943		Employer's I	S OMB No. 1545-0035								
Department of the Treasury Internal Revenue Service		► Information about Form 943 and its separate instructions is at www.irs.gov/form943.							1		
		Name (as distinguishe	d from trade	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 (EIN)							If address is		
		Address (number and	street)		City, state,		different from prior return,				
								check here	. ▶		
		If you do not have to f	ile returns in	the future, check h	ere		▶ [
1 Numbe	er of agi	icultural employee	es employe	ed in the pay pe	eriod that includes N	March 12, 2	011 ► 1				
		ocial security tax rate i tax rate is 1.45%.	s 4.2% and t	he Medicare tax r	ate is 1.45%. The emplo	yer social sec	curity tax rate				
2 Total w	vages s	ubject to social se	curity tax (see separate ir	structions) 2	2					
	Social security tax (multiply line 2 by 10.4% (.104))							3			
	Total wages subject to Medicare tax (see separate instructions) 4										
	Federal income tax withheld (see separate instructions)										
	7 Total taxes before adjustments. Add lines 3, 5, and 6										
	-	•	•	•					_		
		•	-		om a prior year and						
	•	,	5 , ,		, ,						
11a COBR	A premi	um assistance pay	ments (se	e separate inst	ructions)		11	а			
11b Numbe	er of ind	ividuals provided (COBRA pr	emium assistaı	nce 11	b					
		nd 11a					12				
					e and see the instru		▶ 13	<u> </u>			
14 Overpa	aymenτ.	If line 12 is more th	ian iine 9, 6	enter the differe	nce ▶ ⊅	Check one:	Appy to next re	eturn. 🔝 Sena	a refund.		
Semiweekly s	chedule		te Form 943	B-A and check her	or Form 943-A. re ► □ • Monthly s				ere ►□		
15 Month	ny Gain	Tax liability for mon		.y. (DO 1101 0011	Tax liability for mor		y soricadic depe	Tax liability for	month		
A January .				une			ovember				
B February.				uly			ecember				
C March .			H A	ugust		M To	otal liability for				
D April			I s	eptember		ye	ear (add lines A				
E May			JO	ctober		th	rough L)				
	ı										
Third- Party	Do you	u want to allow another	person to dis	cuss this return wit	h the IRS (see separate in	nstructions)?	☐ Yes. Cor	mplete the following.	∐ No.		
Designee	Design			Phone no. ►			Personal identification number (PIN) ▶				
Sign		penalties of perjury, I de lief, it is true, correct, ar									
Here											
	Signat	ture ►			Print Your Name and Title ►			Date ►			
Paid	Print/T	ype preparer's name		Preparer's signa	ture	Date	Check i i		PTIN		
Preparer Use Only	Firm's	m's name ► Firm's EIN									
USE OILLY	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			2011			
1 Enter your employer identi	fication number (EIN).	2	Enter the amount of your payment ▶	D	Pollars	Cents
		3	Enter your business name (individual name if sole proprietor). Enter your address.			
			Enter your city, state, and ZIP code.			