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Form 943	Employees or Claim for Refund	in for Agricultural
(Rev. April 2025) Department of the Treasury — Internal Revenue Service	OMB No. 1545-0029
	entification number	Return You're Correcting
(EIN)		Enter the calendar year of the return
Name (not y	our trade name)	you're correcting:
Turk		(YYYY)
Trade name		
Address		
	Number Street Suite or room number	Enter the date you discovered errors:
	City State ZIP code	
	City State ZIP code	(MM / DD / YYYY)
	Foreign country name Foreign province/county Foreign postal code	
	parate instructions before completing this form. Use this form to correct errors you m or Agricultural Employees. Use a separate Form 943-X for each year that needs corre	
	ete all five pages. Don't attach this form to Form 943 unless you're reclassifying wor	
	elect ONLY one process. See page 6 for additional guidance, includ mployment tax credits.	ling information on how to treat
	Jjusted employment tax return. Check this box if you underreported tax amounts. <i>I</i> nounts and you would like to use the adjustment process to correct the errors. You r	
	derreported and overreported tax amounts on this form. The amount shown on line credit to your Form 943 for the tax period in which you're filing this form.	25, if less than zero, may only be applied as
		the claim process to call for a refund or
	aim. Check this box if you overreported tax amounts only and you would like to use atement of the amount shown on line 25. Don't check this box if you're correcting A	
Part 2: 0	complete the certifications.	
	ertify that I've filed or will file Forms W-2, Wage and Tax Statement, or Forms V required.	V-2c, Corrected Wage and Tax Statement,
tax a	If you're correcting underreported tax amounts only, go to Part 3 on page 2 and skip nounts, for purposes of the certifications on lines 4 and 5, Medicare tax doesn't incluce d to correct overreported amounts of Additional Medicare Tax unless the amounts w	e Additional Medicare Tax. Form 943-X can't
A	you checked line 1 because you're adjusting overreported federal income tax, s Iditional Medicare Tax, check all that apply. You must check at least one box. ertify that:	social security tax, Medicare tax, or
	 a. I repaid or reimbursed each affected employee for the overcollected social secur have a written statement from each affected employee stating that they haven't o claim a refund or credit for the overcollection. 	
	b. The adjustments of social security tax and Medicare tax are for the employer's s employees or each affected employee didn't give me a written statement that the and won't claim a refund or credit for the overcollection.	
	c. The adjustment is for federal income tax, social security tax, Medicare tax, or Ad from employee wages.	ditional Medicare Tax that I didn't withhold
ta	you checked line 2 because you're claiming a refund or abatement of overrepoint x, Medicare tax, or Additional Medicare Tax, check all that apply. You must check ertify that:	
	a. I repaid or reimbursed each affected employee for the overcollected social secur have a written statement from each affected employee stating that they haven't o	

- b. I have a written consent from each affected employee stating that I may file this claim for the employee's share of social security tax and Medicare tax overcollected in prior years. I also have a written statement from each affected employee stating that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- c. The claim for social security tax and Medicare tax is for the employer's share only. I couldn't find the affected employees; or each affected employee didn't give me a written consent to file a claim for the employee's share of social security tax and Medicare tax; or each affected employee didn't give me a written statement that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
 - d. The claim is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.

claim a refund or credit for the overcollection.

