October 26, 2022

Tax Year 2022
941 ATS Scenario 6
Jasmine Sage
Sunflower Accounting
00-3222221

Forms included in Scenario 6

- Form 941
- Schedule R (Form 941)

The return is for a Sole Proprietor with and overpayment who is requesting a refund. This return used the Reporting Agent Signature method. This scenario includes current copies of the Form 941 and Schedule R (Form 941).

Form **941 for 2022: Employer's QUARTERLY Federal Tax Return**
(Rev. June 2022) Department of the Treasury — Internal Revenue Service

950122
OMB No. 1545-0029

Employer identification number (EIN) 0 0 – 3 2 2 2 2 2 1

Name *(not your trade name)* Jasmine Sage

Trade name *(if any)* Sunflower Accounting

Address 444 6th Street
Number Street Suite or room number

Kansas City | MO | 64131
City State ZIP code

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

Report for this Quarter of 2022
(Check one.)

- ☐ **1:** January, February, March
- ☒ **2:** April, May, June
- ☐ **3:** July, August, September
- ☐ **4:** October, November, December

Go to *www.irs.gov/Form941* for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	**Number of employees who received wages, tips, or other compensation for the pay period including: *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4)**	1	50
2	**Wages, tips, and other compensation**	2	15,000 . 00
3	**Federal income tax withheld from wages, tips, and other compensation**	3	3,000 . 00
4	**If no wages, tips, and other compensation are subject to social security or Medicare tax** ☐ **Check and go to line 6.**		

		Column 1		Column 2
5a	**Taxable social security wages***	15,000 . 00	× 0.124 =	1,860 . 00
5a	**(i) Qualified sick leave wages***	.	× 0.062 =	.
5a	**(ii) Qualified family leave wages***	.	× 0.062 =	.
5b	**Taxable social security tips**	.	× 0.124 =	.
5c	**Taxable Medicare wages & tips**	15,000 . 00	× 0.029 =	435 . 00
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**	.	× 0.009 =	.

Include taxable qualified sick and family leave wages paid in this quarter of 2022 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) **only for taxable qualified sick and family leave wages paid in this quarter of 2022 for leave taken after March 31, 2020, and before April 1, 2021.*

5e	**Total social security and Medicare taxes.** Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	2,295 . 00
5f	**Section 3121(q) Notice and Demand—Tax due on unreported tips** (see instructions)	5f	.
6	**Total taxes before adjustments.** Add lines 3, 5e, and 5f	6	5,295 . 00
7	**Current quarter's adjustment for fractions of cents**	7	.
8	**Current quarter's adjustment for sick pay**	8	.
9	**Current quarter's adjustments for tips and group-term life insurance**	9	.
10	**Total taxes after adjustments.** Combine lines 6 through 9	10	5,295 . 00
11a	**Qualified small business payroll tax credit for increasing research activities.** Attach Form 8974	11a	.
11b	**Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021**	11b	.
11c	**Reserved for future use**	11c	.

► **You MUST complete all three pages of Form 941 and SIGN it.**

Next ■►

Name *(not your trade name)*: Jasmine Sage

Employer identification number (EIN): 00 – 3222221

Part 1: Answer these questions for this quarter. *(continued)*

11d	**Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021**	11d	
11e	**Reserved for future use**	11e	
11f	**Reserved for future use**		
11g	**Total nonrefundable credits.** Add lines 11a, 11b, and 11d	11g	
12	**Total taxes after adjustments and nonrefundable credits.** Subtract line 11g from line 10	12	5,295 . 00
13a	**Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter**	13a	5,500 . 00
13b	**Reserved for future use**	13b	
13c	**Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021**	13c	
13d	**Reserved for future use**	13d	
13e	**Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021**	13e	
13f	**Reserved for future use**	13f	
13g	**Total deposits and refundable credits.** Add lines 13a, 13c, and 13e	13g	5,500 . 00
13h	**Reserved for future use**	13h	
13i	**Reserved for future use**	13i	
14	**Balance due.** If line 12 is more than line 13g, enter the difference and see instructions	14	

15 **Overpayment.** If line 13g is more than line 12, enter the difference 205 . 00 Check one: ☐ Apply to next return. ☒ Send a refund.

