

**Employer's Annual Tax Return for Agricultural Employees**  
▶ See separate instructions for information on completing this return.

OMB No. 1545-0035

**1999**

Enter your name, address, employer identification number, and calendar year of return.

Name (as distinguished from trade name)

Calendar year

Trade name, if any

Employer identification number

Address and ZIP code

If address is different from prior return, check here.

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, 1999	1	
2	Total wages subject to social security taxes (see instructions)	2	
3	Social security taxes (multiply line 2 by 12.4% (.124))	3	
4	Total wages subject to Medicare taxes (see instructions)	4	
5	Medicare taxes (multiply line 4 by 2.9% (.029))	5	
6	Federal income tax withheld (see instructions)	6	
7	Total taxes before adjustments (add lines 3, 5, and 6)	7	
8	Adjustment to taxes (see instructions)	8	
9	Total taxes (line 7 as adjusted by line 8)	9	
10	Advance earned income credit (EIC) payments, if any (see instructions)	10	
11	Net taxes (subtract line 10 from line 9)	11	
12	Total deposits for 1999, including overpayment applied from 1998	12	
13	Balance due (subtract line 12 from line 11). See instructions	13	
14	Overpayment. If line 12 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 \$1,000, 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

**15 Monthly Summary of Federal Tax Liability. Do not complete if you were a semiweekly schedule depositor.**

Deposit period ending	Tax liability for month	Deposit period ending	Tax liability for month	Deposit period ending	Tax liability for month
A January 31		F June 30		K November 30	
B February 28		G July 31		L December 31	
C March 31		H August 31		M Total liability for year (add lines A through L)	
D April 30		I September 30			
E May 31		J October 31			

**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.

Signature ▶ Print Your Name and Title ▶ Date ▶

For Privacy Act and Paperwork Reduction Act Notice, see page 3 of separate instructions. Cat. No. 11252K Form **943** (1999)

DETACH HERE

**Form 943 Payment Voucher**

**1999**

▶ Use this voucher when making a payment with your return.

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 "1999" on your payment.

1 Enter the amount of the payment you are making \$ .	2 Enter the first four letters of your last name (business name if partnership or corporation)	3 Your employer identification number
<b>Instructions for Box 2</b> —Individuals (sole proprietors, trusts, and estates) - Enter the first four letters of your last name. —Corporations and partnerships - Enter the first four characters of your business name (omit "The" if followed by more than one word).	4 Enter your business name (individual name for sole proprietors) Enter your address Enter your city, state, and ZIP code	

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# Instructions for Form 943

## Payment Voucher

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### 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 1999 Form 943 only if:

1. Your net taxes for the year (line 11 on Form 943) are less than \$1,000 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 (Pub. 51), for details.) This amount may be \$1,000 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.*

### Specific Instructions

**Box 1—Amount of payment.** Enter the amount paid with Form 943.

**Box 2.** Enter the first four letters of your name as follows:

- **Individuals (sole proprietors, estates).** Use the first four letters of your last name (as shown in box 4).
- **Corporations.** Use the first four characters (letters or numbers) of your business name (as shown in box 4). 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 3—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 4—Name and address.** Enter your business name and address as shown on Form 943.

- Make your check or money order payable to "United States Treasury". Be sure to enter your EIN, "Form 943", and "1999" 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**.

