## Tax Year 2025 ATS Scenario 08 Periwinkle Corporation 00-3568123

Th	ne i	nfor	mat	ion	belo	)W i	den	tifies	the	con	tents	of	this	scer	nario.

Form 944 Form 945-A

Use the signature option that is applicable to you.

Responsible Party Current Indicator: Yes.

OMB No. 1545-0029

Version A, Cycle 7

TREASURY/IRS AND OMB USE ONLY Drillable Field Color=Black; Checkmark=Cross
Gray shading for reserved fields and checkboxes must be 15% (R: 217, G: 217, B: 217)

## Form **944 for 2025:** Employer's ANNUAL Federal Tax Return Department of the Treasury — Internal Revenue Service

Emplo	yer identification number (EIN)	0 - 3 5 6 8	1 2 3		Who Must File Form 944
Name	(not your trade name) Periwinkle Corpor	ation		inste	must file annual Form 944 ead of filing quarterly Forms 941 r if the IRS notified you in
Trade	name (if any)			writi	ing.
	0.T. + 0.1. +			instr	o www.irs.gov/Form944 for uctions and the latest
Addre	2 Test Street Number	Street	Suite or room number	infor	mation.
	Cincinnati	ОН	45219		
	City	State	ZIP code		
Read t	he separate instructions before you co	Foreign province/county	Foreign postal code		
neau i		s year. Employers in American Sa	amoa Guam the C	ommo	nwealth of the Northern
Part		Islands, and Puerto Rico must s			
1	Wages, tips, and other compensation	on		1	194,680 ■ 00
2	Federal income tax withheld from w	ages, tips, and other compensatio	n	2	84,938 • 00
3	If no wages, tips, and other compen	sation are subject to social securi	ty or Medicare tax	3	Check here and go to line 5.
4	Taxable social security and Medicar	e wages and tips:			
		Column 1	Column 2		
	4a Taxable social security wages	118,500 • 00 × 0.124 =	14,694	• 00	
	4b Taxable social security tips	× 0.124 =	=	•	
	4c Taxable Medicare wages & tips	194,680 ■ 00 × 0.029 =	5,645	72	
	4d Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =	=	•	
	4e Total social security and Medica	re taxes. Add Column 2 from lines 4	a, 4b, 4c, and 4d .	4e	20,339 _ 72
5	Total taxes before adjustments. Add	I lines 2 and 4e		5	105,277 72
6	Current year's adjustments (see inst	ructions)		6	_
	,	,			105,277 _ 72
7	Total taxes after adjustments. Comb	oine lines 5 and 6		7 _	105,277 72
8	Qualified small business payroll tax c	redit for increasing research activitie	es. Attach Form 8974	8	
9	Total taxes after adjustments and ne	onrefundable credits. Subtract line	8 from line 7	9	105,277 72
10	Total deposits for this year, incluoverpayments applied from Form 94	•	a prior year and	10	105,277 _ 72
11	Balance due. If line 9 is more than line	e 10, enter the difference and see ins	tructions	11	0 00
12a	Overpayment. If line 10 is more than li	ine 9, enter the difference	. 12b	Check	one: Apply to Send a refund.
12c	Routing number		Checking Sa	vings	
12e	Account number				
	You MUST complete both pages of	Form 944 and SIGN it.	<del>_</del>		

## RAFT — DO NOT FILE

if self-employed)

Address

City

Version A, Cycle 7 TREASURY/IRS AND OMB USE ONLY Fillable Field Color=Black; Checkmark=Cross Gray shading for reserved fields and checkboxes must be 15% (R: 217, G: 217, B: 217) Name (not your trade name) Employer identification number (EIN) Periwinkle Corporation 00 -3568123 Part 2: Tell us about your deposit schedule and tax liability for this year. Line 9 is less than \$2,500. Go to Part 3. 13 Check one: Line 9 is \$2,500 or more. Enter your tax liability for each month. If you're a semiweekly schedule depositor or you became one because you accumulated \$100,000 or more of liability on any day during a deposit period, you must complete Form 945-A instead of the boxes below. Jan. July Oct 13a 13d 13a 13i Feb May Nov 13b 13h 13k 13e June Dec Mar. Sept. 13c 13f 13i 131 Total liability for year. Add lines 13a through 13l. Total must equal line 9. 13m Part 3: Tell us about your business. If question 14 does NOT apply to your business, leave it blank. Check here, and If your business has closed or you stopped paying wages enter the final date you paid wages ; also attach a statement to your return. See instructions. 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 944 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. Print your name here Sign your name here Print your title here Date Best daytime phone **Paid Preparer Use Only** Check if you're self-employed **PTIN** Preparer's name Preparer's signature Date Firm's name (or yours **EIN** 

Page **2** Form **944** (2025)

State

Phone

ZIP code

## Form **945-A**

**Annual Record of Federal Tax Liability** 

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

Go to www.irs.gov/Form945A for instructions and the latest information. File with Form 945, 945-X, CT-1, CT-1 X, 944, or 944-X.

2 0 2 5
Calendar Year

OMB No. 1545-0029

Name (as shown on Form 945, 945-X, CT-1, CT-1 X, 944, or 944X)
Periwinkle Corporation

Employer identification number (EIN) 00-3568123

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 Form 945-X, CT-1 X, or 944-X.

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For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 14733M

Form **945-A** (Rev. 12-2024)

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	July	Tax		oility			Augu	ıst Ta		ability		<u> </u>	Septen	nber		Liability		
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