

September 22, 2016

Tax Year 2016
943 MeF ATS Scenario 5
Lilac Farms and Fertilizer
00-3775634

The information below identifies the contents of this scenario:

- Form 943
- Form 943-A
- Form 8453-EMP - Binary Attachment

This return results in an overpayment and send a refund.
This is the most current copy of Form 943 available at this time.

Employer's Annual Federal Tax Return for Agricultural Employees

2016

► Information about Form 943 and its separate instructions is at www.irs.gov/form943.

Type
or
Print

Name (as distinguished from trade name) Lilac Farms and Fertilizer	Employer identification number (EIN) 00-3775634
Trade name, if any	
Address (number and street) 1st Test Street	
City or town, state or province, country, and ZIP or foreign postal code Fort Washington, MD 20744	
If you don't have to file returns in the future, check here <input type="checkbox"/>	

If address is different from prior return, check here.

1	Number of agricultural employees employed in the pay period that includes March 12, 2016	1	1
2	Total wages subject to social security tax	2	36449 95
3	Social security tax (multiply line 2 by 12.4% (0.124))	3	
4	Total wages subject to Medicare tax	4	36449 95
5	Medicare tax (multiply line 4 by 2.9% (0.029))	5	
6	Total 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	220 20
9	Total taxes before adjustments. Add lines 3, 5, 7, and 8	9	
10	Current year's adjustments	10	
11	Total taxes after adjustments (line 9 as adjusted by line 10)	11	5797 03
12	Total deposits for 2016, including overpayment applied from a prior year and Form 943-X	12	6130 00
13a	Reserved	13a	
b	Reserved	13b	
14	Reserved	14	
15	Balance due. If line 11 is more than line 12, enter the difference and see the instructions	15	
16	Overpayment. If line 12 is more than line 11, enter the difference		

Check one: Apply to next return. Send a refund.

- **All filers:** If line 11 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	
A January			F June		
B February			G July		
C March			H August		
D April			I September		
E May			J October		
			K November		
			L December		
			M Total liability for year (add lines A through L)		

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature Print Your Name and Title Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				

Agricultural Employer's Record of Federal Tax Liability

▶ Information about Form 943-A and its instructions is at www.irs.gov/form943a.
▶ File with Form 943 or Form 943-X.

2 0 1 6
Calendar Year

Name (as shown on Form 943)

Lilac Farms and Fertilizer

Employer identification number (EIN)

00-3775634

You must complete this form if you are required to deposit on a semiweekly schedule or if your 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.) **DO NOT change your tax liability by adjustments reported on any Forms 943-X.**

January Tax Liability			February Tax Liability			March Tax Liability											
1	16		1	16		1	16										
2	17		2	17		2	17										
3	18		3	18		3	18										
4	19		4	19		4	19										
5	20		5	20		5	20	235.10									
6	21	235.10	6	21		6	21	255.41									
7	22		7	22		7	22										
8	23		8	23		8	23										
9	24	255.41	9	24		9	24										
10	25		10	25		10	25										
11	26		11	26	255.41	11	26										
12	27		12	27		12	27										
13	28		13	28		13	28	235.10									
14	29		14	29		14	29										
15	30		15			15	30										
	31						31										
A Total liability for month ▶			490.51			B Total liability for month ▶			490.51			C Total liability for month ▶			490.51		

April Tax Liability			May Tax Liability			June Tax Liability											
1	16		1	16		1	16	235.10									
2	17		2	17		2	17										
3	18		3	18		3	18										
4	19		4	19		4	19										
5	20		5	20	255.41	5	20										
6	21		6	21		6	21										
7	22		7	22		7	22										
8	23	255.41	8	23		8	23										
9	24		9	24		9	24										
10	25		10	25		10	25	255.41									
11	26	235.10	11	26		11	26										
12	27		12	27		12	27										
13	28		13	28		13	28										
14	29		14	29		14	29										
15	30		15	30		15	30										
	31						31										
D Total liability for month ▶			490.51			E Total liability for month ▶			401.42			F Total liability for month ▶			490.51		

July Tax Liability			August Tax Liability			September Tax Liability		
1		16	1		16	1		16
2		17	2		17	2		17
3		18	3		18	3		18
4		19	4	255.41	19	4		19
5		20	5		20	5		20
6		21	6		21	6		21
7		22	7		22	7		22
8		23	8		23	8		23
9	255.41	24	9		24	9	255.41	24
10		25	10		25	10		25
11		26	11		26	11		26
12		27	12		27	12		27
13		28	13		28	13		28
14		29	14		29	14		29
15		30	15		30	15		30
		31			31			31

