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Employer's Annual Federal Tax Return

430124 OMB No. 1545-0029

Form 943 Department of the Treasury Internal Revenue Service			Employer S Aminual Federal Tax Return									\vdash	0	
		_	for Agricultural Employees										202	1
			Go to www.irs.gov/Form943 for instructions and the latest information.											
			Name (as distinguishe	ed from	trade	e name)		Employe	er identifio —	cation num	ber (EIN)		
Type or Print		-	Trade name, if any								If address is different from prior return, check here .			
			Address (number and street)											
		(City or town, state or	provinc	e, co	untry, and ZIP or foreig	n postal code							
			lf you don't have	to file	e retu	urns in the future,	check here							🗌
1	Numbe	r of agric	cultural employee	es em	ploy	ed in the pay peri	od that inclu	ides Ma	rch 12,	2024		1		
2	Wages	subject [·]	to social security	/ tax				2						
3	Social s	security t	tax (multiply line	2 by 1	2.49	% (0.124))						3		
4 Wages subject			t to Medicare tax											
5 Medicare tax										5				
			t to Additional Medicare Tax withholding 6											
			dicare Tax withholding (multiply line 6 by 0.9% (0.009))							7				
										8				
9												9		
10	Current	· · · · · · · · · · · · · · · · · · ·								10				
11	Total taxes after adjustments (line 9 as adjusted by line 10)									11				
12	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 12													
13	Total taxes after adjustments and nonrefundable credits. Subtract line 12 from line 11 13													
14	Total deposits for 2024, including overpayment applied from a prior year and Form 943-X 14													
15	Balance due. If line 13 is more than line 14, enter the difference and see the instructions 15								15					
16 Overpayment. If line 14 is more than line 13, enter the difference \$ Check one: Apply to next return.							. Send	a refund.						
						mplete line 17 or								
						Form 943-A and c								
• Mon	thly sch	edule d	epositors: Com	olete li	ine 1	7 and check here		• •		• •				· · 🗆
17	Month	y Summ	nary of Federal	Гах Li	abili	i ty. (Don't comple	te if you we	re a sen	niweekl	y schedu	ule de	oositor.)		
		Tax liability for month						y for month				ax liability fo	or month	
AJ	lanuary				F	June		<u>к</u> к		Novem	lovember .			
	ebruary				G	July				Decem				
	/arch					August				Total lia				
	April .				ï	September				year (ac				
	лау.				Ĵ	October				through				
Third Party		Do you w	ant to allow another	person	ı to di	iscuss this return with	the IRS? See t	the separa	ate instru					g. 🗌 No.
Designee		Designee's name		Phone no.				Personal identifica number (PIN))		
Sign Here		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on preparer has any knowledge.												
S		Signatur	gnature Date											
			ur name and title			1 -					1		1 = =	
Paid		Print/Type	e preparer's name			Preparer's signature	•		Date			k 🗌 if	PTIN	
Preparer Use Only											self-e	employed		
		Firm's na	me								Firm's	B EIN		
		Firm's address Phone no									e no.			
														12 (000 1)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **943** (2024)

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Form 943-V, **Payment Voucher**

Purpose of Form

Complete Form 943-V if you're making a payment with Form 943. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 943

To avoid a penalty, make your payment with your 2024 Form 943 only if:

 Your total taxes after adjustments and nonrefundable credits for the year (Form 943, line 13) are less than \$2,500 and you're paying in full with a timely filed return, or

 You're a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 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 11 of Pub. 15 for deposit instructions. Don't use Form 943-V to make federal tax deposits.



Use Form 943-V when making any payment with Form 943. However, if you pay an amount with Form 943 that should've been deposited, you may be subject to a penalty. See Deposit Penalties in section

11 of Pub. 15.

Specific Instructions

Box 1-Employer identification number (EIN). If you don't have an EIN, you may apply for one online by going to www.irs.gov/EIN. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't 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 "United States Treasury." Be sure to enter your EIN, "Form 943," and "2024" on your check or money order. Don't send cash. Don't staple 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. 1545-0029		
Department of the Treasury Internal Revenue Service		Don't staple this voucher or your payment to Form 943.	2024		
1 Enter your employer iden	tification number (EIN).	2 Enter the amount of your payment. Make your check or money order payable to "United States Treasury."]	Dollars	Cents
		 Better your business name (individual name if sole proprietor). Enter your address. Enter your city or town, state or province, country, and ZIP or foreign post 	tal code.		