Name (not your trade name)				Employer id	enti	fication number (EIN)	Correcting	Calendar Year (YYYY)
					-				
Part	3: Enter the corrections for	-	γοι			iny		, leave it bla	
		Column 1			mn 2 originally		Column 3 Difference		Column 4
		Total corrected amount (for ALL employees)	t _	reporte previously	originally ed or as corrected mployees)	=	(If this amount is a negative number, use a minus sign.)		Tax correction
6.	Wages subject to social security tax (Form 943, line 2)] –] =	f you're correcting your emplo	$\times 0.124^* =$	0.062 See instructions
7.	Qualified sick leave wages*		1			1		l	
7.	(Form 943, line 2a)	*Use line 7 only for qualified s	 sick l	eave wages pa	d after March 3	=	020, for leave taken before Apr	× 0.062 =	
8.	Qualified family leave wages* (Form 943, line 2b)] –			=		× 0.062 =	·
		* Use line 8 only for qualified	family	/ leave wages p	aid after March	131,	2020, for leave taken before A	pril 1, 2021.	
9.	Wages subject to Medicare tax (Form 943, line 4)] –		•] = * If	you're correcting your employ	× 0.029* =	0.0145. See instructions.
10.	Wages subject to Additional Medicare Tax withholding (Form 943, line 6)] –		• *Certain v	=	s reported in Column 3 should	× 0.009* =	
11.	Federal income tax withheld (Form 943, line 8)] –			=		Copy Column 3 here	
12.	Tax adjustments (Form 943, line 10)] –			=		See instructions	
13.	Qualified small business payroll tax credit for increasing research activities (See instructions; you must] –] =		See instructions	
	attach Form 8974)								
14.	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 943, line 12b)] –] =		See instructions	
15a.	Reserved for future use		-		•	=			
15b.	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 943, line 12d)] –] =		See instructions	
15c.	Nonrefundable portion of COBRA premium assistance credit (Form 943, line 12e)] –] =		See instructions	
15d.	Number of individuals provided COBRA premium assistance (Form 943, line 12f)] –] =			
16.	Special addition to wages for federal income tax] –			=		See instructions	
17.	Special addition to wages for social security taxes] –		•] =		See instructions	
18.	Special addition to wages for Medicare taxes] –			=		See instructions	
19.	Special addition to wages for Additional Medicare Tax] –			=		See instructions	
20.	Subtotal. Combine the amounts	on lines 6 through 19	of C	Column 4 .					

Name (not your trade name)					Employer identification number (EIN)			Correcting Calendar Year (YYYY)	
Part	3: Enter the corrections for	the calendar vear	/οι	i're correcting. If a	anv	line doesn't apply.	leave it bla	ank. (continued)	
		Column 1 Total corrected amount (for ALL employees)		Column 2 Amount originally reported or as previously corrected (for ALL employees)	=	Column 3 Difference (If this amount is a negative number, use a minus sign.)		Column 4 Tax correction	
21.	Reserved for future use		_] =				
22.	Reserved for future use		_] =				
23.	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 943, line 14d)		_] =		See instructions		
24a.	Reserved for future use		_] =				
24b.	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 943, line 14f)		_] =		See instructions		
24c.	Refundable portion of COBRA premium assistance credit (Form 943, line 14g)		_] =		See instructions		
25.	 25. Total. Combine the amounts on lines 20 through 24c of Column 4								
26.	Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 (Form 943, line 18)		_] =				
27.	Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 (Form 943, line 19)		_] =				
28.	Reserved for future use		_] =				
29.	Reserved for future use		_] =				
30.	Reserved for future use		_] =				

Name (Name (not your trade name)				denti	fication number (EIN)	Correcting Calendar Year (YYYY)
				-	•		
Part	3: Enter the corrections for	the calendar year	γοι	i're correcting. If a	any	line doesn't apply,	leave it blank. (continued)
		Column 1		Column 2		Column 3	
		Total corrected amount (for ALL employees)	_	Amount originally reported or as previously corrected (for ALL employees)	=	Difference (If this amount is a negative number, use a minus sign.)	
	Caution: Lines 31–38 don't apply	to years beginning be	əfor	e January 1, 2021.			
31.	Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 943, line 22)] –] =		
32.	Qualified health plan expenses allocable to qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 943, line 23)] –] =		
33.	Amounts under certain collectively bargained agreements allocable to qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 943, line 24)] –] =		
34.	Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 943, line 25)] –] =		
35.	Qualified health plan expenses allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 943, line 26)] –	-] =		
36.	Amounts under certain collectively bargained agreements allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 943, line 27)] —] =		
37.	Reserved for future use		_		=		
38.	Reserved for future use		 _] =	<u> </u>	

