September 5, 2025

Tax Year 2026
ATS Scenario 3
Daffodil Accounting
00-3222220

The information below identifies the contents of this scenario.

Form 941

Schedule R (Form 941)

Form 8974

Use the signature option that is applicable to you.

Responsible Party Current: Yes

Form **941 for 2026: Employer's QUARTERLY Federal Tax Return**
(Rev. March 2026) Department of the Treasury — Internal Revenue Service

950126
OMB No. 1545-0029

Employer identification number (EIN) 00 – 3222222 0

Name *(not your trade name)* Daffodil Accounting

Trade name *(if any)*

Address 222 6th Street
Number Street Suite or room number

Kansas City | MO | 64131
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
- [X] Certified Professional Employer Organization (CPEO)
- [ ] Other Third Party

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

DRAFT — DO NOT FILE

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.**

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	10,200.00
3	**Federal income tax withheld from wages, tips, and other compensation**	3	1,200.00
4	**If no wages, tips, and other compensation are subject to social security or Medicare tax**		☐ **Check here and go to line 6.**

		Column 1		Column 2
5a	**Taxable social security wages**	10,200.00	× 0.124 =	1,264.80
5b	**Taxable social security tips**		× 0.124 =	
5c	**Taxable Medicare wages & tips**	10,200.00	× 0.029 =	295.80
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	1,560.60
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	2,760.60
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	2,760.60
11	**Qualified small business payroll tax credit for increasing research activities.** Attach Form 8974	11	390.15
12	**Total taxes after adjustments and nonrefundable credits.** Subtract line 11 from line 10	12	2,370.45
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	2,760.60
14	**Balance due.** If line 12 is more than line 13, enter the difference and see instructions	14	

15a **Overpayment.** If line 13 is more than line 12, enter the difference 390.15 **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.

950224

Name *(not your trade name)*	Employer identification number (EIN)
Daffodil Accounting	00 – 3222220

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

Schedule R (Form 941): Allocation Schedule for Aggregate Form 941 Filers

(Rev. March 2024) Department of the Treasury — Internal Revenue Service OMB No. 1545-0029

950424

Employer identification number (EIN) 00 – 3222222 0

Name *as shown on Form 941* Daffodil Accounting

Type of filer (check one): ☐ Section 3504 Agent ☒ CPEO ☐ Other Third Party

Report for calendar year: 2026

Check the quarter (same as Form 941):

☒ **1:** January, February, March

☐ **2:** April, May, June

☐ **3:** July, August, September

☐ **4:** October, November, December

This Schedule R is attached to:

☒ Form 941

☐ Form 941-X

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 941, line 1	(d) Form 941, line 2	(e) Form 941, line 3	(f) Form 941-X, lines 9 and 10, column 1, total	(g) Form 941, lines 5a and 5b, column 2, total	(h) Form 941, line 5c, column 2	(i) Form 941, line 5e
1	00-3333336	A	5	5,100.00	600.00	.	632.40	147.90	780.30
2			.	.	.	.	.	.	.
3			.	.	.	.	.	.	.
4			.	.	.	.	.	.	.
5			.	.	.	.	.	.	.
6	**Subtotals for clients.** Add lines 1 through 5		5	5,100.00	600.00	.	632.40	147.90	780.30
7	**Enter the combined subtotal from line 9 of all Continuation Sheets for Schedule R**		.	.	.	.	.	.	.
8	**Enter Form 941 amounts for your employees**		5	5,100.00	600.00	.	632.40	147.90	780.30
9	**Totals.** Add lines 6, 7, and 8.		10	10,200.00	1,200.00	.	1,264.80	295.80	1,560.60

	(j) Form 941, line 5f	(k) Form 941, line 11	(l) Form 941-X, lines 17 and 25, column 1, total	(m) Reserved for future use	(n) Form 941-X, lines 18b and 26b, column 1, total	(o) Form 941-X, lines 18c and 26c, column 1, total	(p) Form 941-X, line 18d, column 1	(q) Form 941, line 12
1	.	390.15	.		.	.		990.15
2	.	.	.		.	.		.
3	.	.	.		.	.		.
4	.	.	.		.	.		.
5	.	.	.		.	.		.
6	.	390.15	.		.	.		990.15
7	.	.	.		.	.		.
8	.	.	.		.	.		1,380.30
9	.	390.15	.		.	.		2.370.45

	(r) Form 941, line 13	(s) Reserved for future use	(t) Reserved for future use	(u) Form 941-X, lines 28 and 29, column 1, total	(v) Reserved for future use	(w) Form 941-X, lines 35 and 37, column 1, total	(x) Form 941-X, lines 36 and 39, column 1, total	(y) Form 941-X, lines 38 and 40, column 1, total
1	1,380.30			.		.	.	.
2	.			.		.	.	.
3	.			.		.	.	.
4	.			.		.	.	.
5	.			.		.	.	.
6	1,380.30			.		.	.	.
7	.			.		.	.	.
8	1,380.30			.		.	.	.
9	2,760.60			.		.	.	.

Form **8974:** **Qualified Small Business Payroll Tax Credit for Increasing Research Activities** 951823

(Rev. December 2024) Department of the Treasury — Internal Revenue Service OMB No. 1545-0029

Employer identification number (EIN) 0 0 – 3 3 3 3 3 3 6

Name *(not your trade name)* Marty Azalea

The credit from Part 2, line 12 or, if applicable, line 17, will be reported on (check only one box):

- [X] **Form 941** (all **941** series)
- [ ] **Form 943** (all **943** series)
- [ ] **Form 944** (all **944** series)

Calendar year 2026 You must select a quarter if you file Form 941.

Report for this quarter...

Check only one box.

- [X] **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 36 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 / 2025	1040	04 / 15 / 2026		600 . 00	99 . 96	500 . 04
2	/ /		/ /		.	.	.
3	/ /		/ /		.	.	.
4	/ /		/ /		.	.	.
5	/ /		/ /		.	.	.
6	Add lines 1(g) through 5(g) and enter the total here						500 . 04

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

7	Enter the amount from Part 1, line 6(g)		7 500 . 04
8	Enter the amount from Form 941, line 5a, column 2; Form 943, line 3; or Form 944, line 4a, column 2	8 632 . 40	
9	Enter the amount from Form 941, line 5b, column 2; or Form 944, line 4b, column 2	9 .	
10	Add lines 8 and 9	10 632 . 40	
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		11 316 . 20
12	**Credit against the employer share of social security tax.** Enter the smaller of line 7 or 11, but not more than $250,000. See the instructions before entering an amount if you file Form 943 or Form 944. If you entered the amount from line 7, stop here and also enter this amount on Form 941, line 11; Form 943, line 12; or Form 944, line 8		12 316 . 20
13	Subtract line 12 from line 7	13 183 . 84	
14	Enter the amount from Form 941, line 5c, column 2; Form 943, line 5; or Form 944, line 4c, column 2	14 147 . 90	
15	Multiply line 14 by 50% (0.50). If you're a third-party payer of sick pay or you received a Section 3121(q) Notice and Demand, see the instructions before completing line 15	15 73 . 95	
16	**Credit against the employer share of Medicare tax.** Enter the smaller of line 13 or 15		16 73 . 95
17	**Total credit.** Add lines 12 and 16. Also, enter this amount on Form 941, line 11; Form 943, line 12; or Form 944, line 8		17 390 . 15