

October 22, 2020

Tax Year 2020
944 ATS Scenario 09
Lavender Water Flower Shop
00-3568923

Forms Included in Scenario 9

- Form 944
- Final Payroll Information Statement (optional)

Person Name	John Lilac
USA Address	Test 1 Cincinnati, OH 45219

The return is for Sole Proprietor with an overpayment who is requesting a refund and selected a Third -Party Designee. This return uses the Online Filer Pin signature method.

This is the most current Form available

Form **944 for 2020: Employer's ANNUAL Federal Tax Return**

Department of the Treasury — Internal Revenue Service

OMB No. 1545-2007

Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address

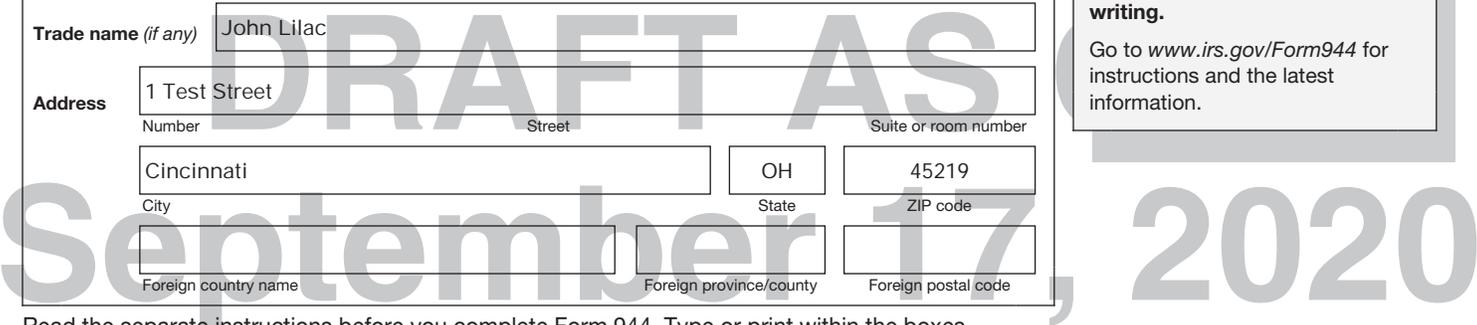
Number Street Suite or room number City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Who Must File Form 944

You must file annual Form 944 instead of filing quarterly Forms 941 **only if the IRS notified you in writing.**

Go to www.irs.gov/Form944 for instructions and the latest information.



Read the separate instructions before you complete Form 944. Type or print within the boxes.

Part 1: Answer these questions for this year. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 1 and 2, unless you have employees who are subject to U.S. income tax withholding.

1	Wages, tips, and other compensation	1	<input type="text" value="3,200"/> <input type="text" value="00"/>
2	Federal income tax withheld from wages, tips, and other compensation	2	<input type="text" value="319"/> <input type="text" value="00"/>
3	If no wages, tips, and other compensation are subject to social security or Medicare tax	3	<input type="checkbox"/> Check and go to line 5.
4	Taxable social security and Medicare wages and tips:		
	Column 1	Column 2	
4a	Taxable social security wages <input type="text" value="3,200"/> <input type="text" value="00"/> × 0.124 =	<input type="text" value="."/>	
4a (i)	Qualified sick leave wages <input type="text" value="."/>	× 0.062 =	<input type="text" value="."/>
4a (ii)	Qualified family leave wages <input type="text" value="."/>	× 0.062 =	<input type="text" value="."/>
4b	Taxable social security tips <input type="text" value="."/>	× 0.124 =	<input type="text" value="."/>
4c	Taxable Medicare wages & tips <input type="text" value="3,200"/> <input type="text" value="00"/> × 0.029 =	<input type="text" value="."/>	
4d	Taxable wages & tips subject to Additional Medicare Tax withholding <input type="text" value="."/>	× 0.009 =	<input type="text" value="."/>
4e	Total social security and Medicare taxes. Add Column 2 from lines 4a, 4a(i), 4a(ii), 4b, 4c, and 4d		<input type="text" value="."/>
5	Total taxes before adjustments. Add lines 2 and 4e		<input type="text" value="."/>
6	Current year's adjustments (see instructions)		<input type="text" value="."/>
7	Total taxes after adjustments. Combine lines 5 and 6		<input type="text" value="."/>
8a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974		<input type="text" value="."/>
8b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1		<input type="text" value="."/>
8c	Nonrefundable portion of employee retention credit from Worksheet 1		<input type="text" value="."/>
8d	Total nonrefundable credits. Add lines 8a, 8b, and 8c		<input type="text" value="."/>

▶ You MUST complete all three pages of Form 944 and SIGN it.

Next ▶

Name (not your trade name)
Lavender Water Flower Shop

Employer identification number (EIN)
00-3568923

Part 1: Answer these questions for this year. (continued)

9 Total taxes after adjustments and nonrefundable credits. Subtract line 8d from line 7 . . . **9**

10a Total deposits for this year, including overpayment applied from a prior year and overpayments applied from Form 944-X, 944-X (SP), 941-X, or 941-X (PR) . . . **10a** .

10b Deferred amount of the employer share of social security tax . . . **10b**

10c Deferred amount of the employee share of social security tax . . . **10c**

10d Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 **10d**

10e Refundable portion of employee retention credit from Worksheet 1 . . . **10e**

10f Total deposits, deferrals, and refundable credits. Add lines 10a, 10b, 10c, 10d, and 10e . . . **10f**

10g Total advances received from filing Form(s) 7200 for the year . . . **10g**

10h Total deposits, deferrals, and refundable credits less advances. Subtract line 10g from line 10f . . . **10h**

11 Balance due. If line 9 is more than line 10h, enter the difference and see instructions . . . **11**

12 Overpayment. If line 10h is more than line 9, enter the difference . Check one: Apply to next return. Send a refund.

Part 2: Tell us about your deposit schedule and tax liability for this year.

13 Check one: Line 9 is less than \$2,500. Go to Part 3.
 Line 9 is \$2,500 or more. Enter your tax liability for each month. If you're a semiweekly schedule depositor or you became one because you accumulated \$100,000 or more of liability on any day during a deposit period, you must complete Form 945-A instead of the boxes below.

	Jan.		Apr.		July		Oct.
13a	<input type="text"/>	13d	<input type="text"/>	13g	<input type="text"/>	13j	<input type="text"/>
	Feb.		May		Aug.		Nov.
13b	<input type="text"/>	13e	<input type="text"/>	13h	<input type="text"/>	13k	<input type="text"/>
	Mar.		June		Sept.		Dec.
13c	<input type="text"/>	13f	<input type="text"/>	13i	<input type="text"/>	13l	<input type="text"/>

Total liability for year. Add lines 13a through 13l. Total must equal line 9. **13m**

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Part 3: Tell us about your business. If any question does NOT apply to your business, leave it blank.

14 If your business has closed or you stopped paying wages Check here, and

enter the final date you paid wages / / ; also attach a statement to your return. See instructions.

15 Qualified health plan expenses allocable to qualified sick leave wages **15**

16 Qualified health plan expenses allocable to qualified family leave wages **16**

17 Qualified wages for the employee retention credit **17**

18 Qualified health plan expenses allocable to wages reported on line 17 **18**

19 Credit from Form 5884-C, line 11, for the year **19**

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

No.

Part 5: Sign here. You MUST complete all three pages of Form 944 and SIGN it.

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.



Sign your name here

Print your name here

Print your title here

Date

Best daytime phone

Paid Preparer Use Only

Check if you're self-employed

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City State

ZIP code