Name (not your trade name)		Employer identification number (EIN)	Correcting Calendar Year (YYYY)	
		-		
Part 4:	Explain your corrections for the calendar year you	're correcting.		
39.	Check here if any corrections you entered on a line includ Explain both your underreported and overreported amounts of		rted amounts.	
40.	Check here if any corrections involve reclassified workers	s. Explain on line 41.		
41.	You must give us a detailed explanation of how you deter	rmined your corrections. See the inst	ructions.	
Part 5:	Sign here. You must complete all five pages of this	s form and sign it.		
	enalties of perjury, I declare that I have filed an original Form 9-		sted return or claim, including	
accompa	inying schedules and statements, and to the best of my knowledgen taxpayer) is based on all information of which preparer has any knowledgen taxpayer.	ge and belief, it is true, correct, and con	mplete. Declaration of prepare	

Sign your name here	Print name Print title r	your
Date	/ / Best	daytime phone
Paid Preparer Us	se Only Chec	k if you're self-employed
Preparer's name		PTIN
Preparer's signatur	re	Date / /
Firm's name (or you if self-employed)	Irs	EIN
Address		Phone
City	State	ZIP code

Form 943-X: Which process should you use?

Type of errors you're correcting an employment tax credit in the separate instructions, an underreported employment tax credit should be treated like an underreported tax amount. An overreported employment tax credit should be treated like an underreported tax amount. For more information, including which process to select on lines 1 and 2, see <i>Correcting an employment tax credit</i> in the separate instructions.							
Underreported tax amounts ONLY	 Use the adjustment process to correct underreported tax amounts. Check the box on line 1. Pay the amount you owe from line 25 by the time you file Form 943-X. 						
Overreported tax amounts	The process you use depends on	If you're filing Form 943-X MORE THAN 90 days before the period of limitations on credit or	Choose either the adjustment process or the claim process to correct the overreported tax amounts.				
ONLY	when you file Form 943-X.	refund for Form 943 expires	Choose the adjustment process if you want the amount shown on line 25 credited to your Form 943 for the period in which you file Form 943-X. Check the box on line 1. OR				
			Choose the claim process if you want the amount shown on line 25 refunded to you or abated. Check the box on line 2.				
		If you're filing Form 943-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 943	You must use the claim process to correct the overreported tax amounts. Check the box on line 2.				
BOTH underreported and overreported	The process you use depends on when you file Form 943-X.	If you're filing Form 943-X MORE THAN 90 days before the period of limitations on credit or refund for Form 943 expires	Choose either the adjustment process or both the adjustment process and the claim process when you correct both underreported and overreported tax amounts.				
tax amounts			 Choose the adjustment process if combining your underreported tax amounts and overreported tax amounts results in a balance due or creates a credit that you want applied to Form 943. File one Form 943-X, and Check the box on line 1 and follow the instructions on line 25. 				
			OR				
			Choose both the adjustment process and the claim process if you want the overreported tax amount refunded to you or abated.				
			File two separate forms.				
			1. For the adjustment process , file one Form 943-X to correct the underreported tax amounts. Check the box on line 1. Pay the amount you owe from line 25 by the time you file Form 943-X.				
			2. For the claim process , file a second Form 943-X to correct the overreported tax amounts. Check the box on line 2.				
		If you're filing Form 943-X WITHIN 90 days of the expiration	You must use both the adjustment process and the claim process.				
		of the period of limitations on credit or refund for Form 943	File two separate forms.				
			1. For the adjustment process , file one Form 943-X to correct the underreported tax amounts. Check the box on line 1. Pay the amount you owe from line 25 by the time you file Form 943-X.				
			2. For the claim process , file a second Form 943-X to correct the overreported tax amounts. Check the box on line 2.				