Form **943**	**Employer's Annual Federal Tax Return for Agricultural Employees**	OMB No. 1545-0035
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/form943 for instructions and the latest information.	**2020**

DRAFT FORMAT

Type or Print	Name (as distinguished from trade name) MEDLIN SOFTWARE INC	Employer identification number (EIN) 012345678	**If address is different from prior return, check here** ☐
	Trade name, if any YOUR TRADE NAME HERE		
	Address (number and street) PO BOX 10372		
	City or town, state or province, country, and ZIP or foreign postal code NAPA OR 94581		
	If you do not have to file returns in the future, check here		☐

1	Number of agricultural employees employed in the pay period that includes March 12, 2020			**1**	1
2	Wages subject to social security tax	**2**	45000.00		
a	Qualified sick leave wages	**2a**	500.00		
b	Qualified family leave wages	**2b**			
3	Social security tax (multiply line 2 by 12.4% (0.124))			**3**	5580.00
a	Social security tax on qualified sick leave wages (multiply line 2a by 6.2% (0.062))			**3a**	31.00
b	Social security tax on qualified family leave wages (multiply line 2b by 6.2% (0.062))			**3b**	
4	Wages subject to Medicare tax	**4**	45500.00		
5	Medicare tax (multiply line 4 by 2.9% (0.029))			**5**	1319.50
6	Wages subject to Additional Medicare tax withholding	**6**			
7	Additional Medicare Tax withholding (multiply line 6 by 0.9% (0.009))			**7**	
8	Federal income tax withheld			**8**	4964.00
9	Total taxes before adjustments. Add lines 3, 3a, 3b, 5, 7, and 8			**9**	11894.50
10	Current year's adjustments			**10**	
11	Total taxes after adjustments (line 9 as adjusted by line 10)			**11**	11894.50
12 a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974			**12a**	
b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1			**12b**	507.25
c	Nonrefundable portion of employee retention credit from Worksheet 1			**12c**	
d	Total nonrefundable credits. Add lines 12a, 12b, and 12c			**12d**	507.25
13	Total taxes after adjustments and nonrefundable credits (subtract line 12d from line 11)			**13**	11387.25
14 a	Total deposits for 2020, including overpayment applied from a prior year and Form 943-X			**14a**	0.00
b	Deferred amount of the employer share of social security tax			**14b**	
c	Deferred amount of the employee share of social security tax			**14c**	
d	Refundable portion of credit for qualified sick and family leave wages from Worksheet 1			**14d**	
e	Refundable portion of of employee retention credit from Worksheet 1			**14e**	
f	Total deposits, deferrals, and refundable credits. Add lines 14a, 14b, 14c, 14d, and 14e			**14f**	0.00
g	Total advances received from filing Form(s) 7200 for the year			**14g**	
h	Total deposits, deferrals, and refundable credits less advances. Subtract line 14g from line 14f			**14h**	0.00

You must complete both pages of Form 943 and sign it.   **Next >>**

Form 943 (2020)

15	Balance Due. If line 13 is more than line 14h, enter the difference and see the instructions	**15**	11387.25
16	Overpayment. If line 14h is more than line 13, enter the difference	**16**	

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

All filers: If line 13 is less than $2,500, don't 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 Monthly Summary of Federal Tax Liability. (Don't complete if you were a semiweekly schedule depositor)

	Tax liability for month		Tax liability for month		Tax liability for month
A January . .		**F** June . . .		**K** November . .	
B February . .		**G** July . . .		**L** December . .	
C March . . .		**H** August. . .		**M** Total liability for	
D April . . .		**I** September . .		year (add lines A	
E May . . .		**J** October. . .		through L) . .	

18	Qualified health plan expenses allocable to qualified sick leave wages	**18**	
19	Qualified health plan expenses allocable to qualified family leave wages	**19**	
20	Qualified wages for the employee retention credit	**20**	
21	Qualified health plan expenses allocable to wages reported on line 20	**21**	
22	Credit from Form 5884-C, line 11, for the year	**22**	

Third-Party Designee

Do you want to allow another person to discuss this return with the IRS? See the separate instructions.   ☒ Yes. Complete the following.   ☐ No.

