August 5, 2025

Tax Year 2025
ATS Scenario 04
Calla Lily Company
00-3889956

The information below identifies the contents of this scenario.

Form 943

Schedule R (Form 943)

Form 943-A

Use the signature option that is applicable to you.

Responsible Party Current: Yes

Version A, Cycle 9
Fillable Field Color=Black; Checkmark=Cross
Page 3 perf at 7.75" from top

430125

Form **943**

Department of the Treasury
Internal Revenue Service

Employer's Annual Federal Tax Return for Agricultural Employees

Go to *www.irs.gov/Form943* for instructions and the latest information.

OMB No. 1545-0029

2025

Employer identification number (EIN) 00 – 3889956

Name *(not your trade name)* Calla Lily Company

Trade name *(if any)*

Address 10 Old Fort Road
Number Street Suite or room number

Fort Washington | MD | 20744
City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

If address is different from prior return, check here . . . . . ☐

If you don't have to file returns in the future, check here . . . . ☐

Aggregate Return Filers Only

Type of filer (check one):

☒ Section 3504 Agent

☐ Certified Professional Employer Organization (CPEO)

☐ Other Third Party

1	**Number of agricultural employees employed in the pay period that includes March 12, 2025**	1	3
2	**Wages subject to social security tax** 2	2	22555.00
3	**Social security tax** (multiply line 2 by 12.4% (0.124))	3	2796.82
4	**Wages subject to Medicare tax** 4	4	22555.00
5	**Medicare tax** (multiply line 4 by 2.9% (0.029))	5	654.10
6	**Wages subject to Additional Medicare Tax withholding** 6	6	.
7	**Additional Medicare Tax withholding** (multiply line 6 by 0.9% (0.009))	7	.
8	**Federal income tax withheld**	8	150.00
9	**Total taxes before adjustments.** Add lines 3, 5, 7, and 8	9	3600.92
10	**Current year's adjustments**	10	.
11	**Total taxes after adjustments** (line 9 as adjusted by line 10)	11	3600.92
12	**Qualified small business payroll tax credit for increasing research activities.** Attach Form 8974	12	.
13	**Total taxes after adjustments and nonrefundable credits.** Subtract line 12 from line 11	13	3600.92
14	**Total deposits for 2025, including overpayment applied from a prior year and Form 943-X**	14	4530.00
15	**Balance due.** If line 13 is more than line 14, enter the difference and see the instructions	15	.
16a	**Overpayment.** If line 14 is more than line 13, enter the difference		929.08

16b Check one: ☐ Apply to next return. ☒ Send a refund.

16c Routing number ☐☐☐☐☐☐☐☐☐ **16d** Type: ☐ Checking ☐ Savings

16e Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

DRAFT — DO NOT FILE

430225

Name *(not your trade name)*	Employer identification number (EIN)
Calla Lily Company	00 – 3889956

- **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.)

	Jan.		Apr.		July		Oct.
17a	.	17d	.	17g	.	17j	.
	Feb.		May		Aug.		Nov.
17b	.	17e	.	17h	.	17k	.
	Mar.		June		Sept.		Dec.
17c	.	17f	.	17i	.	17l	.

Total liability for year. Add lines 17a through 17l. Total must equal line 13. **17m** .

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.

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

Version A, Cycle 2
SCRIPS Form - DO NOT MOVE FIELD POSITIONS: Fillable Field Color: Black; Checkmark=Cross OK2P-Some fields are limited value

Schedule R (Form 943): Allocation Schedule for Aggregate Form 943 Filers

(Rev. December 2025) Department of the Treasury — Internal Revenue Service OMB No. 1545-0029

