	943 nent of the Treasury Revenue Service	Employ ► Se	er's Annual Tax Ret	urn for Agricultura	al Employees g this return.		OMB No. 1545-	
Internal	Revenue Service						T	,
address, employer identification number, and calendar		ished from trade name)	Calendar year	Г		FF FD	<u> </u>	
		Trade name, if an	y	Employer identification number			FP I	<u> </u>
		Address and ZIP o	code				T If address is different from prior return, check here.	
lf you	u do not have to	o file returns in the	future, check here					
1	Number of agr	icultural employees	s employed in the pay peri	iod that includes March	12, 1998 🕨	1		
2			urity taxes (see instruction					
3	5		e 2 by 12.4% (.124)) .		_. .	3		+
4	Total wages subject to Medicare taxes (see instructions)					E		
-						5 6		+
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7 8			ions)			8		+
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						11		
						12		
			m line 11). See instruction			13		
			an line 11, enter here > \$		f to be: 🗌 Applied	to next	return or 🗌 Ref	unded.
All filers: If line 11 is less than \$500, do not complete line 15 or Form 943-A.								
Semiweekly schedule depositors: Complete Form 943-A and check here Monthly schedule depositors: Complete line 15 and check here.								
							🕨	
			Liability. Do not complete				Tou link like for a	
	osit period ending Tax liability for month Deposit period ending Tax liability for month Deposit period					-	Tax liability for n	nontn
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1 '	lay 31		J October 31		year (add through L)	lines A		
Sign Here Print Your								
	Signature			me and Title			Date 🕨	
FOR P	rivacy Act and F	aperwork Reductio	n Act Notice, see page 2 of DETA	Separate Instructions.	Cat. No	. 11252K		
	943-\ partment of the Treasur rnal Revenue Service	у	Form 943 Pa Use this voucher when ma	yment Voucher	return.		19 98	
Do not send cash and do not staple your payment to this voucher. Make your check or money order payable to the "United States Treasury." Be sure to enter your employer identification number, "Form 943," and "1998" on your payment.								your
	Enter the amount of the payment you are making2 Enter the first four letters of your last name (business name if partnership or corporation)3 Your empl					oyer identi	fication number	
\$.								
Instructions for Box 2 —Individuals (sole proprietors, trusts, and estates) - Enter the first four letters of your last name.		4 Enter your business name (in Enter your address	ndividual name for sole propriet	tors)				
—Corporations and partnerships - Enter the								
first four characters of your business name (omit "The" if followed by more than one word).			Enter your city, state, and ZIP code					

Instructions for Form 943 Payment Voucher

Purpose of Form

Complete Form 943-V if you are making a payment with **Form 943**, Employer's Annual 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 this payment voucher to the return preparer.

Making Payment With Form 943

Make a payment with your 1998 Form 943 only if:

1. Your net taxes for the year (line 11 on Form 943) are less than \$500 or

2. You are a monthly schedule depositor making a payment in accordance with the accuracy of deposits rule. (See section 7 of Circular A, Agricultural Employer's Tax Guide, for details.) This amount may be \$500 or more.

Otherwise, you must deposit the amount at an authorized financial institution or by electronic funds transfer. Do not use the Form 943-V payment voucher to make Federal tax deposits.

Caution: If you pay an amount with Form 943 that should have been deposited, you may be subject to a penalty. See Circular A.

Note: Beginning with your 1999 Form 943, if your net taxes for the year (line 11) are less than \$1,000, you are not required to make deposits. You may pay the total tax with Form 943.

Specific Instructions

Box 1. Enter the first four characters of your name as follows:

• Individuals (sole proprietors, estates). Use the first four letters of your last name (as shown in box 3).

• Corporations. Use the first four characters (letters or numbers) of your business name (as shown in box 3). Omit "The" if followed by more than one word.

• **Partnerships.** Use the first four characters of your trade name. If no trade name, enter the first four letters of the last name of the first listed partner.

Box 2—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 3—Name and address. Enter your name and address as shown on Form 943.

Box 4—Amount of payment. Enter the amount paid with Form 943.

• Make your check or money order payable to "United States Treasury." Be sure to enter your EIN, "Form 943," and "1998" on your check or money order. Do not send cash. Please do not staple this voucher or your payment to the return or to each other.

• Detach the completed voucher and send it with your payment and Form 943 to the address provided in the separate **Instructions for Form 943**.

