

September 14, 2022

Tax Year 2022
943 MeF ATS Scenario 6
Calla Lily Company
00-3889956

The Information below identifies the contents of this scenario:

- Form 943
- Form 943 Schedule R

The return is for a single state filer and uses the most current copies Form 943 and Form 943 Schedule R available at this time. The return should use the Reporting Agent signature method and result in an overpayment (refund).

**Employer's Annual Federal Tax Return
for Agricultural Employees**

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

430122

OMB No. 1545-0035

2022

**Type
or
Print**

Name (as distinguished from trade name) **Calla Lily Company** Employer identification number (EIN) **00 - 3889956**
Trade name, if any
Address (number and street) **10th Test Street**
City or town, state or province, country, and ZIP or foreign postal code **Fort Washington, MD 20101**
If you don't have to file returns in the future, check here ☐

If address is
different from
prior return,
check here ☐

1	Number of agricultural employees employed in the pay period that includes March 12, 2022	1	1
2	Wages subject to social security tax*	2	12,555 00
a	Qualified sick leave wages*	2a	
b	Qualified family leave wages*	2b	
3	Social security tax (multiply line 2 by 12.4% (0.124))	3	1,556 82
a	Social security tax on qualified sick leave wages (multiply line 2a by 6.2% (0.062))	3a	
b	Social security tax on qualified family leave wages (multiply line 2b by 6.2% (0.062))	3b	
4	Wages subject to Medicare tax	4	12,555 00
5	Medicare tax (multiply line 4 by 2.9% (0.029))	5	364 10
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	150 00
9	Total taxes before adjustments. Add lines 3, 3a, 3b, 5, 7, and 8	9	2,070 92
10	Current year's adjustments	10	
11	Total taxes after adjustments (line 9 as adjusted by line 10)	11	2,070 92
12a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	12a	
b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	12b	
c	Reserved for future use	12c	
d	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	12d	
e	Nonrefundable portion of COBRA premium assistance credit	12e	
f	Number of individuals provided COBRA premium assistance		
g	Total nonrefundable credits. Add lines 12a, 12b, 12d, and 12e	12g	
13	Total taxes after adjustments and nonrefundable credits. Subtract line 12g from line 11	13	2,070 92

*Include taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2021, and before October 1, 2021, on line 2. Use lines 2a and 2b only for taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2020, and before April 1, 2021.

You MUST complete all three pages of Form 943 and SIGN it.

14a	Total deposits for 2022, including overpayment applied from a prior year and Form 943-X	14a	3,000	00
b	Reserved for future use	14b		
c	Reserved for future use	14c		
d	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	14d		
e	Reserved for future use	14e		
f	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	14f		
g	Refundable portion of COBRA premium assistance credit	14g		
h	Total deposits and refundable credits. Add lines 14a, 14d, 14f, and 14g	14h	3,000	00
i	Reserved for future use	14i		
j	Reserved for future use	14j		
15	Balance due. If line 13 is more than line 14h, enter the difference and see the instructions	15		
16	Overpayment. If line 14h is more than line 13, enter the difference	16	929	08
Check one: ☐ Apply to next return. ☒ Send a refund.				

• **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.)											
		Tax liability for month				Tax liability for month				Tax liability for month	
A	January			F	June			K	November		
B	February			G	July			L	December		
C	March			H	August			M	Total liability for year (add lines A through L)		
D	April			I	September						
E	May			J	October						

18	Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021	18		
19	Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021	19		
20	Reserved for future use	20		
21	Reserved for future use	21		

You MUST complete all three pages of Form 943 and SIGN it.

22	Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 . . .	22		
23	Qualified health plan expenses allocable to qualified sick leave wages reported on line 22 . . .	23		
24	Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 22 . . .	24		
25	Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 . . .	25		
26	Qualified health plan expenses allocable to qualified family leave wages reported on line 25 . . .	26		
27	Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 25 . . .	27		
28	Reserved for future use . . .	28		
29	Reserved for future use . . .	29		

Third-Party Designee Do you want to allow another person to discuss this return with the IRS? See the separate instructions. ☐ **Yes.** Complete the following. ☐ **No.**

Designee's name	Phone no.	Personal identification number (PIN)

Sign Here

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.

Signature _____ **Date** _____

Print your name and title

Paid Preparer Use Only	Print/Type preparer's name Joe Smith	Preparer's signature	Date	Check ☐ if self-employed	PTIN P-00000001
	Firm's name			Firm's EIN	00-6655444
	Firm's address			Phone no.	

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

(Rev. December 2021)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0035

Employer identification number (EIN) 00-3889956

Name as shown on Form 943 Calla Lily Company

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

Report for calendar year:

(Same as Form 943):

2022

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, line 2a	(f) Form 943, line 2b	(g) Form 943, line 4	(h) Form 943, line 6	(i) Form 943, line 8
1 44-4444444		1	2,555 . 00	.	.	2,555 . 00	.	50 . 00
2 55-5555555		1	5,000 . 00	.	.	5,000 . 00	.	50 . 00
3 66-6666666		1	5,000 . 00	.	.	5,000 . 00	.	50 . 00
4			.	.	.	.	.	.
5			.	.	.	.	.	.
6 Subtotals for clients. Add lines 1 through 5		3	12,555 . 00	.	.	12,555 . 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	12,555 . 00	.	.	12,555 . 00	.	150 . 00

(j) Form 943, line 12a	(k) Form 943, lines 12b and 14d, total	(l) Form 943, lines 12c and 14e, total	(m) Form 943, lines 12d and 14f, total	(n) Form 943, lines 12e and 14g, total	(o) Form 943, line 12f	(p) Form 943, line 13	(q) Form 943, line 14a
1 .	.	.	.	.		470 . 92	500 . 00
2 .	.	.	.	.		800 . 00	1,250 . 00
3 .	.	.	.	.		800 . 00	1,250 . 00
4 .	.	.	.	.		.	.
5 .	.	.	.	.		.	.
6 .	.	.	.	.		2,070 . 00	3,000 . 00
7 .	.	.	.	.		.	.
8 .	.	.	.	.		.	.
9 .	.	.	.	.		2,070 . 92	3,000 . 00

(r) Form 943, line 14i	(s) Form 943, lines 18 and 19, total	(t) Form 943, lines 20 and 21, total	(u) Form 943, lines 22 and 24, total	(v) Form 943, lines 23 and 26, total	(w) Form 943, lines 25 and 27, total	(x) Form 943, line 28	(y) Form 943, line 29
1 .	.	.	.	.	.	.	.
2 .	.	.	.	.	.	.	.
3 .	.	.	.	.	.	.	.
4 .	.	.	.	.	.	.	.
5 .	.	.	.	.	.	.	.
6 .	.	.	.	.	.	.	.
7 .	.	.	.	.	.	.	.
8 .	.	.	.	.	.	.	.
9 .	.	.	.	.	.	.	.