August 5, 2025

Tax Year 2025
ATS Scenario 06
Calla Flower LLC
00-3889958

The information below identifies the contents of this scenario.

Form 943

Use the signature option that is applicable to you.

Responsible Party Current: Yes

Requested Payment Date: Must be within 5 days of the return submission date.

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Version A, Cycle 9
Fillable Field Color=Black; Checkmark=Cross
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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 – 3889958

Name *(not your trade name)* Calla Flower LLC

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	.
13	**Total taxes after adjustments and nonrefundable credits.** Subtract line 12 from line 11	13	1961.00
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	800.00
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 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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Name *(not your trade name)*	Employer identification number (EIN)
Calla Flower LLC	00 – 3889958

- **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

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