

October 12, 2023

Tax Year 2023
944 ATS Scenario 10
The Periwinkle Corporation
00-3568123

Forms Included in Scenario 10

- Form 944
- Form 945-A

The return is for a Corporation with no balance due and no overpayment. This return uses the Reporting Agent Pin signature method.

This scenario includes the most current copies of the Form 944 and Form 945-A.

Form **944 for 2023: Employer's ANNUAL Federal Tax Return**

Department of the Treasury — Internal Revenue Service

OMB No. 1545-2007

Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Who Must File Form 944

You must file annual Form 944 instead of filing quarterly Forms 941 **only if the IRS notified you in writing.**

Go to www.irs.gov/Form944 for instructions and the latest information.

Read the separate instructions before you complete Form 944. Type or print within the boxes.

Part 1: Answer these questions for this year. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 1 and 2, unless you have employees who are subject to U.S. income tax withholding.

1	Wages, tips, and other compensation	1	<input type="text" value="194,680.00"/>
2	Federal income tax withheld from wages, tips, and other compensation	2	<input type="text" value="84,938.76"/>
3	If no wages, tips, and other compensation are subject to social security or Medicare tax	3	<input type="checkbox"/> Check and go to line 5.
4	Taxable social security and Medicare wages and tips:		
		Column 1	Column 2
4a	Taxable social security wages*	<input type="text" value="118,500.00"/> × 0.124 =	<input type="text" value="14,694.00"/>
4a (i)	Qualified sick leave wages*	<input type="text" value="."/> × 0.062 =	<input type="text" value="."/>
4a (ii)	Qualified family leave wages*	<input type="text" value="."/> × 0.062 =	<input type="text" value="."/>
4b	Taxable social security tips	<input type="text" value="."/> × 0.124 =	<input type="text" value="."/>
4c	Taxable Medicare wages & tips	<input type="text" value="194,680.00"/> × 0.029 =	<input type="text" value="5,645.72"/>
4d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value="."/> × 0.009 =	<input type="text" value="."/>
4e	Total social security and Medicare taxes. Add Column 2 from lines 4a, 4a(i), 4a(ii), 4b, 4c, and 4d	4e	<input type="text" value="20,339.72"/>
5	Total taxes before adjustments. Add lines 2 and 4e	5	<input type="text" value="105,278.48"/>
6	Current year's adjustments (see instructions)	6	<input type="text" value="."/>
7	Total taxes after adjustments. Combine lines 5 and 6	7	<input type="text" value="105,278.48"/>
8a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	8a	<input type="text" value="."/>
8b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	8b	<input type="text" value="."/>
8c	Reserved for future use	8c	<input type="text" value="."/>
8d	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	8d	<input type="text" value="."/>

**Include taxable qualified sick and family leave wages paid in 2023 for leave taken after March 31, 2021, and before October 1, 2021, on line 4a. Use lines 4a(i) and 4a(ii) only for taxable qualified sick and family leave wages paid in 2023 for leave taken after March 31, 2020, and before April 1, 2021.*

You **MUST** complete all three pages of Form 944 and SIGN it.

Name (not your trade name) The Periwinkle Corporation	Employer identification number (EIN) 00 - 3568123
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Part 1: Answer these questions for this year. (continued)

8e Reserved for future use	8e	
8f Reserved for future use		
8g Total nonrefundable credits. Add lines 8a, 8b, and 8d	8g	
9 Total taxes after adjustments and nonrefundable credits. Subtract line 8g from line 7	9	105,278 . 48
10a Total deposits for this year, including overpayment applied from a prior year and overpayments applied from Form 944-X, 944-X (SP), 941-X, or 941-X (PR)	10a	105,278 . 48
10b Reserved for future use	10b	
10c Reserved for future use	10c	
10d Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	10d	
10e Reserved for future use	10e	
10f Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	10f	
10g Reserved for future use	10g	
10h Total deposits and refundable credits. Add lines 10a, 10d, and 10f	10h	105,278 . 48
10i Reserved for future use	10i	
10j Reserved for future use	10j	
11 Balance due. If line 9 is more than line 10h, enter the difference and see instructions	11	
12 Overpayment. If line 10h is more than line 9, enter the difference		

Check one: Apply to next return. Send a refund.

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

13 Check one: Line 9 is less than \$2,500. Go to Part 3.
 Line 9 is \$2,500 or more. Enter your tax liability for each month. If you're a semiweekly schedule depositor or you became one because you accumulated \$100,000 or more of liability on any day during a deposit period, you must complete Form 945-A instead of the boxes below.

