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OMB No. 1545-0029

2024

Employer's Annual Federal Tax Return for Agricultural Employees

Department of the Treasury Internal Revenue Service

Form **94**

Go to www.irs.gov/Form943 for instructions and the latest information	n.
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nterna	al Revenue Se	ervice			3							
			Name (as distinguishe	d from tra	de name)	Emp	oloyer identi —	fication nun	nber (EIN	1)		
	Туре		Trade name, if any		If address is							
		F									different from	
	or Print		Address (number and	street)							prior return, check here	
			City or town, state or	province, c	country, and ZIP or foreign	postal code						
			-		eturns in the future, c							
1	Numbe	r of agri	cultural employee	es emplo	oyed in the pay perio	d that includes	March 12	2, 2024		1		
2	Wages	subject	to social security	tax .			2					
3	Social s	security	tax (multiply line 2	2 by 12.4	4% (0.124))					3		
4	Wages	subject	to Medicare tax			4	4					
5	Medica	re tax (n	nultiply line 4 by 2	2.9% (0.	029))					5		
6	Wages	subject	to Additional Med	dicare Ta	ax withholding		6					
7					ultiply line 6 by 0.9%					7		
8										8		
9	Total ta	ixes befo			es 3, 5, 7, and 8 .					9		+
10										10		<u> </u>
11					djusted by line 10)					11		-
12					lit for increasing rese					12		+
13					fundable credits. Sub					13		<u> </u>
14			•		ayment applied from					14		
		•		• •	• • • •							+
15					14, enter the differen					15		
16	Overpay	ment. If	line 14 is more than	i line 13, e	enter the difference \$		Check or	ne: 🔛 App	bly to ne	ext retur	n. 🔄 Send a	refund.
• All	filers: If li	ne 13 is	less than \$2,500	, don't c	complete line 17 or F	orm 943-A.						
					Form 943-A and ch							. 🗆
			-		e 17 and check here							
	-											
17	Month	y Sumn			ility. (Don't complete	-		kly sched	lule de			
_			Tax liability for m			Tax liability for I				-	Tax liability for	month
	January				F June			K Nover				
	February				Gi July			L Decer		-		
С	March			F	H August			🖌 Total li				
	April .				September				dd lines			
Е	May .				J October			throug	h L)			
Thir Par Des		Do you w Designe name		person to	discuss this return with t Phor no.		parate instr	Pers	Yes. onal ide ber (PIN	ntificatio	0	□ No.
Sign Here		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 Date										
		-	ur name and title		Dropovovio si		Dete				DTIN	
Pai	d	Print/Typ	e preparer's name		Preparer's signature		Date			k 🗌 i		
Pre	parer								seit-e	employed	L	
	-	Firm's na	me						Firm's	s EIN		
Use Only		Firm's ad	dress						Phone	e no.		
											- 04	2 (000 4)

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

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Form 943-V. **Payment Voucher**

Purpose of Form

Complete Form 943-V if you're making a payment with Form 943. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 943

To avoid a penalty, make your payment with your 2024 Form 943 only if:

 Your total taxes after adjustments and nonrefundable credits for the year (Form 943, line 13) are less than \$2,500 and you're paying in full with a timely filed return, or

 You're a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 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 11 of Pub. 15 for deposit instructions. Don't use Form 943-V to make federal tax deposits.



Use Form 943-V when making any payment with Form 943. However, if you pay an amount with Form 943 that should've been deposited, you may be subject to a penalty. See Deposit Penalties in section

11 of Pub. 15.

Specific Instructions

Box 1-Employer identification number (EIN). If you don't have an EIN, you may apply for one online by going to www.irs.gov/EIN. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't 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 "2024" on your check or money order. Don't send cash. Don't staple 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.

Detach Here and Mail With Your Payment and Form 943.

Form 943-V Department of the Treasury		Payment Voucher Don't staple this voucher or your payment to Form 943.	OMB No. 1545-0029		
Internal Revenue Service		Don't staple this voucher or your payment to Form 943.			
1 Enter your employer iden	tification number (EIN).	2 Enter the amount of your payment. Make your check or money order payable to "United States Treasury."	Dollars	Cents	
		 Better your business name (individual name if sole proprietor). Enter your address. Enter your city or town, state or province, country, and ZIP or foreign post 	ital code.		