 943-X	14a	6,130	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	6,130	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	14h	6,130	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	322	96
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	
A January			F June		
B February			G July		
C March			H August		
D April			I September		
E May			J October		
			K November		
			L December		
			M Total liability for year (add lines A through L)		

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	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

Agricultural Employer's Record of Federal Tax Liability

▶ Go to www.irs.gov/Form943A for instructions and the latest information.
▶ File with Form 943 or Form 943-X.

2 0 2 0
Calendar Year

Name (as shown on Form 943)

Lilac Farms and Fertilization

Employer identification number (EIN)

00-3775634

You must complete this form if you're a semiweekly schedule depositor or became one because your accumulated 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.) Don't change your current year tax liability by adjustments reported on any Forms 943-X.

January Tax Liability			February Tax Liability			March Tax Liability		
1	16		1	16		1	16	
2	17		2	17		2	17	
3	18	235.10	3	18		3	18	
4	19		4	19		4	19	
5	20		5	20	255.41	5	20	
6	21		6	21		6	21	255.41
7	22		7	22		7	22	
8	23		8	23		8	23	
9	24	255.41	9	24		9	24	
10	25		10	25		10	25	235.10
11	26		11	26		11	26	
12	27		12	27		12	27	
13	28		13	28		13	28	
14	29		14	29	235.10	14	29	
15	30		15			15	30	
	31						31	
A Total liability for month ▶			B Total liability for month ▶			C Total liability for month ▶		

April Tax Liability			May Tax Liability			June Tax Liability		
1	16		1	16		1	16	
2	17		2	17		2	17	
3	18		3	18	235.10	3	18	255.41
4	19		4	19		4	19	
5	20	255.41	5	20		5	20	
6	21		6	21		6	21	
7	22		7	22		7	22	
8	23		8	23		8	23	
9	24		9	24		9	24	235.10
10	25		10	25		10	25	
11	26	235.10	11	26		11	26	
12	27		12	27		12	27	
13	28		13	28	255.41	13	28	
14	29		14	29		14	29	
15	30		15	30		15	30	
	31			31			31	
D Total liability for month ▶			E Total liability for month ▶			F Total liability for month ▶		

July Tax Liability			August Tax Liability			September Tax Liability		
1		16	1		16	1		16
2		17	2		17	2		17
3	255.41	18	3		18	3		18
4		19	4		19	4		19
5		20	5		20	5		20
6		21	6		21	6	255.41	21
7		22	7		22	7		22
8		23	8		23	8		23
9		24	9		24	9		24
10		25	10		25	10		25
11		26	11	235.10	26	11		26
12	235.10	27	12		27	12		27
13		28	13		28	13		28
14		29	14		29	14		29
15		30	15		30	15	255.41	30
		31			31			
G Total liability for month ▶			H Total liability for month ▶			I Total liability for month ▶		
490.51			490.51			490.51		

October Tax Liability			November Tax Liability			December Tax Liability		
1		16	1		16	1		16
2		17	2		17	2	255.41	17
3		18	3		18	3		18
4		19	4		19	4		19
5		20	5		20	5		20
6	255.41	21	6		21	6		21
7		22	7		22	7		22
8		23	8		23	8		23
9		24	9		24	9		24
10		25	10		25	10		25
11		26	11		26	11		26
12		27	12		27	12		27
13		28	13		28	13		28
14		29	14	255.41	29	14		29
15		30	15		30	15		30
		31			31			31
J Total liability for month ▶			K Total liability for month ▶			L Total liability for month ▶		
490.51			146.02			490.51		

M Total tax liability for year (add lines A through L). This must equal line 13 on Form 943 . . . ▶