Employer identification number (EIN) 00 – 3889955 6

Name *as shown on Form 943* Calla Lily Company

Type of filer (check one): [X] Section 3504 Agent [ ] CPEO [ ] Other Third Party

Report for calendar year: (Same as Form 943): 2025

This Schedule R is attached to: [X] Form 943 [ ] Form 943-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 943, line 1	(d) Form 943, line 2	(e) Form 943-X, line 7	(f) Form 943-X, line 8	(g) Form 943, line 4	(h) Form 943, line 6	(i) Form 943, line 8
1	44-4444444		1	12555.00	.	.	12555.00	.	50.00
2	55-5555555		1	5000.00	.	.	5000.00	.	50.00
3	66-6666666		1	5000.00	.	.	5000.00	.	50.00
4				.	.	.	.	.	.
5				.	.	.	.	.	.
6	**Subtotals for clients.** Add lines 1 through 5		3	22555.00	.	.	22555.00	.	150.00
7	**Enter the combined subtotal from line 9 of all Continuation Sheets for Schedule R**			.	.	.	.	.	.
8	**Enter Form 943 amounts for your employees**			.	.	.	.	.	.
9	**Totals.** Add lines 6, 7, and 8.		3	22555.00	.	.	22555.00	.	150.00

	(j) Form 943, line 12	(k) Form 943-X, line 14	(l) Form 943-X, line 15b	(m) Form 943, line 13	(n) Form 943-X, lines 15c and 24c, column 1, total	(o) Form 943, line 14	(p) Form 943-X, line 23	(q) Form 943-X, line 24b
1	.	.	.	472.92	.	500.00	.	.
2	.	.	.	1564.00	.	2015.00	.	.
3	.	.	.	1564.00	.	2015.00	.	.
4	.	.	.	.	.	.	.	.
5	.	.	.	.	.	.	.	.
6	.	.	.	3600.92	.	4530.00	.	.
7	.	.	.	.	.	.	.	.
8	.	.	.	.	.	.	.	.
9	.	.	.	3600.92	.	4530.00	.	.

	(r) Form 943-X, line 26	(s) Form 943-X, line 27	(t) Form 943-X, line 31	(u) Form 943-X, line 32	(v) Form 943-X, line 33	(w) Form 943-X, line 34	(x) Form 943-X, line 35	(y) Form 943-X, line 36
1	.	.	.	.	.	.	.	.
2	.	.	.	.	.	.	.	.
3	.	.	.	.	.	.	.	.
4	.	.	.	.	.	.	.	.
5	.	.	.	.	.	.	.	.
6	.	.	.	.	.	.	.	.
7	.	.	.	.	.	.	.	.
8	.	.	.	.	.	.	.	.
9	.	.	.	.	.	.	.	.

Form **943-A**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0029

2025 Calendar Year

Name (as shown on Form 943)

Calla Lily Company

Employer identification number (EIN)

00-3889956

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	150.03	16		1	150.03	16		1	150.04	16	
2		17		2		17		2		17	
3		18		3		18		3		18	
4		19		4		19		4		19	
5		20	150.03	5		20	150.03	5		20	150.04
6		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		29		14		29	
15		30		15				15		30	
		31				31				31	
A Total liability for month			300.06	**B Total liability for month**			300.06	**C Total liability for month**			300.08

April Tax Liability				May Tax Liability				June Tax Liability			
1	150.04	16		1	150.04	16		1	150.04	16	
2		17		2		17		2		17	
3		18		3		18		3		18	
4		19		4		19		4		19	
5		20	150.04	5		20	150.04	5		20	150.04
6		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		29		14		29	
15		30		15		30		15		30	
						31					
D Total liability for month			300.08	**E Total liability for month**			300.08	**F Total liability for month**			300.08

July Tax Liability			
1	150.04	16	
2		17	
3		18	
4		19	
5		20	150.04
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
		31	
G Total liability for month			300.08

August Tax Liability			
1	150.04	16	
2		17	
3		18	
4		19	
5		20	150.04
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
		31	
H Total liability for month			300.08

September Tax Liability			
1	150.04	16	
2		17	
3		18	
4		19	
5		20	150.04
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
I Total liability for month			300.08

October Tax Liability			
1	150.04	16	
2		17	
3		18	
4		19	
5		20	150.04
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
		31	
J Total liability for month			300.08

November Tax Liability			
1	150.04	16	
2		17	
3		18	
4		19	
5		20	150.04
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
K Total liability for month			300.08

December Tax Liability			
1	150.04	16	
2		17	
3		18	
4		19	
5		20	150.04
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
		31	
L Total liability for month			300.08

M Total tax liability for year (add lines A through L). This must equal line 13 on Form 943 . . . . 3600.92