This form will be translated into Spanish. The Form number will Form 943-X: Adjusted be - Form 943-X (PR)

Department of

Draft 10: 11/11/08

r Agricultural Employees or Claim for Refund

OMB No. 1545-0035

(January 2009)	Department c		,			OMB No. 1545-0035
Employer Identification	Number (EIN)	-				Return You Are Correcting
Name (not your trade na	me)					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 I	room number	
City			State	ZIP code		(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.
1. 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 filling this form.
2. 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.
3. 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 you are correcting underreported amounts only, go to Part 3 (Skip lines 4 and 5).
4. 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	Calendar Year (YYYY)				
Part 3: Enter the corrections for this year. If any line does not apply, leave it blank.								
Draft	Column 1	С	Column 2		Column 3		Column 4	
Diait	Total corrected amount (For ALL employees)	- re	Amount 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 employer	share only	, use .062. See instructions.	
7. Total wages subject to Medicare tax (from line 4 of Form 943)		-		=	x.	.029* =		
	·		·		*If you are correcting your employer sh	nare only, i	use .0145. See instructions.	
8. Federal income tax withheld (from line 6 of Form 943)		-		=		py lumn 3 re ▶▶		
	·		·		•	L	· .	
9. Tax adjustments (from line 8 of Form 943)				=	Se ins	estructions		
10. Special addition to wages for federal income tax		_		=	. Se ins	etructions		
11. Special addition to wages for social security taxes				=	. Se ins	e tructions		
12. Special addition to wages for Medicare taxes		-		=	Se ins	e		
13. Subtotal: Combine the amounts in line	os 6 12 of Column 4							
						_	· .	
14. Advance earned income credit (EIC) payments made to employees (from line 10 of Form 943)				=	Seins	ee structions		
15. Total: Combine the amounts in lines 13 and 14 of Column 4								
If line 15 is less than 0 • If you checked line 1, this is the amount of the second of the secon	ount you want applied a	as a c	credit to your Form 943 f	or	the tax period in which you a	re 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.								

Page **2** Form **943-X** (1-2009)

Name (not your trade name	Employer Identif	Calendar Year (YYYY)							
Part 4: Explain your cor	rections for this year.								
16. Check here if an	y corrections you entered on a line in	clude both underrep	oorted and overrepo	rted amounts. Expl	ain both your				
underreported an	d overreported amounts on line 18.								
17. Check here if an	y corrections involve reclassified wor	kers. Explain on line	18.						
18. You must give us a detailed explanation of how you determined your corrections. (See the instructions.)									
Part 5: Sign here. You n	nust complete all three pages of thi	s form and sign it.							
Under penalties of perjury, I declare that I have filed an original Form 943 and that I have examined this adjusted return or claim and any schedules or statements that are attached, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
	Figure 1 This is properly that any times	nougo.	Print your						
Sign your name here			name here						
			Print your						
			title here						
Date	/ /		Best daytime phone	. ()					
Paid preparer's use only	1		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						

Page **3** Form **943-X** (1-2009)

Form 943-X: Which process should you use? Type of errors you are correcting Underreported Use the adjustment process to correct underreported amounts. amounts Check the box on line 1. **ONLY** Pay the amount you owe from line 15 when you file Form 943-X. Overreported The process you If you are filing Form 943-X Choose either process to correct the overreported amounts. amounts use depends on MORE THAN 90 days before ONLY the period of limitations on when you file Choose the adjustment process if you want the amount Form 943-X. credit or refund for Form 943 shown on line 15 credited to your Form 943 for the period in expires ... 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 You must use the claim process to correct the overreported WITHIN 90 DAYS of the amounts. Check the box on line 2. expiration of the period of limitations on credit or refund for Form 943 ... Choose either the adjustment process or both the adjustment If you are filing Form 943-X **BOTH** The process you process and the claim process when you correct both underreported use depends on MORE THAN 90 days before underreported and overreported amounts. when you file the period of limitations on credit or refund for Form 943 overreported Form 943-X. amounts expires ... 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. OR or abated.

Choose both the adjustment process and the claim process if you want the overreported amount refunded to you

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.

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.