

**Employer's Annual Federal Tax Return  
for Agricultural Employees**

Go to [www.irs.gov/Form943](http://www.irs.gov/Form943) for instructions and the latest information.

430124  
OMB No. 1545-0029  
**2024**

Type  
or  
Print

Name (as distinguished from trade name)	Employer identification number (EIN) -
Trade name, if any	
Address (number and street)	
City or town, state or province, country, and ZIP or foreign postal code	
If you don't have to file returns in the future, check here	

If address is  
different from  
prior return,  
check here ☐

1	Number of agricultural employees employed in the pay period that includes March 12, 2024	1	
2	Wages subject to social security tax	2	
3	Social security tax (multiply line 2 by 12.4% (0.124))	3	
4	Wages subject to Medicare tax	4	
5	Medicare tax (multiply line 4 by 2.9% (0.029))	5	
6	Wages subject to Additional Medicare Tax withholding	6	
7	Additional Medicare Tax withholding (multiply line 6 by 0.9% (0.009))	7	
8	Federal income tax withheld	8	
9	Total taxes before adjustments. Add lines 3, 5, 7, and 8	9	
10	Current year's adjustments	10	
11	Total taxes after adjustments (line 9 as adjusted by line 10)	11	
12	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	12	
13	Total taxes after adjustments and nonrefundable credits. Subtract line 12 from line 11	13	
14	Total deposits for 2024, including overpayment applied from a prior year and Form 943-X	14	
15	<b>Balance due.</b> If line 13 is more than line 14, enter the difference and see the instructions	15	
16	<b>Overpayment.</b> If line 14 is more than line 13, enter the difference \$ Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.		

- **All filers:** If line 13 is less than \$2,500, **don't** 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. (Don't 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 the separate instructions. ☐ **Yes.** Complete the following. ☐ **No.**

Designee's name	Phone no.	Personal identification number (PIN)
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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 \_\_\_\_\_ Date \_\_\_\_\_

Print your name and title

Paid  
Preparer  
Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN			
Firm's address	Phone no.			

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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 2024 Form 943 **only if**:

- Your total taxes after adjustments and nonrefundable credits 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 11 of Pub. 15 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 11 of Pub. 15 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 11 of Pub. 15.*

Specific Instructions

**Box 1 — Employer identification number (EIN).** If you don't have an EIN, you may apply for one online by going to [www.irs.gov/EIN](http://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 "2024" 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 <b>943-V</b> Department of the Treasury Internal Revenue Service	<b>Payment Voucher</b> Don't staple this voucher or your payment to Form 943.	OMB No. 1545-0029 <b>2024</b>	
<b>1</b> Enter your employer identification number (EIN).  —	<b>2 Enter the amount of your payment.</b> Make your check or money order payable to "United States Treasury."	Dollars	Cents
	<b>3</b> 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 postal code.		