Jan.	Apr.	July	Oct.
13a <input style="width:100%;" type="text"/>	13d <input style="width:100%;" type="text"/>	13g <input style="width:100%;" type="text"/>	13j <input style="width:100%;" type="text"/>
Feb.	May	Aug.	Nov.
13b <input style="width:100%;" type="text"/>	13e <input style="width:100%;" type="text"/>	13h <input style="width:100%;" type="text"/>	13k <input style="width:100%;" type="text"/>
Mar.	June	Sept.	Dec.
13c <input style="width:100%;" type="text"/>	13f <input style="width:100%;" type="text"/>	13i <input style="width:100%;" type="text"/>	13l <input style="width:100%;" type="text"/>
Total liability for year. Add lines 13a through 13l. Total must equal line 9.			13m <input style="width:100%;" type="text"/>

You MUST complete all three pages of Form 944 and SIGN it.

Name (not your trade name)
The Periwinkle Corporation

Employer identification number (EIN)
00 - 3568123

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

14 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.

15 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 15 .

16 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 16 .

17 Reserved for future use 17 .

18 Reserved for future use 18 .

19 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 19 .

20 Qualified health plan expenses allocable to qualified sick leave wages reported on line 19 20 .

21 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 19 21 .

22 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 22 .

23 Qualified health plan expenses allocable to qualified family leave wages reported on line 22 23 .

24 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 22 24 .

25 Reserved for future use 25 .

26 Reserved for future use 26 .

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 944 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.

Sign your name here

Print your name here Rose Lilly

Print your title here

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

Annual Record of Federal Tax Liability

(Rev. December 2020)

► Go to www.irs.gov/Form945A for instructions and the latest information.

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Department of the Treasury
Internal Revenue Service

► File with Form 945, 945-X, CT-1, CT-1 X, 944, or 944-X.

Calendar Year

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

Employer identification number (EIN)

The Periwinkle Corporation

00-3568123

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 Liability			March Tax Liability		
1		17	1		17	1		17
2	22	77	2		18	2		18
3		19	3		19	3		19
4		20	4		20	4	22	77
5		21	5		21	5		21
6		22	6	22	77	6	22	77
7		23	7	22	77	7		23
8		24	8		24	8		24
9	22	77	9		25	9		25
10		26	10		26	10		26
11		27	11		27	11	22	77
12		28	12		28	12		28
13	22	77	13	22	77	13	22	77
14		30	14			14		30
15		31	15			15		31
16			16			16		

A Total for month ▶ 113.85 **B Total for month** ▶ 91.08 **C Total for month** ▶ 91.08

April Tax Liability			May Tax Liability			June Tax Liability		
1		17	1	22	77	1		17
2		18	2		18	2		18
3	22	77	3		19	3	22	77
4		20	4		20	4		20
5		21	5		21	5		21
6		22	6		22	6	22	77
7		23	7		23	7		23
8		24	8	22	77	8		24
9		25	9		25	9		25
10	22	77	10		26	10		26
11		27	11		27	11		27
12		28	12		28	12	22	77
13		29	13		29	13	22	77
14		30	14		30	14		30
15			15	22	77	15		
16			16			16		

D Total for month ▶ 91.08 **E Total for month** ▶ 113.85 **F Total for month** ▶ 91.08

July Tax Liability			August Tax Liability			September Tax Liability				
1		17	1		17	1		17		
2		18	2	22	77	2		18	22	77
3	22	77	3		19	3		19	22	77
4		20	4		20	4	22	77	20	
5		21	5		21	5		21		
6		22	6		22	6		22		
7		23	7	22	77	7	22	77	23	
8		24	8		24	8		24		
9		25	9		25	9		25	22	77
10	22	77	10		26	10		26	22	77
11		27	11		27	11	22	77	27	
12		28	12		28	12		28		
13		29	13		29	13		29		
14		30	14	22	77	14	22	77	30	
15		31	15		31	15		31		
16			16			16				

G Total for month ▶ 113.85 **H Total for month** ▶ 91.08 **I Total for month** ▶ 91.08

October Tax Liability			November Tax Liability			December Tax Liability				
1		17	1		17	1		17		
2	22	77	2		18	2		18		
3		19	3	22	77	3		19	22	77
4		20	4		20	4	22	77	20	
5		21	5		21	5		21		
6		22	6	22	77	6		22		
7		23	7	22	77	7		23		
8		24	8		24	8		24		
9	22	77	9		25	9		25	22	77
10		26	10		26	10	22	77	26	
11		27	11		27	11	22	77	27	
12		28	12		28	12		28		
13		29	13	22	77	13		29		
14		30	14	22	77	14		30		
15		31	15			15	104,094	44	31	
16			16			16				

J Total for month ▶ 113.85 **K Total for month** ▶ 91.08 **L Total for month** ▶ 104,185.52

M Total tax liability for the year (add lines **A** through **L**). This must equal line 3 on Form 945 (line 19 on Form CT-1, line 9 on Form 944). ▶ 105,278.48