

Employer's Annual Federal Tax Return for Agricultural Employees

▶ See the separate Instructions for Form 943 for information on completing this return.

2009

Enter state code for state in which deposits were made **only** if different from state in address to the right ▶ (see the separate instructions).

If you do not have to file returns in the future, check here ▶

Name (as distinguished from trade name) _____

Calendar year _____

Trade name, if any _____

Employer identification number (EIN) _____

Address (number and street) _____

City, state, and ZIP code _____

If address is different from prior return, check here. ▶

1	Number of agricultural employees employed in the pay period that includes March 12, 2009 ▶	1	
2	Total wages subject to social security tax (see separate instructions)	2	
3	Social security tax (multiply line 2 by 12.4% (.124))	3	
4	Total wages subject to Medicare tax (see separate instructions)	4	
5	Medicare tax (multiply line 4 by 2.9% (.029))	5	
6	Federal income tax withheld (see separate instructions)	6	
7	Total taxes before adjustments (add lines 3, 5, and 6)	7	
8	Current year's adjustments (see separate instructions)	8	
9	Total taxes after adjustments (line 7 as adjusted by line 8)	9	
10	Advance earned income credit (EIC) payments made to employees, if any (see separate instructions)	10	
11	Net taxes (subtract line 10 from line 9)	11	
12	Total deposits for 2009, including overpayment applied from a prior year and overpayment applied from Form 943-X	12	
13a	COBRA premium assistance payments (see instructions)	13a	
13b	Number of people who received COBRA premium assistance payments reported on line 13a		
14	Add lines 12 and 13a	14	
15	Balance due. If line 11 is more than 14, write the difference here. For information on how to pay, see the instructions	15	
16	Overpayment. If line 14 is more than line 11, enter here ▶ \$ _____ and check if to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded.		

- 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 Monthly Summary of Federal Tax Liability. (Do not 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 year (add lines A through L)	
D April			I September			
E May			J October			

Third-Party Designee

Do you want to allow another person to discuss this return with the IRS (see separate instructions)? Yes. Complete the following. No.

Designee's name ▶ _____ Phone no. ▶ () _____ Personal identification number (PIN) ▶ _____

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 ▶ _____ Print Your Name and Title ▶ _____ Date ▶ _____

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____

Firm's name (or yours, if self-employed), address, and ZIP code ▶ _____ EIN : _____ Phone no. () _____

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.

If you have your return prepared by a third party and make a payment with that return, please provide Form 943-V to the return preparer.

Making Payment With Form 943

To avoid a penalty, make your payment with your 2009 Form 943 **only if**:

- Your net taxes for the year (line 11 on Form 943) 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 deposit your payment at an authorized financial institution or by using the Electronic Federal Tax Payment System (EFTPS). 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, apply for one on Form SS-4, Application for Employer Identification Number, and 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 the "United States Treasury." Be sure to enter your EIN, "Form 943," and "2009" 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.



Printed on recycled paper



▼ Detach Here and Mail With Your Payment and Form 943. ▼



Form 943-V

Department of the Treasury
Internal Revenue Service (77)

Payment Voucher

OMB No. 1545-0035

▶ Do not attach this voucher or your payment to Form 943.

2009

<p>1 Enter your employer identification number (EIN).</p>	<p>2 Enter the amount of your payment . . ▶</p>	Dollars	Cents
	<p>3 Enter your business name (individual name if sole proprietor).</p> <p>_____</p> <p>Enter your address.</p> <p>_____</p> <p>Enter your city, state, and ZIP code.</p> <p>_____</p>		