

Employer's Annual Federal Tax Return for Agricultural Employees

OMB No. 1545-0035

▶ See separate Instructions for Form 943 for information on completing this return.

2003

Enter state code for state in which deposits were made **only** if different from state in address to the right (see page 2 of instructions).

If you do not have to file returns in the future, check here

Name (as distinguished from trade name)

Calendar year

Trade name, if any

Employer identification number

Address (number and street)

City, state, and ZIP code

If address is different from prior return, check here.

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|-----------|--|-----------|--|
| 1 | Number of agricultural employees employed in the pay period that includes March 12, 2003 | 1 | |
| 2 | Total wages subject to social security tax (see separate instructions) | 2 | |
| 3 | Social security tax (multiply line 2 by 12.4% (.124)) | 3 | |
| 4 | Total wages subject to Medicare tax (see separate instructions) | 4 | |
| 5 | Medicare tax (multiply line 4 by 2.9% (.029)) | 5 | |
| 6 | Federal income tax withheld (see separate instructions) | 6 | |
| 7 | Total taxes before adjustments (add lines 3, 5, and 6) | 7 | |
| 8 | Adjustment to taxes (see separate instructions) | 8 | |
| 9 | Total taxes (line 7 as adjusted by line 8) | 9 | |
| 10 | Advance earned income credit (EIC) payments made to employees, if any (see separate instructions) | 10 | |
| 11 | Net taxes (subtract line 10 from line 9) | 11 | |
| 12 | Total deposits for 2003, including overpayment applied from 2002 | 12 | |
| 13 | Balance due (subtract line 12 from line 11). (see separate instructions) | 13 | |
| 14 | Overpayment. If line 12 is more than line 11, enter here ▶ \$ _____ and check if to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded. | | |

- **All filers:** If line 11 is less than \$2,500, **do not** complete line 15 or Form 943-A.
- **Semiweekly schedule depositors:** Complete Form 943-A and check here
- **Monthly schedule depositors:** Complete line 15 and check here

| 15 Monthly Summary of Federal Tax Liability. (Do not complete if you were a semiweekly schedule depositor.) | | | | | |
|--|-------------------------|-----------------------|-------------------------|---|-------------------------|
| Deposit period ending | Tax liability for month | Deposit period ending | Tax liability for month | Deposit period ending | Tax liability for month |
| A January 31 | | F June 30 | | K November 30 | |
| B February 28 | | G July 31 | | L December 31 | |
| C March 31 | | H August 31 | | M Total liability for year (add lines A through L) | |
| D April 30 | | I September 30 | | | |
| E May 31 | | J October 31 | | | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see 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.

Signature ▶ _____ Print Your Name and Title ▶ _____ Date ▶ _____

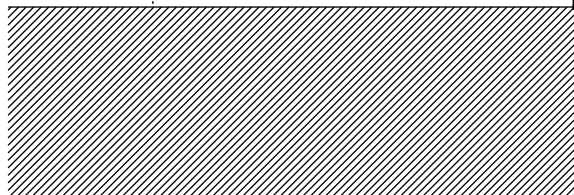
For Privacy Act and Paperwork Reduction Act Notice, see page 4 of separate instructions. **▼ DETACH HERE ▼** Cat. No. 11252K Form **943** (2003)

Payment Voucher

2003

▶ Use this voucher when making a payment with your return.

Do not send cash and do not staple your payment to this voucher. Make your check or money order payable to the "United States Treasury." Be sure to enter your employer identification number (EIN), "Form 943," and "2003" on your payment.

| | | | |
|---|---|---------|-------|
| 1 Enter your employer identification number (EIN). | 2 Enter the amount of your payment. ▶ | Dollars | Cents |
|  | 3 Enter your business name (individual name for sole proprietors). | | |
| | Enter your address. | | |
| Enter your city, state, and ZIP code. | | | |

Instructions for Form 943 Payment Voucher

Purpose of Form

Complete Form 943-V 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 this payment voucher to the return preparer.

Making Payment With Form 943

Make a payment with your 2003 Form 943 **only if**:

- Your net taxes for the year (line 11 on Form 943) are less than \$2,500 and the taxes are paid 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 **Circular A (Pub. 51)**, Agricultural Employer's Tax Guide, for details.) This amount may be \$2,500 or more.

Otherwise, you must deposit the amount at an authorized financial institution or by electronic funds transfer. (See section 7 of Circular A (Pub. 51) for deposit instructions.) Do not use the Form 943-V payment voucher to make Federal tax deposits.

Caution: *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 Circular A (Pub. 51).*

Specific Instructions

Box 1—Employer identification number (EIN). If you do not have an EIN, apply for one on **Form SS-4**, Application for Employer Identification Number, and 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 business name and address as shown on Form 943.

- Enclose your check or money order made payable to the "United States Treasury." Be sure also to enter your EIN, "Form 943," and "2003" on your check or money order. Do not send cash. Do not staple this voucher or your payment to the return (or to each other).

- Detach the completed voucher and send it with your payment and Form 943 to the address provided in the separate **Instructions for Form 943**.

