August 5, 2025

Tax Year 2026
ATS Scenario 2
Marigold Corporation
00-3333330

The information below identifies the contents of this scenario.

Form 941

Schedule B (Form 941)

Use the signature option that is applicable to you.

Responsible Party Current Indicator: Yes

950126

Form 941 for 2026: Employer's QUARTERLY Federal Tax Return

(Rev. March 2026) Department of the Treasury — Internal Revenue Service OMB No. 1545-0029

Employer identification number (EIN) 00 – 3333330

Name *(not your trade name)* Marigold Corporation

Trade name *(if any)*

Address 2nd Test Street
Number Street Suite or room number

Philadelphia PA 19040
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2026
(Check one.)

- [x] **1:** January, February, March
- [ ] **2:** April, May, June
- [ ] **3:** July, August, September
- [ ] **4:** October, November, December

Aggregate Return Filers Only
Type of filer (check one):

- [ ] Section 3504 Agent
- [ ] Certified Professional Employer Organization (CPEO)
- [ ] Other Third Party

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico must skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

		Column 1		Column 2		
1	**Number of employees who received wages, tips, or other compensation for the pay period including:** ***Mar. 12*** **(Quarter 1),** ***June 12*** **(Quarter 2),** ***Sept. 12*** **(Quarter 3), or** ***Dec. 12*** **(Quarter 4)**				1	10
2	**Wages, tips, and other compensation**				2	33,594 . 00
3	**Federal income tax withheld from wages, tips, and other compensation**				3	3,576 . 00
4	**If no wages, tips, and other compensation are subject to social security or Medicare tax**				☐	**Check here and go to line 6.**
5a	**Taxable social security wages**	33,594 . 00	× 0.124 =	4,165 . 66		
5b	**Taxable social security tips**	.	× 0.124 =	.		
5c	**Taxable Medicare wages & tips**	33,594 . 00	× 0.029 =	974 . 23		
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**	.	× 0.009 =	.		
5e	**Total social security and Medicare taxes.** Add Column 2 from lines 5a, 5b, 5c, and 5d				5e	5,139 . 89
5f	**Section 3121(q) Notice and Demand—Tax due on unreported tips** (see instructions)				5f	.
6	**Total taxes before adjustments.** Add lines 3, 5e, and 5f				6	8,715 . 89
7	**Current quarter's adjustment for fractions of cents**				7	.
8	**Current quarter's adjustment for sick pay**				8	.
9	**Current quarter's adjustments for tips and group-term life insurance**				9	.
10	**Total taxes after adjustments.** Combine lines 6 through 9				10	8,715 . 89
11	**Qualified small business payroll tax credit for increasing research activities.** Attach Form 8974				11	.
12	**Total taxes after adjustments and nonrefundable credits.** Subtract line 11 from line 10				12	8,715 . 89
13	**Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter**				13	9,000 . 00
14	**Balance due.** If line 13 is more than line 12, enter the difference and see instructions				14	.

15a Overpayment. If line 13 is more than line 12, enter the difference 284 . 11 **15b** Check one: ☐ Apply to next return. ☒ Send a refund.

15c Routing number

15d Type: ☐ Checking ☐ Savings

15e Account number

You MUST complete both pages of Form 941 and SIGN it.

DRAFT — DO NOT FILE
DRAFT — DO NOT FILE

Name *(not your trade name)*: Marigold Corporation

Employer identification number (EIN): 00 – 3333330

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

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 **Check one:**

☐ **Line 12 on this return is less than $2,500 or line 12 on the return for the prior quarter was less than $2,500, and you didn't incur a $100,000 next-day deposit obligation during the current quarter.** If line 12 for the prior quarter was less than $2,500 but line 12 on this return is $100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ **You were a monthly schedule depositor for the entire quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: **Month 1** .

Month 2 .

Month 3 .

Total liability for quarter . **Total must equal line 12.**

☒ **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

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

17 **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.

18 **If you're a seasonal employer and you don't have to file a return for every quarter of the year** . . . ☐ Check here.

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 both pages of Form 941 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

DRAFT — DO NOT FILE

DRAFT — DO NOT FILE

960311

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. March 2024) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) 0 0 – 3 3 3 3 3 3 0

Name *(not your trade name)* Marigold Corporation

Calendar year 2 0 2 6 (Also check quarter)

Report for this Quarter...
(Check one.)

- [x] **1:** January, February, March
- [ ] **2:** April, May, June
- [ ] **3:** July, August, September
- [ ] **4:** October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this schedule with Form 941, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this schedule and attach it to Form 941 if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was $100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1		9		17		25	
2		10		18		26	
3		11	1,452.64	19		27	
4		12		20	1,452.65	28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 1 2,905.29

Month 2

1	1,452.64	9		17		25	
2		10		18	1,452.65	26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2 2,905.29

Month 3

1		9		17		25	
2		10	1,452.64	18		26	
3		11		19	1,452.67	27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3 2,905.31

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3).
Total must equal line 12 on Form 941.

Total liability for the quarter 8,715.89