	94 ment of the Revenue S			Annual Federa eparate Instructions		-					омв no. 1545-0 20 08	035
for sta depose made differe state to the	state code ate in whic sits were only if ent from in address right e separate	h							EIN)		If address is different from prior return,	
to file	tions). do not ha returns in , check		Address (number a	and street)		City, state, a	and ZIP coc	le			check here. ►	
1	Numbe	er of agricu	ltural employees	employed in the p	ay period	that includes N	larch 12,	2008		1		
2	Total w	vages subje	ect to social sec	urity tax (see separ	rate instru	ctions) 2						
3	Social	Social security tax (multiply line 2 by 12.4% (.124))								3		
4	Total w	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	Adjustment to taxes (see separate instructions).									8		
9	Total ta	axes (line 7	as adjusted by	line 8)						9		
10	Advance earned income credit (EIC) payments made to employees, if any (see separate instructions)								ons)	10		
11	Net taxes (subtract line 10 from line 9)								11			
12	Total deposits for 2008, including overpayment applied from 2007 return.									12		
13	Balance due (subtract line 12 from line 11) (see separate instructions)								13			
14	Overpa	yment If lir	ne 12 is more tha	n line 11, enter here	►\$	and ch	eck if to l	oe: 🗌 A	Applied to	o next	return or 🔲 Refu	unded
	l filers:	If line 11 is	less than \$2,50	0, do not complete	e line 15 c							
• Se				E Form 943-A and chec Liability. (Do not co				-			15 and check here	
	montin		Tax liability for mor			Tax liability for m	í	illouulo	aopoont	,,,	Tax liability for n	nonth
A J	anuary .	[F June			к	Novem	ber .			
BF	ebruary	🖵		G July			L	Decem	iber .			
	/larch .						м	Total li	ability for	year		
	vpril Nay	· · -		J October				(add lir throug				
Thir		Do you want	to allow another pe	rson to discuss this retur		RS (see separate inst	tructions)?				e following.	No.
Part		Designee's name		Pi	hone				nal identi er (PIN)	ication		
Sig	-	Under penal		are that I have examined complete. Declaration o	this return,			les and	statements			
He		Signature ▶				t Your ne and Title ►					Date ►	
			•	Indi	Date		Check Preparer's SSN or PTIN					
Pai	d parer's	Preparer's signature if self-employed Firm's name (or Image: Self-employed										
	Only	yours, if s	and ZIP code						EIN Phone r	10. ()	

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

Form 943-V, Payment Voucher

Purpose of Form

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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 2008 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 "2008" 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.

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▼ 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			Do not attach this voucher or your payment to Form 943.	2008	
1 Enter your employer identification number (EIN).		2	Enter the amount of your payment	llars	Cents
		3	Enter your business name (individual name if sole proprietor). Enter your address. Enter your city, state, and ZIP code.		