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.

Form **945**

Department of the Treasury Internal Revenue Service

Annual Return of Withheld Federal Income Tax

TREASURY/IRS AND OMB USE ONLY DRAFT

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.

Version A, Cycle 6 Some fields globally bound

OMB No. 1545-0029

2025

Emplo	oyer identification number	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
Nam	e (not your trade name)	Majestic Sunflower, Inc.			
Trad	e name (if any)	If address return, ch		fferent from prior	
Addı		l Road	ICCK III	eie <u>[</u>	
	Number	Street Suite or room number			
	Burlington	$oxed{VT}$ 05401 State ZIP code			
	Foreign country nam	e Foreign province/county Foreign postal code			_
Α	If you don't have t	o file returns in the future, check here and enter date final payments made		/ /	
1	Federal income t	ax withheld from pensions, annuities, IRAs, gambling winnings, etc	1	126,002	40
2	Backup withhold	ing	2		00
3	Total taxes. Add	ines 1 and 2	3	126,002	40
4	Total deposits for applied from Form	2025, including overpayment applied from a prior year and overpayment m 945-X	4	126,502	40
5	Balance due. If lir	ne 3 is more than line 4, enter the difference and see the separate instructions	5		
6a	Overpayment. If I	tine 4 is more than line 3, enter the difference $500 \text{,} 00$			
6b	Check one:	Apply to next return.			
6c	Routing number	Gd Type: Checking Savings			
6e	Account number				

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

Cat. No. 14584B

Form **945** (2025) Created 4/9/25

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DRAFT — DO NOT FILE

TREASURY/IRS AND OMB USE ONLY DRAFT

Version A, Cycle 6 Some fields globally bound

							Some fields g	lobally bound
Name (not your trade name	e)				Employer	identification	n number (EIN)	
Majestic Sunflo	wer Inc.				00	-3675983	•	
• All filers: If line 3 is	less than \$2,500, d	on't complete line 7 or Fo	rm 945-A.					
Semiweekly scheen	dule depositors: Co	mplete Form 945-A and c	heck here					X
-	•	ete line 7, entries 7a throu			e			🗀
·		,	,					
7 Monthly Sum	nmary of Federal Ta	ax Liability. (Don't comple	ete if you w	vere a semi	weekly sch	edule depo	ositor.)	
	Jan.	Apr.		July			Oct.	
		·						
7a	■ 7d	•	7g		- 7	'j		
	Feb.	May		Aug.			Nov.	
7b	■ 7e		7h		. 7	k		
	Mar.	June		Sept.			Dec.	
_						_		
7c	■ 7f		7i		• 7	71		
Takal Balabila	f A.I.I I' 7.	- Novemb 71 Takal		7				
rotal liability	for year. Add lines 7	a through 7l. Total must e	quai iine 3	. 7m	ı		•	
Third-Party Desig	nee							
Do you want to allo	w an amplayoo a na	id tax preparer, or anothe	r norson t	o discuss th	sie roturn v	vith the IDS	22	
See separate instruct		iid tax preparer, or anothe	i person t	บ นเธยนธร แ	iis return v	viui uie inc	, :	
_								
Yes. Designee's	s name and phone nu	mber						
0.1.1.5		· · · · · · · · · · · · · · · · · · ·			IDO			
Select a 5	-digit personal identi	ification number (PIN) to u	se when to	alking to the	RS.			
☐ No.								
		examined this return, including						
and belief, it is true, co	rrect, and complete. Dec	claration of preparer (other than	ı taxpayer) is	s based on all	information of	of which prep	arer has any knov	vledge.
			— Р	rint your [
Sign your				ame here				
name here			P	rint your [
				tle here				
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Data	1 1		Ь					
Date	/ /		В	est daytime	priorie _			
Paid Preparer U	se Only			(Check if yo	ou're self-e	mployed	🗀
Preparer's name					PTIN			
Preparer's signature					Date	,	' /	
Firm Is as a f								
Firm's name (or yours if self-employed)					EIN			
ii seii-eiiipioyeu)					LIIN			
Address					Phone			
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City			State		ZIP cod	e		
J.1.3			Sidio		000	~		

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Form **945-A**

Annual Record of Federal Tax Liability

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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.

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OMB No. 1545-0029

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						February Tax	I	March Tax Liability					
1	10000	00 17			1	10000 00 17			1	10500	20	17	
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3		19			3	19			3			19	
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5		21			5	21			5			21	
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	July	Tax Liab	oility			Augus		_iability			Septen			Liability	
1	10000	00 17			1	10500	20 1	7		1	10000	00	17		
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