943 Employer's Annual Federal Tax Return for Agricultural Employees				Employees	OMB No. 1545-00	35				
Form JTU										
Department of the T	reasury Go to www	► Go to www.irs.gov/Form943 for instructions and the latest information.								
Internal Revenue Se	Name (as distinguished from	trade name) Employe	r identification number	er (FIN)						
Typo	Name (as distinguished from	Employe	. Idontinoation name	51 (L114)						
Туре	Trade name, if any				†					
or	, ,					If address is different from				
Print	Address (number and street)	Address (number and street)								
					prior return, check here. ▶					
	City or town, state or provinc	e, country, and ZIP or foreign postal code			oncok noro.	ш				
	If you don't have to file return	ns in the future, check here		▶ □	1					
1 Numbe	r of agricultural employees emp	ployed in the pay period that includes	March 12, 2019	▶ 1						
			. 1							
		tax								
		12.4% (0.124))								
	Medicare tax (multiply line 4 by 2.9% (0.029))									
	Additional Medicare Tax withholding (multiply line 6 by 0.9% (0.009))									
	income tax withheld xes before adjustments. Add li									
	year's adjustments									
		es after adjustments (line 9 as adjusted by line 10)								
	· · ·	after adjustments and credits. Subtract line 12 from line 11								
	-	rpayment applied from a prior year an								
	•	ne 14, enter the difference and see the		▶ 15						
	ment. If line 14 is more than line			Apply to next ref	turn. Send a re	fund.				
		't complete line 17 or Form 943-A.								
Semiweekly so	chedule depositors: Complete For	m 943-A and check here 🕨 🗌 • Monthly	schedule deposite	ors: Complete line	e 17 and check here	▶ □				
	^ (F T	- 1 · 1 · 1 · 1 · 1			`					
17 Monthl	Tax liability for month	ability. (Don't complete if you were a		nedule deposit	· ·					
A lenuen.		F June	K Nove		Tax liability for mor	nun				
A January . B February				mber						
C March .		G July H August		liability for						
D April		I September		add lines A						
Е Мау		J October	through							
		'			L					
Third-	Do you want to allow another person t	to discuss this return with the IRS? See separate	instructions.	Yes. Comple	ete the following.	No.				
Party	Designee's	Phone	D	ersonal identifica	tion —	, ,				
Designee	name ►	LIOIT LIOIT								
0:		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the								
Sign	belief, it is true, correct, and complete.	has any knowledge.								
Here		Print Your								
	Signature ▶	Name and Title ►		1	Date ►					
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN					
Preparer		self-employed								
Use Only	Firm's name ►									

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 2019 Form 943 **only if:**

- Your total taxes 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 7 of Pub. 51 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 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 7 of Pub. 51.

Specific Instructions

Box 1—Employer identification number (EIN). If you don't have an EIN, you may apply for one online by visiting the IRS website at 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 "2019" 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			Payment Voucher	OMB No. 1545-0035			
Department of the Treasury Internal Revenue Service	_	► Don't staple this voucher or your payment to Form 943.			2019		
Enter your employer identification number (EIN).		2	Enter the amount of your payment ▶ Make your check or money order payable to "United States Treasury"	Г	Dollars	Cents	
		3	Enter your business name (individual name if sole proprietor). Enter your address.				
			Enter your city or town, state or province, country, and ZIP or foreign posts	al code.			