Designee's name	DESIGNEE	Phone no.	Phone	Personal identification number (PIN)	1 2 3 4 5

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 _____ 10-06-2020

Print your name and title   PAID PREPARER PREPARER

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PREP NAME		10-06-2020		PTIN
Firm's name FIRM NAME			Firm's EIN FIRM PTIN	
Firm's address ADDRESS CITY ST ZIP			Phone no, PHONE	

Form 943 (2020)

Form **943-A**

(Rev. October 2017)
Department of the Treasury
Internal Revenue Service

Agricultural Employer's Record of Federal Tax Liability

Information about Form 943-A and its instructions is at www.irs.gov/form943a
File with Form 943 or Form 943-X

OMB No. 1545-0035

2020

Name (as shown on Form 943)

MEDLIN SOFTWARE INC

Employer Identification Number (EIN)

012345678

You must complete this form if you are required to deposit on a semiweekly schedule or if your 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.) DO NOT change your tax liability by adjustments reported on any Form 943-X.

January Tax Liability					February Tax Liability					March Tax Liability			
1		17			1		17			1		17	
2		18			2		18			2		18	
3		19			3		19			3		19	
4		20			4		20			4		20	
5		21			5		21			5		21	
6		22			6		22			6		22	
7		23			7		23			7		23	
8		24			8		24			8		24	
9		25			9		25			9		25	
10		26			10		26			10		26	
11		27			11		27			11		27	
12		28			12		28			12		28	
13		29			13		29			13		29	
14		30			14					14		30	
15		31			15					15		31	
16					16					16			
A Total for month >>					**B Total for month >>**					**C Total for month >>**			

April Tax Liability					May Tax Liability					June Tax Liability			
1		17			1		17			1		17	
2		18			2		18			2		18	
3		19			3		19			3		19	
4		20			4		20			4		20	
5		21			5		21			5		21	
6		22			6		22			6		22	
7		23			7		23			7		23	
8		24			8		24			8		24	
9		25			9		25			9		25	
10		26			10		26			10		26	
11		27			11		27			11		27	
12		28			12		28			12		28	
13		29			13		29			13		29	
14		30			14		30			14		30	
15					15		31			15			
16					16					16			
D Total for month >>					**E Total for month >>**					**F Total for month >>**			

For Privacy Act and Paperwork Reduction Act Notice, see instructions

Form 943-A (Rev. 10-2017)

July Tax Liability				August Tax Liability				September Tax Liability			
1		17		1		17		1		17	
2		18		2		18		2		18	
3		19		3		19		3		19	
4		20		4		20		4		20	
5		21		5		21		5		21	
6		22		6		22		6		22	
7		23		7		23		7		23	
8		24		8		24		8		24	
9		25		9		25		9		25	11387.25
10		26		10		26		10		26	
11		27		11		27		11		27	
12		28		12		28		12		28	
13		29		13		29		13		29	
14		30		14		30		14		30	
15		31		15		31		15			
16				16				16			
G Total for month >>				H Total for month >>				I Total for month >>			11387.25

October Tax Liability				November Tax Liability				December Tax Liability			
1		17		1		17		1		17	
2		18		2		18		2		18	
3		19		3		19		3		19	
4		20		4		20		4		20	
5		21		5		21		5		21	
6		22		6		22		6		22	
7		23		7		23		7		23	
8		24		8		24		8		24	
9		25		9		25		9		25	
10		26		10		26		10		26	
11		27		11		27		11		27	
12		28		12		28		12		28	
13		29		13		29		13		29	
14		30		14		30		14		30	
15		31		15				15		31	
16				16				16			
J Total for month >>				K Total for month >>				L Total for month >>			

M   Total tax liability for the year (add lines A through L)   11387.25

943-V	**Payment Voucher** Do not staple or attach this voucher or your payment to Tax Form		OMB No. 1545-0035 **2020**
012345678	**Enter the amount of your payment >>**		11894.50

MEDLIN SOFTWARE INC

PO BOX 10372

NAPA OR 94581

Cut the page on this line and mail this voucher with your payment and Tax Form

Refer to the IRS web site for instructions