Draft 10: 11/11/08

(January 2009)

Form 943-X: Adjusted Employer's Annual Federal Tax Return for Agricultural Employees or Claim for Refund Department of the Treasury — Internal Revenue Service OMB No. 1545-0035

Employer Identification Number (EIN) - - - Name (not your trade name) - - - -		Return You Are Correcting Enter the calendar year of the return you are correcting:
Trade name (if any)		(YYYY)
Address		Enter the date you discovered errors:
Number Street	Suite or room number	/ / (MM / DD / YYYY)

Use this form to correct errors made on Form 943, Employer's Annual Federal Tax Return for Agricultural Employees, for one year only. Please type or print within the boxes. Do not attach this form to Form 943.

You MUST complete all three pages. Read the instructions before you complete this form.

Part 1:	Select ONLY one process.
	Adjusted employment tax return. Check this box if you underreported amounts. Also check this box if you overreported amounts and would like to use the adjustment process to correct the errors. You must check this box if you are correcting both underreported and overreported amounts on this form. The amount shown on line 15, if less than 0, may only be applied as a credit to your Form 943 for the tax period in which you are filing this form.
	Claim. Check this box if you overreported amounts only and you would like to use the claim process to ask for a refund or abatement for the amount shown on line 15. Do not check this box if you are correcting ANY underreported amounts on this form.
Part 2:	Complete the certifications.
	I certify that I have filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, as required.
Note: If y	you are correcting underreported amounts only, go to Part 3 (Skip lines 4 and 5).
	If you checked line 1 because you are adjusting overreported amounts, check all that apply. (Check at least one.)
	I certify that:
	a. I repaid or reimbursed each affected employee for the overcollected federal income tax for the current year and the overcollected social security and Medicare tax for current and prior years. For adjustments of employee social security and Medicare tax overcollected in prior years, I have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
	b. the adjustment of social security tax and Medicare tax is for the employer's share only. I could not find the affected employees or each employee did not give me a written statement that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
	c. the adjustment is for federal income tax, social security tax, and Medicare tax that I did not withhold from employee wages.
	If you checked line 2 because you are claiming a refund or abatement of overreported employment taxes, check all that apply. (Check at least one.)
	I certify that:
	a. I repaid or reimbursed each affected employee for the overcollected social security and Medicare tax. For claims of employee social security and Medicare tax overcollected in prior years, I have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
	b. I have a written consent from each affected employee stating that I may file this refund claim for the employee's share of social security and Medicare tax. For refunds of employee social security and Medicare tax overcollected in prior years, I also have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
	c. the claim for social security tax and Medicare tax is for the employer's share only. I could not find the affected employees; or each employee did not give me a written consent to file a claim for the employee's share of social security and Medicare tax; or each employee did not give me a written statement that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
	d. the claim is for federal income tax, social security tax, and Medicare tax that I did not withhold from employee wages.

Name (not your trade name)			Employer Identifica	atio	on Number (EIN)		Calendar Year (YYYY)
Part 3: Enter the corrections for th	is year. If any line d	oes I	not apply, leave it bl	an	k.		
Draft	Column 1	С	olumn 2		Column 3		Column 4
Drait	Total corrected amount (For ALL employees)	_ re _ c	mount originally eported or as previously orrected For ALL employees)	=	Difference (If this amount is a negative number, use a minus sign.)		Tax correction
6. Total wages subject to social security tax (from line 2 of Form 943)		_		=		X .124* =	•
					*If you are correcting your emplo	yer share only	y, use .062. See instructions.
7. Total wages subject to Medicare tax (from line 4 of Form 943)		-		=		X .029* =	
					*If you are correcting your employ	er share only,	use .0145. See instructions.
8. Federal income tax withheld (from line 6 of Form 943)		-		=		Copy Column 3 here ►►	
9. Tax adjustments (from line 8 of Form 943)		-		=		See instructions	
10. Special addition to wages for federal income tax		-		=	•	See instructions	•
11. Special addition to wages for social security taxes		_		=		See instructions	
12. Special addition to wages for Medicare taxes		- [=		See instructions	
							,
13. Subtotal: Combine the amounts in line	es 6–12 of Column 4						
14. Advance earned income credit (EIC) payments made to employees (from line 10 of Form 943)]-[=		See instructions	
15. Total: Combine the amounts in lines 1	3 and 14 of Column 4						
If line 15 is less than 0							

- If you checked line 1, this is the amount you want applied as a credit to your Form 943 for the tax period in which you are filing this form.
- If you checked line 2, this is the amount you want refunded or abated.

If line 15 is more than 0, this is the amount you owe. Pay this amount when you file this return. Go to Amount You Owe on page X of the instructions.

Next 🕩

Name (not your trade name	9)	Employer Identif	ication Number (EIN)	Calendar Year (YYYY)		
Part 4: Explain your cor	rections for this year.					
16. Check here if an underreported an	16. Check here if any corrections you entered on a line include both underreported and overreported amounts. Explain both your underreported and overreported amounts on line 18.					
17. Check here if an	17. Check here if any corrections involve reclassified workers. Explain on line 18.					
18. You must give u	is a detailed explanation of how you o	letermined your corr	rections. (See the instructions.)			
Part 5: Sign here. You n	nust complete all three pages of th	is form and sign it				
statements that are attache	I declare that I have filed an original For d, and to the best of my knowledge and formation of which preparer has any kno	belief, they are true, o	examined this adjusted return or claim a correct, and complete. Declaration of pre	and any schedules or parer (other than		
Sign your			Print your			
name here			name here			
			Print your title here			
Data						
Date	·		Best daytime phone			
Paid preparer's use onl	y [Check if you are self employed			
Preparer's name			Preparer's SSN/PTIN			
Preparer's signature			Date	/		
Firm's name (or yours if self-employed			EIN			
Address			Phone ()			
City		State	ZIP code			

Type of errors you are correcting	Form 943-	X: Which process	should you use?		
Underreported amounts ONLY	 Use the adjustment process to correct underreported amounts. Check the box on line 1. Pay the amount you owe from line 15 when you file Form 943-X. 				
Overreported amounts ONLY	The process you use depends on when you file Form 943-X.	If you are filing Form 943-X MORE THAN 90 days before the period of limitations on credit or refund for Form 943 expires	Choose either process to correct the overreported amounts. Choose the adjustment process if you want the amount shown on line 15 credited to your Form 943 for the period in which you file Form 943-X. Check the box on line 1. OR Choose the claim process if you want the amount shown on line 15 refunded to you or abated. Check the box on line 2.		
		If you are filing Form 943-X WITHIN 90 DAYS of the expiration of the period of limitations on credit or refund for Form 943	You must use the claim process to correct the overreported amounts. Check the box on line 2.		
BOTH underreported and overreported amounts	The process you use depends on when you file Form 943-X.	If you are filing Form 943-X MORE THAN 90 days before the period of limitations on credit or refund for Form 943 expires	Choose either the adjustment process or both the adjustment process and the claim process when you correct both underreported and overreported amounts. Choose the adjustment process if combining your underreported and overreported amounts results in a balance due or creates a credit that you want applied to Form 943.		
			 File one Form 943-X, and Check the box on line 1 and follow the instructions on line 15. 		
			 Choose both the adjustment process and the claim process if you want the overreported amount refunded to you or abated. File two separate forms. 1. For the adjustment process, file one Form 943-X to correct the underreported amounts. Check the box on line 1. Pay the amount you owe from line 15 when you file Form 943-X. 2. For the claim process, file a second Form 943-X to correct the overreported amounts. Check the box on line 3. 		
		If you are filing Form 943-X WITHIN 90 DAYS of the expiration of the period of limitations on credit or refund for Form 943	 You must use both the adjustment process and claim process. File two separate forms. 1. For the adjustment process, file one Form 943-X to correct the underreported amounts. Check the box on line 1. Pay the amount you owe from line 15 when you file Form 943-X. 2. For the claim process, file a second Form 943-X to correct the overreported amounts. Check the box on line 2. 		