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 **Check one:**

☒ **Line 12 on this return is less than $2,500 or line 12 on the return for the prior quarter was less than $2,500, and you didn't incur a $100,000 next-day deposit obligation during the current quarter.** If line 12 for the prior quarter was less than $2,500 but line 12 on this return is $100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ **You were a monthly schedule depositor for the entire quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1	
Month 2	
Month 3	
Total liability for quarter	**Total must equal line 12.**

☐ **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

► **You MUST complete all three pages of Form 941 and SIGN it.**

Next ►

Name *(not your trade name)*	Employer identification number (EIN)
Jasmine Sage	00 – 3222221

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 **If your business has closed or you stopped paying wages** . . . . . ☐ Check here, and enter the final date you paid wages / / ; also attach a statement to your return. See instructions.

18 **If you're a seasonal employer and you don't have to file a return for every quarter of the year** . . . ☐ Check here.

19	**Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021**	19	.
20	**Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021**	20	.
21	**Reserved for future use**	21	.
22	**Reserved for future use**	22	.
23	**Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021**	23	.
24	**Qualified health plan expenses allocable to qualified sick leave wages reported on line 23**	24	.
25	**Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23**	25	.
26	**Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021**	26	.
27	**Qualified health plan expenses allocable to qualified family leave wages reported on line 26**	27	.
28	**Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26**	28	.

Part 4: May we speak with your 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 the 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.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

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.

X **Sign your name here**

Print your name here: Rose Lilly

Print your title here: Reporting Agent

Date / /

Best daytime phone: 111-222-3333

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

Schedule R (Form 941): Allocation Schedule for Aggregate Form 941 Filers

(Rev. June 2022) Department of the Treasury — Internal Revenue Service OMB No. 1545-0029

Employer identification number (EIN) 00 – 3222221

Name *as shown on Form 941* Jasmine Sage

Type of filer (check one): ☐ Section 3504 Agent ☒ CPEO ☐ Other Third Party

Report for calendar year: 2022

Check the quarter (same as Form 941):

- ☐ **1:** January, February, March
- ☒ **2:** April, May, June
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- ☐ **4:** October, November, December

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Read the instructions before you complete Schedule R. Type or print within the boxes. Complete a separate line for the amounts allocated to each of your clients. The term "client" as used on this form includes the term "customer." See the instructions.

	(a) Client's EIN	(b) Type of wages (CPEO only)	(c) Form 941, line 1	(d) Form 941, line 2	(e) Form 941, line 3	(f) Form 941, lines 5a(i) and 5a(ii), column 1, total	(g) Form 941, lines 5a and 5b, column 2, total	(h) Form 941, line 5c, column 2	(i) Form 941, line 5e
1	00-3222221	A	50	15,000.00	3,000.00	.	1,860.00	435.00	2,295.00
2				.	.	.	.	.	.
3				.	.	.	.	.	.
4				.	.	.	.	.	.
5				.	.	.	.	.	.
6	**Subtotals for clients.** Add lines 1 through 5		50	15,000.00	3,000.00	.	1,860.00	435.00	2,295.00
7	**Enter the combined subtotal from line 9 of all Continuation Sheets for Schedule R**			.	.	.	.	.	.
8	**Enter Form 941 amounts for your employees**			.	.	.	.	.	.
9	**Totals.** Add lines 6, 7, and 8.		50	15,000.00	3,000.00	.	1,860.00	435.00	2,295.00

	(j) Form 941, line 5f	(k) Form 941, line 11a	(l) Form 941, line 11b	(m) Form 941, line 11d	(n) Form 941, line 12	(o) Form 941, line 13a	(p) Form 941, line 13c	(q) Form 941, line 13e
1	.	.	.	.	5,295.00	5,500.00	.	.
2	.	.	.	.	.	.	.	.
3	.	.	.	.	.	.	.	.
4	.	.	.	.	.	.	.	.
5	.	.	.	.	.	.	.	.
6	.	.	.	.	5,295.00	5,500.00	.	.
7	.	.	.	.	.	.	.	.
8	.	.	.	.	.	.	.	.
9	.	.	.	.	5,295.00	5,500.00	.	.

	(r) Form 941, line 19	(s) Form 941, line 20	(t) Form 941, line 23	(u) Form 941, line 24	(v) Form 941, line 25	(w) Form 941, line 26	(x) Form 941, line 27	(y) Form 941, line 28
1	.	.	.	.	.	.	.	.
2	.	.	.	.	.	.	.	.
3	.	.	.	.	.	.	.	.
4	.	.	.	.	.	.	.	.
5	.	.	.	.	.	.	.	.
6	.	.	.	.	.	.	.	.
7	.	.	.	.	.	.	.	.
8	.	.	.	.	.	.	.	.
9	.	.	.	.	.	.	.	.