G Total liability for month ▶ **H** Total liability for month ▶ **I** Total liability for month ▶

October Tax Liability			November Tax Liability			December Tax Liability		
1		16	1		16	1		16
2		17	2		17	2		17
3		18	3		18	3		18
4		19	4		19	4		19
5		20	5		20	5		20
6		21	6	255.41	21	6		21
7		22	7		22	7		22
8		23	8		23	8		23
9		24	9		24	9		24
10		25	10		25	10		25
11		26	11		26	11	255.41	26
12		27	12		27	12		27
13		28	13		28	13		28
14	255.41	29	14		29	14		29
15		30	15		30	15		30
		31			31			31

J Total liability for month ▶ **490.51** **K** Total liability for month ▶ **490.51** **L** Total liability for month ▶ **490.51**

M Total tax liability for year (add lines A through L) ▶

Name (as shown on Form 940, 940-PR, 941, 941-PR, 941-SS, 943, 943-PR, 944, or 945)

Employer identification number

Lilac Farms and Fertilizer

00-3775634

Part I Type of Return and Return Information (Whole dollars only)

Check the box for the return that you will file using this Form 8453-EMP. Enter the amounts from the applicable lines of the return. If any of the applicable lines on the return are blank, leave line **1b, 1c, 2b, 2c, 3b, 3c, 4b, 4c, 5b, or 5c**, whichever is applicable, blank (do not enter -0-). However, if you entered -0- on the return, enter -0- on the applicable line. Complete a separate Form 8453-EMP for each return.

1a Form 940 check here ▶ <input type="checkbox"/>	b. Total payments to all employees (Form 940, Part 2, line 3)	1b
(all 940 series)	c. Balance due (Form 940, Part 4, line 14)	1c
2a Form 941 check here ▶ <input type="checkbox"/>	b. Total taxes after adjustments (Form 941, Part 1, line 10)	2b
(all 941 series)	c. Balance due (Form 941, Part 1, line 12 (line 14 for the fourth quarter of 2013))	2c
3a Form 943 check here ▶ <input type="checkbox"/>	b. Total wages subject to social security tax (Form 943, line 2)	3b
(all 943 series)	c. Balance due (Form 943, line 15)	3c
4a Form 944 check here ▶ <input type="checkbox"/>	b. Wages, tips, and other compensation (Form 944, Part 1, line 1)	4b
	c. Balance due (Form 944, Part 1, line 11)	4c
5a Form 945 check here ▶ <input type="checkbox"/>	b. Total taxes (Form 945, line 3)	5b
	c. Balance due (Form 945, line 5)	5c

Part II Declaration of Taxpayer (see instructions)

- 6a** I am requesting a refund on Form 940, 940-PR, 941, 941-PR, 941-SS, 943, 943-PR, 944, or 945.
- b** I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed for the return indicated on lines 1a, 2a, 3a, 4a, or 5a, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

Under penalties of perjury, I declare that I have an approved role (as identified in the instructions for the employment tax return) within the company listed above and the information I have given the electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding return. To the best of my knowledge and belief, the return is true, correct, and complete. I consent to the ERO, transmitter, and/or ISP sending the return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending the ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the return is accepted and, if rejected, the reason(s) for the rejection. If the processing of the return or refund is delayed, I authorize the IRS to disclose to the ERO, transmitter, and/or ISP the reason(s) for the delay, or when the refund was sent.

Sign Here

▶ _____ Taxpayer's signature	▶ _____ Print your name and title	▶ _____ Date
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Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the return indicated above and that the entries on Form 8453-EMP are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 3112, IRS e-file Application and Participation, Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns, and Pub. 3823, Employment Tax e-file System Implementation and User Guide. If I am also the paid preparer, 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. This paid preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ _____	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN _____
	Firm's name (or yours if self-employed), address, and ZIP code ▶ _____	EIN _____	Phone no. _____		

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. This declaration is based on all information of which I have any knowledge.

Paid Preparer Use Only	Print/Type preparer's name _____	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	PTIN _____
	Firm's name ▶ _____	Firm's EIN ▶ _____			
	Firm's address ▶ _____	Phone no. _____			