-orm <b>94</b>	3	Employer's Annual Tax Return for Agricultural Employees  • See separate Instructions for Form 943 for information on completing this return.					MB No. 1545-0035 $2002$
Department of the nternal Revenue		·					
Enter your nam	ıe,					Т	
ddress, emplo dentification	yer	_			_	F	
number, and		Name (as distinguishe	d from trade name)	Calendar year	I	F	D
alendar ear of return.				F		F	P
cai oi iciuiii.		Trade name, if any		Employer identification	on number	1	
you do no	ot 📕					Т	
ave to file		Address and ZIP code	<b></b>			If address is	different
eturns in th uture, chec	-	1			ĺ	from prior re	
ere						check here.	
		cultural employees er	mployed in the pay period	that includes March 1	2. 2002 ▶	1	· · · · <del></del>
		· · · · · · · · · · · · · · · · · · ·			2, 2002		
2 Total v	vages suc	oject to social securit	y tax (see instructions).			3	
<b>3</b> Social	security t	tax (multiply line 2 by	/ 12.4% (.124))				
	Total wages subject to Medicare tax (see instructions)						
	Medicare tax (multiply line 4 by 2.9% (.029))						
	Federal income tax withheld (see instructions)					6	
7 Total t	Total taxes before adjustments (add lines 3, 5, and 6)					7	
			s)			8	
			e <sup>8</sup> )			9	
			payments made to empl			10	
		, ,	9)	• •	•	11	
			verpayment applied from			12	
			line 11). (see instructions)			13	
			line 11, enter here ►\$		to be: Applied		or Befund
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Deposit perio	-		<del>, , , , , , , , , , , , , , , , , , , </del>	Tax liability for month	· •		liability for month
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A January	31		<b>F</b> June 30		<b>K</b> November	30	
February	28 .		<b>G</b> July 31		<b>L</b> December	31	
: March 31	l '		<b>H</b> August 31		M Total liab	ility for	
April 30			I September 30		year (add		
May 31			<b>J</b> October 31		ťhrough L)		
hird	Do you wa	ant to allow another persor	n to discuss this return with the I	RS (see separate instructions)	)? <b>Yes.</b> Co	mplete the follow	ring.
arty	Designee'	'a	Phone			identifying [	
esignee	name	<b>&gt;</b>		( )	number (l		
	Under per	nalties of perjury, I declare	that I have examined this return.	, including accompanying sch	•		est of my knowled
Sign	and belief,	, it is true, correct, and cor	nplete.				-
lere			Pri	nt Your			
iere	Signature	<b>•</b>		me and Title ▶		Date	<u> </u>
or Privacy Ad	ct and Pape	rwork Reduction Act Noti	ice, see page 3 of separate ins	tructions.	Ca	t. No. 11252K	Form <b>943</b> (20
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_ 9,	43-V	<b>f</b>	Form 943 Pay	ment Voucher			
Form U		'	_			22	(0)(1)2
Internal Reve	of the Treasury nue Service	<b>▶</b> (	Jse this voucher when makir	ng a payment with your re	turn.		
Do not se	nd cash an	•	yment to this voucher. Make	• , ,		Inited States Tre	easury " Re sure
			Form 943," and "2002" on you		payable to the	onited orates me	asary. De sare
1 Your em	nlover ident	ification number	2			Dollars	Cents
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7/////////			//////////////////////////////////////				
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## 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 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 2002 Form 943 only if:

- 1. 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
- 2. You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. (See section 7 of Circular A, Agricultural Employer's Tax Guide (Pub. 51), 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. 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.

## **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 of payment.** 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." Also, be sure to enter your EIN, "Form 943," and "2002" on your check or money order. Do not send cash. Please 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.**

