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If you have any comments on this draft, you can submit them to us on our IRS.gov page titled <u>Comment on Forms and Publications</u>, where you may make comments anonymously if you wish. You can also email us at <u>taxforms@irs.gov</u>. Please include the form or publication number in the subject. We cannot respond to all comments due to the high volume we receive, but we will carefully consider each suggestion. Please note that we may not be able to consider many suggestions until the subsequent revision of the product.

### Form 944-X: Adjusted Employer's ANNUAL Federal Tax Return or Claim for Refund

| Rev. Februa           | ry 2013) Department of the Treasury — Internal Revenue Service  | OMB No. 1545-2007  |
|-----------------------|---|--|
| Employer              | identification number (EIN)   | Return You Are Correcting Check the type of return you are                                   |
| Name (no              | your trade name)  | correcting:  |
| Trade nar             | ne (if any)   | 944<br>944-SS  |
| Address               | Number Street Suite or room number  | Enter the calendar year you are correcting:  |
|                       |   | (۲۲۲۲)   |
| on Form<br>correction | instructions before you complete this form. Use this form to correct errors made 944 or Form 944-SS. Use a separate Form 944-X for each year that needs Type or print within the boxes. You MUST complete all three pages. Do not s form to Form 944.   | Enter the date you discovered errors:  (MM / DD / YYYY)                                      |
| Part 1:               | Select ONLY one process.  |  |
|                       | Adjusted employment tax return. Check this box if you underreported amounts. Also check would like to use the adjustment process to correct the errors. You must check this box if you overreported amounts on this form. The amount shown on line 20, if less than zero, may only Form 941, or Form 941-SS for the tax period in which you are filing this form.   | are correcting both underreported and  |
|                       | Claim. Check this box if you overreported amounts only and you would like to use the claim parmount shown on line 20. Do not check this box if you are correcting ANY underreported amount shown on line 20.  |  |
| Part 2:               | Complete the certifications.  |  |
| No<br><b>4.</b> I     | certify that I have filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, required.  te. If you are correcting underreported amounts only, go to Part 3 on page 2 and skip lines 4 at f you checked line 1 because you are adjusting overreported amounts, check all that appropriately that:  a. I repaid or reimbursed each affected employee for the overcollected social security are written statement from each employee stating that he or she has not claimed (or the correction or credit for the overcollection. | and 5.  pply. You must check at least one box.  and Medicare taxes for prior years. I have a |
|                       | b. The adjustment of social security tax and Medicare tax is for the employer's share onleach employee did not give me a written statement that he or she has not claimed (or refund or credit for the overcollection.  |  |
|                       | c. The adjustment is for federal income tax, social security tax, and Medicare tax that I d   | lid not withhold from employee wages.  |
| ,                     | f you checked line 2 because you are claiming a refund or abatement of overreported en<br>You must check at least one box.  I certify that:   | mployment taxes, check all that apply.   |
|                       | a. I repaid or reimbursed each affected employee for the social security and Medicare ta written statement from each employee stating that he or she has not claimed (or the cor credit for the overcollection.   |  |
|                       | b. I have a written consent from each affected employee stating that I may file this claim and Medicare taxes overcollected in prior years. I also have a written statement from claimed (or the claim was rejected) and will not claim a refund or credit for the overcol  | each employee stating that he or she has not   |
|                       | c. The claim for social security tax and Medicare tax is for the employer's share only. I consend to file a claim for the employee's share of employee did not give me a written statement that he or she has not claimed (or the correction or credit for the overcollection.  | social security and Medicare taxes, or each  |
|                       | d. The claim is for federal income tax, social security tax, and Medicare tax that I did not  | withhold from employee wages.  |

| Part | Part 3: Enter the corrections for the calendar year you are correcting. If any line does not apply, leave it blank.                     |  |    |   |             |  |                            |   |  |  |
|------|---|--|----|---|-------------|--|----------------------------|---|--|--|
|      |   | Column 1   |    | Column 2  |             | Column 3   |                            | Column 4  |  |  |
|      |   | Total corrected<br>amount (for ALL<br>employees) | -  | Amount originally reported or as previously corrected (for ALL employees) | =           | Difference<br>(If this amount is a<br>negative number,<br>use a minus sign.) |                            | Tax correction  |  |  |
| 6.   | Wages, tips and other compensation (Form 944, line 1)   |  | 7  |   | =           |  |                            | nt in Column 1<br>pare your Forms<br>W-2c.  |  |  |
| 7.   | Income tax withheld from wages, tips, and other compensation (Form 944, line 2)   |  | -  |   | =           |  | Copy<br>Column 3<br>here ► |   |  |  |
| 8.   | Taxable social security wages<br>(Form 944 or Form 944-SS, line<br>4a, Column 1)  |  | _  | *If you are correcting a 2011 or 2012                                     | =<br>2 retu | ırn, use .104. If you are correcting you                                     | × .124* =                  | , use .062. See instructions.   |  |  |
| 9.   | Taxable social security tips<br>(Form 944 or Form 944-SS, line<br>4b, Column 1)   |  | 2  | *If you are correcting a 2011 or 2012                                     | 2 retu      | urn, use .104. If you are correcting you                                     | × .124* =                  | , use .062. See instructions.   |  |  |
| 10.  | Taxable Medicare wages and tips (Form 944 or Form 944-SS, line 4c, Column 1)  |  | _  |   | ] =         | *If you are correcting your employer   | × .029* =                  | • See instructions.   |  |  |
| 11a. | Number of qualified employees<br>paid exempt wages/tips April 1–<br>December 31, 2010 (Form 944 or<br>Form 944-SS, line 5a)*            |  | _  |   | =           |  |                            | *Complete lines 11a<br>and 11b only for<br>corrections to the<br>2010 Form 944 or<br>Form 944-SS. |  |  |
| 11b. | Exempt wages/tips paid to qualified employees April 1– December 31, 2010 (Form 944 or Form 944-SS, line 5b)*                            |  | _  |   | =           |  | × .062 =                   |   |  |  |
| 12.  | <b>Tax adjustments</b> (Form 944 or Form 944-SS, line 6)  |  | _  |   | =           |  | Copy<br>Column 3<br>here   |   |  |  |
| 13.  | Special addition to wages for federal income tax  |  | _  |   | =           |  | See<br>instructions        |   |  |  |
| 14.  | Special addition to wages for social security tax   |  | _  |   | =           |  | See instructions           |   |  |  |
| 15.  | Special addition to wages for Medicare taxes  |  | -  |   | =           |  | See<br>instructions        |   |  |  |
| 16.  | Subtotal. Combine the amounts or  | ı lines 7–15 of Column 4                         | ļ  |   |             |  |                            |   |  |  |
| 17.  | