Form **943-A** (Rev. December 2024

Department of the Treasury

Internal Revenue Service

Agricultural Employer's Record of Federal Tax Liability

Go to www.irs.gov/Form943A for instructions and the latest information. File with Form 943 or Form 943-X.

OMB No. 1545-0029
Calondar Voor

Name (as shown on Form 943)

Employer identification number (EIN)

You must complete this form if you're a semiweekly schedule depositor or became one because your accumulated tax liability during any month was \$100,000 or more. Show tax liability here, not deposits. (The IRS gets deposit data from electronic funds transfers.) Don't change your current year tax liability by adjustments reported on any Forms 943-X.

January Tax Liability		F	February Tax Liability		March Tax Liability	
1	16	1	16	1	16	
2	17	2	17	2	17	
3	18	3	18	3	18	
4	19	4	19	4	19	
5	20	5	20	5	20	
6	21	6	21	6	21	
7	22	7	22	7	22	
8	23	8	23	8	23	
9	24	9	24	9	24	
10	25	10	25	10	25	
11	26	11	26	11	26	
12	27	12	27	12	27	
13	28	13	28	13	28	
14	29	14	29	14	29	
15	30	15		15	30	
	31				31	
A Total liability for month		B Total liability for month		C Total liability for month		

April Tax Liability		May Tax Liability		June Tax Liability		
1	16		1	16	1	16
2	17		2	17	2	17
3	18		3	18	3	18
4	19		4	19	4	19
5	20		5	20	5	20
6	21		6	21	6	21
7	22		7	22	7	22
8	23		8	23	8	23
9	24		9	24	9	24
10	25	1	10	25	10	25
11	26	1	11	26	11	26
12	27	1	12	27	12	27
13	28	1	13	28	13	28
14	29	1	14	29	14	29
15	30	1	15	30	15	30
				31		
D Total liability for month		E	E Total liability for month		F Total liability for month	

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

Cat. No. 17030C

Form **943-A** (Rev. 12-2024)

Form 943-A (Rev. 12-2024)

July Tax Liability		ability	August Tax Liability		September Tax Liability	
1	16	1	16	1	16	6
2	17	2	17	2	17	7
3	18	3	18	3	18	3
4	19	4	19	4	19	
5	20	5	20	5	20	
6	21	6	21	6	21	
7	22	7	22	7	22	2
8	23	8	23	8	23	3
9	24	9	24	9	24	1
10	25	10	25	10	25	5
11	26	11	26	11	26	6
12	27	12	27	12	2 27	7
13	28	13	28	13	3 28	3
14	29	14	29	14	1 29	
15	30	15	30	15	30)
	31		31			
G 1	G Total liability for month		H Total liability for month		I Total liability for month	

October Tax Liability		Ne	November Tax Liability		December Tax Liability	
1	16	1	16	1	16	
2	17	2	17	2	17	
3	18	3	18	3	18	
4	19	4	19	4	19	
5	20	5	20	5	20	
6	21	6	21	6	21	
7	22	7	22	7	22	
8	23	8	23	8	23	
9	24	9	24	9	24	
10	25	10	25	10	25	
11	26	11	26	11	26	
12	27	12	27	12	27	
13	28	13	28	13	28	
14	29	14	29	14	29	
15	30	15	30	15	30	
	31				31	
J Total liability for month		K Total liabi	K Total liability for month		L Total liability for month	

M Total tax liability for year (add lines A through L). This must equal line 13 on Form 943 .

Form **943-A** (Rev. 12-2024)