July 31, 2025

Tax Year 2025

ATS Scenario 09

Majestic Sunflower Inc

00-3675983

The information below identifies the contents of this scenario.

- Form 945
- Form 945-A

Responsible Party Current Indicator: Yes

Signature Option: Use the signature method applicable to you.

Version A, Cycle 6
Some fields globally bound

Form **945**

Department of the Treasury
Internal Revenue Service

Annual Return of Withheld Federal Income Tax

For withholding reported on Forms 1099 and W-2G.
For more information on income tax withholding, see Pub. 15 and Pub. 15-A.
Go to *www.irs.gov/Form945* for instructions and the latest information.

OMB No. 1545-0029

2025

Employer identification number (EIN) 00 – 3675983

Name *(not your trade name)* Majestic Sunflower, Inc.

Trade name *(if any)*

Address 128 Interval Road
Number Street Suite or room number

Burlington | VT | 05401
City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

If address is different from prior return, check here . . . . ☐

DRAFT — DO NOT FILE

A If you don't have to file returns in the future, check here ☐ and enter date final payments made. / /

1	**Federal income tax withheld from pensions, annuities, IRAs, gambling winnings, etc.**	1	126,002.40
2	**Backup withholding**	2	.00
3	**Total taxes.** Add lines 1 and 2	3	126,002.40
4	**Total deposits for 2025, including overpayment applied from a prior year and overpayment applied from Form 945-X**	4	126,502.40
5	**Balance due.** If line 3 is more than line 4, enter the difference and see the separate instructions	5	.

6a **Overpayment.** If line 4 is more than line 3, enter the difference 500.00

6b Check one: ☐ Apply to next return. ☒ Send a refund.

6c Routing number ☐☐☐☐☐☐☐☐☐ **6d** Type: ☐ Checking ☐ Savings

6e Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name *(not your trade name)*	Employer identification number (EIN)
Majestic Sunflower Inc.	00 –3675983

- **All filers:** If line 3 is less than $2,500, **don't** complete line 7 or Form 945-A.
- **Semiweekly schedule depositors:** Complete Form 945-A and check here X
- **Monthly schedule depositors:** Complete line 7, entries 7a through 7m, and check here . . . . . ☐

7 Monthly Summary of Federal Tax Liability. (**Don't** complete if you were a semiweekly schedule depositor.)

	Jan.		Apr.		July		Oct.
7a	.	7d	.	7g	.	7j	.
	Feb.		May		Aug.		Nov.
7b	.	7e	.	7h	.	7k	.
	Mar.		June		Sept.		Dec.
7c	.	7f	.	7i	.	7l	.

Total liability for year. Add lines 7a through 7l. Total must equal line 3. **7m** .

Third-Party Designee

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS?
See separate instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. ☐☐☐☐☐

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

Sign your name here

Print your name here

Print your title here

Date / /

Best daytime phone

Paid Preparer Use Only

Check if you're self-employed . . . . ☐

Preparer's name

PTIN

Preparer's signature

Date / /

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

DRAFT — DO NOT FILE

Form **945-A**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Annual Record of Federal Tax Liability

Go to *www.irs.gov/Form945A* for instructions and the latest information.
File with Form 945, 945-X, CT-1, CT-1 X, 944, or 944-X.

OMB No. 1545-0029

2025 Calendar Year

Name (as shown on Form 945, 945-X, CT-1, CT-1 X, 944, or 944-X)

Majestic Sunflower Inc

Employer identification number (EIN)

00-3675983

You must complete this form if you're a semiweekly schedule depositor or became one because your accumulated 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.) Don't change your current year tax liability by adjustments reported on any Form 945-X, CT-1 X, or 944-X.

January Tax Liability

1	10000	00	17				
2			18				
3			19				
4			20	500	20		
5			21				
6			22				
7			23				
8			24				
9			25				
10			26				
11			27				
12			28				
13			29				
14			30				
15			31				
16							

A Total for month . . 10500.20

February Tax Liability

1	10000	00	17				
2			18				
3			19				
4			20	500	20		
5			21				
6			22				
7			23				
8			24				
9			25				
10			26				
11			27				
12			28				
13			29				
14							
15							
16							

B Total for month . . 10500.20

March Tax Liability

1	10500	20	17				
2			18				
3			19				
4			20				
5			21				
6			22				
7			23				
8			24				
9			25				
10			26				
11			27				
12			28				
13			29				
14			30				
15			31				
16							

C Total for month . . 10500.20

April Tax Liability

1	10000	00	17				
2			18				
3			19				
4			20	500	20		
5			21				
6			22				
7			23				
8			24				
9			25				
10			26				
11			27				
12			28				
13			29				
14			30				
15							
16							

D Total for month . . 10500.20

May Tax Liability

1	10000	00	17				
2			18				
3			19				
4			20	500	20		
5			21				
6			22				
7			23				
8			24				
9			25				
10			26				
11			27				
12			28				
13			29				
14			30				
15			31				
16							

E Total for month . . 10500.20

June Tax Liability

1	10500	20	17				
2			18				
3			19				
4			20				
5			21				
6			22				
7			23				
8			24				
9			25				
10			26				
11			27				
12			28				
13			29				
14			30				
15							
16							

F Total for month . . 10500.20

July Tax Liability				August Tax Liability				September Tax Liability			
1	10000.00	17		1	10500.20	17		1	10000.00	17	
2		18		2		18		2		18	
3		19		3		19		3		19	
4		20	500.20	4		20		4		20	500.20
5		21		5		21		5		21	
6		22		6		22		6		22	
7		23		7		23		7		23	
8		24		8		24		8		24	
9		25		9		25		9		25	
10		26		10		26		10		26	
11		27		11		27		11		27	
12		28		12		28		12		28	
13		29		13		29		13		29	
14		30		14		30		14		30	
15		31		15		31		15			
16				16				16			
G Total for month . .			10500.20	**H** Total for month . .			10500.20	**I** Total for month . .			10500.20

October Tax Liability				November Tax Liability				December Tax Liability			
1	10500.20	17		1	10000.00	17		1	10500.20	17	
2		18		2		18		2		18	
3		19		3		19		3		19	
4		20		4		20	500.20	4		20	
5		21		5		21		5		21	
6		22		6		22		6		22	
7		23		7		23		7		23	
8		24		8		24		8		24	
9		25		9		25		9		25	
10		26		10		26		10		26	
11		27		11		27		11		27	
12		28		12		28		12		28	
13		29		13		29		13		29	
14		30		14		30		14		30	
15		31		15				15		31	
16				16				16			
J Total for month . .			10500.20	**K** Total for month . .			10500.20	**L** Total for month . .			10500.20

M Total tax liability for the year (add lines **A** through **L**). This must equal line 3 on Form 945 (line 15 on Form CT-1, line 9 on Form 944) 126002.40