August 5, 2025

Tax Year 2025
ATS Scenario 05
Calla Rose Inc
00-3889957

The information below identifies the contents of this scenario.

Form 943

Form 8974

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 – 3889955 7

Name *(not your trade name)* Calla Rose Inc

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	12000.00
3	**Social security tax** (multiply line 2 by 12.4% (0.124))	3	1488.00
4	**Wages subject to Medicare tax**	4	12000.00
5	**Medicare tax** (multiply line 4 by 2.9% (0.029))	5	348.00
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	125.00
9	**Total taxes before adjustments.** Add lines 3, 5, 7, and 8	9	1961.00
10	**Current year's adjustments**	10	.
11	**Total taxes after adjustments** (line 9 as adjusted by line 10)	11	1961.00
12	**Qualified small business payroll tax credit for increasing research activities.** Attach Form 8974	12	800.00
13	**Total taxes after adjustments and nonrefundable credits.** Subtract line 12 from line 11	13	1161.00
14	**Total deposits for 2025, including overpayment applied from a prior year and Form 943-X**	14	1161.00
15	**Balance due.** If line 13 is more than line 14, enter the difference and see the instructions	15	0.00
16a	**Overpayment.** If line 14 is more than line 13, enter the difference		.

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 Rose Inc	00 – 3889957

- **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

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) 00-3889957

Name *(not your trade name)* Calla Rose Inc

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

- ☐ **Form 941** (all **941** series)
- ☒ **Form 943** (all **943** series)
- ☐ **Form 944** (all **944** series)

Calendar year 2025 You must select a quarter if you file Form 941.

Report for this quarter...

Check only one box.

- ☐ **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	1120	03 / 10 / 2026	00-3889956	800. 00	.	800. 00
2	/ /		/ /		.	.	.
3	/ /		/ /		.	.	.
4	/ /		/ /		.	.	.
5	/ /		/ /		.	.	.
6	Add lines 1(g) through 5(g) and enter the total here						800. 00

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

7 Enter the amount from Part 1, line 6(g) 7 800. 00

8 Enter the amount from Form 941, line 5a, column 2; Form 943, line 3; or Form 944, line 4a, column 2 . . 8 1488. 00

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 1488. 00

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 . . . . . 11 744. 00

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 . . . . . 12 744. 00

13 Subtract line 12 from line 7 . . . . . 13 56. 00

14 Enter the amount from Form 941, line 5c, column 2; Form 943, line 5; or Form 944, line 4c, column 2 . . 14 348. 00

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 15 174. 00

16 **Credit against the employer share of Medicare tax.** Enter the smaller of line 13 or 15 . 16 56. 00

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 . . . . . 17 800. 00