Form 943		Employer's	OMB No. 1545-0035					
Department of the Treasury Internal Revenue Service		► Informatio		2011				
		Name (as distinguis	hed from trad	e name)	Calendar y	ear		
Enter state code for state in which deposits were made only if different from state in address to the right ▶ (see instructions).		Trade name, if any Employer identification number						If address is
		Address (number ar	nd street)		City, state, and ZIP code			different from prior return, check here. ▶
		If you do not have to	o file returns in	n the future, check h	ere		▶ □	
1 Numbe	r of agr	icultural emplove	ees emplov	ed in the pay p	eriod that includes N	March 12, 2011	1 ▶ 1	
	oloyee so	cial security tax rate			rate is 1.45%. The emplo			
2 Total w	Total wages subject to social security tax (see separate instructions) 2							
	Social security tax (multiply line 2 by 10.4% (.104))						3	
	Total wages subject to Medicare tax (see separate instructions) 4							
	Medicare tax (multiply line 4 by 2.9% (.029))							
		-					7	
	•	•	•	,	· · · · · · · · · · · · · · · · · · ·		_	
					rom a prior year and			
		,		,	,			
11a COBRA	A premi	um assistance pa	ayments (s	ee separate ins	tructions)		11:	a
11b Numbe	r of ind	ividuals provided	COBRA p	remium assista	nce 11	b		
		nd 11a					12	
					ce and see the instru		▶ 13	
14 Overpa	yment.	If line 12 is more	than line 9,	enter the differe	ence ►\$	Check one:	Appy to next re	eturn. Send a refund.
Semiweekly se	chedule		olete Form 94	3-A and check he				ne 15 and check here ►☐
		Tax liability for mo	onth		Tax liability for mor	nth		Tax liability for month
A January .			F	June		K Nove	mber	
B February.				July		L Dece	mber	
C March .				August			liability for	
D April				September October			(add lines A gh L)	
Third- Party Designee	Do you Designame	nee's ► penalties of perjury, I	er person to d	iscuss this return wi P n have examined this		nstructions)? Property of the control of the contro	Yes. Con ersonal identific umber (PIN) ► nd statements, an	d to the best of my knowledge
Sign Here			reparer has any knowledge.					
	Signat				Print Your Name and Title ►			Date ►
Paid Preparer	Print/T	ype preparer's name		Preparer's signa	ature	Date	Check if self-employed	
Use Only	Firm's	name ►						
555 5y	Firm's	address ►	Phone no.					

Form 943-V, Payment Voucher

Purpose of Form

Complete Form 943-V, Payment Voucher, if you are making a payment with Form 943, Employer's Annual Federal Tax Return for Agricultural Employees. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

If you have your return prepared by a third party and make a payment with that return, please provide Form 943-V to the return preparer.

Making Payment With Form 943

To avoid a penalty, make your payment with your 2011 Form 943 **only if:**

- Your total taxes after adjustments for the year (line 9 on Form 943) are less than \$2,500 and you are paying in full with a timely filed return, or
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 7 of Pub. 51 (Circular A), Agricultural Employer's Tax Guide, for details. In this case, the amount of your payment may be \$2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 7 of Pub. 51 (Circular A) for deposit instructions. Do not use Form 943-V to make federal tax deposits.

Caution. Use Form 943-V when making any payment with Form 943. However, if you pay an amount with Form 943 that should have been deposited, you may be subject to a penalty. See Deposit Penalties in section 7 of Pub. 51 (Circular A).

Specific Instructions

Box 1—Employer identification number (EIN). If you do not have an EIN, you may apply for one online. Go to IRS.gov and click on the Apply for an Employer Identification Number (EIN) Online link. You may also apply for an EIN by calling 1-800-829-4933, or you can fax or mail Form SS-4, Application for Employer Identification Number. If you have not received your EIN by the due date of Form 943, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 943.

Box 3—Name and address. Enter your name and address as shown on Form 943.

- Enclose your check or money order made payable to the "United States Treasury." Be sure to enter your EIN, "Form 943," and "2011" on your check or money order. Do not send cash. Do not attach Form 943-V or your payment to Form 943 (or to each other).
- Detach Form 943-V and send it with your payment and Form 943 to the address provided in the Instructions for Form 943.

Note. You must also complete the entity information above line 1 on Form 943.



▼ Detach Here and Mail With Your Payment and Form 943. **▼**



Form 943-V			Payment Voucher	OMB No. 1545-0035			
Department of the Treasury Internal Revenue Service		► Do not attach this voucher or your payment to Form 943.				2011	
1 Enter your employer identi	fication number (EIN).	2	Enter the amount of your payment ▶		ollars	Cents	
		3	Enter your business name (individual name if sole proprietor). Enter your address. Enter your city, state, and ZIP code.				