_	943	Employer's Annual Federal Tax Returr	n for Agricultural Employee	OMB No. 1545-0035					
Form <b>J4J</b> Department of the Treasury Internal Revenue Service		<ul> <li>Information about Form 943 and its separate ins</li> </ul>	2014						
		Name (as distinguished from trade name)	Employer identification number (EIN)						
	Type or Print	Trade name, if any Address (number and street)	If address is different from prior return,						
		City or town, state or province, country, and ZIP or foreign postal of	code	check here. ►					
		If you do not have to file returns in the future, check here							
1	Number of ag	icultural employees employed in the pay period that	includes March 12, 2014	1					
	0								
2	-	ubject to social security tax							
3		/ tax (multiply line 2 by 12.4% (.124))		3					
4		ubject to Medicare tax							
5		multiply line 4 by 2.9% (.029))		5					
6		ubject to Additional Medicare Tax withholding							
7		dicare Tax withholding (multiply line 6 by 0.9% (.009))		7					
8		al income tax withheld       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .							
9		9							
10	-	Current year's adjustments							
11		er adjustments (line 9 as adjusted by line 10)		11					
12	Total deposits	for 2014, including overpayment applied from a prior	r year and Form 943-X	12					
13a	Reserved .			3a					
b	Reserved .		<b>13b</b>						
	Deserved								
14	Reserved .			14					
15		If line 11 is more than line 12, enter the difference an		15					
16	Overpayment.	If line 12 is more than line 11, enter the difference $\blacktriangleright$ \$	Check one: Apply to next	t return. 🗌 Send a refund.					

• All filers: If line 11 is less than \$2,500, do not complete line 17 or Form 943-A.

• Semiweekly schedule depositors: Complete Form 943-A and check here 🕨 🗌 • Monthly schedule depositors: Complete line 17 and check here 🕨 🗌

17 Month	nly Summary of Fe	ederal Tax	Liabili	ity. (Do not comp	olete if you were a	semiwe	ekly sche	dule depo	sito	r.)	
	Tax liability	y for month			Tax liability for mor	ıth			Т	ax liability	for month
<b>A</b> January .			FJ	June		к	Novemb	er			
B February.			GJ	July		L	Decemb	er			
C March						м	Total li	l liability for			
<b>D</b> April			1 8	I September J October			year (add lines A				
E May			JO				through L)				
	Designee's name ►       Phone no. ►       Personal identification number (PIN) ►         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.         Signature ►       Print Your Name and Title ►       Date ►										
	name ► Under penalties of pr and belief, it is true, Signature ►	correct, and co		no. have examined this ret Declaration of prepare	► turn, including accompar er (other than taxpayer) is Print Your Name and Title ►	based on	numb dules and st	oer (PIN) ► atements, ar	d to t	he best of r er has any k Date ►	
Designee Sign Here Paid	name ► Under penalties of pr and belief, it is true,	correct, and co		no. have examined this ret	► turn, including accompar er (other than taxpayer) is Print Your Name and Title ►		numb dules and st all informatio	oer (PIN) ► atements, ar	d to t repare	he best of r er has any k	
	name ► Under penalties of pr and belief, it is true, Signature ►	correct, and co		no. have examined this ret Declaration of prepare	► turn, including accompar er (other than taxpayer) is Print Your Name and Title ►	based on	numb dules and st all informatio	er (PIN) ► atements, ar on of which p Check □ i	d to t repare	he best of r er has any k Date ►	

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

## Form 943-V, Payment Voucher

#### Purpose of Form

Complete Form 943-V, Payment Voucher, if you are making a payment with Form 943, Employer's Annual Federal Tax Return for Agricultural Employees. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

### **Making Payment With Form 943**

To avoid a penalty, make your payment with your 2014 Form 943 **only if:** 

• Your total taxes after adjustments for the year (Form 943, line 11) are less than \$2,500 and you are paying in full with a timely filed return, or

• You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 7 of Pub. 51 (Circular A), Agricultural Employer's Tax Guide, for details. In this case, the amount of your payment may be \$2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 7 of Pub. 51 (Circular A) for deposit instructions. Do not use Form 943-V to make federal tax deposits.

**Caution.** Use Form 943-V when making any payment with Form 943. However, if you pay an amount with Form 943 that should have been deposited, you may be subject to a penalty. See Deposit Penalties in section 7 of Pub. 51 (Circular A).

## **Specific Instructions**

**Box 1—Employer identification number (EIN).** If you do not have an EIN, you may apply for one online. Go to IRS.gov and type "EIN" in the search box. You may also apply for an EIN by faxing or mailing Form SS-4, Application for Employer Identification Number, to the IRS. If you have not received your EIN by the due date of Form 943, write "Applied For" and the date you applied in this entry space.

**Box 2—Amount paid.** Enter the amount paid with Form 943.

Box 3—Name and address. Enter your name and address as shown on Form 943.

• Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 943," and "2014" on your check or money order. Do not send cash. Do not attach Form 943-V or your payment to Form 943 (or to each other).

• Detach Form 943-V and send it with your payment and Form 943 to the address provided in the Instructions for Form 943.

**Note.** You must also complete the entity information above line 1 on Form 943.

# lacksquare Detach Here and Mail With Your Payment and Form 943. lacksquare

Form <b>943-V</b>			Payment Voucher	OMB No. 1545-0035			
Department of the Treasury Internal Revenue Service			Do not attach this voucher or your payment to Form 943.			2014	
1 Enter your employer identific	cation number (EIN).	2	Enter the amount of your payment Make your check or money order payable to "United States Treasury"	Ľ	ollars	Cents	
		3	Enter your business name (individual name if sole proprietor).				
			Enter your city or town, state or province, country, and ZIP or foreign post	tal code.			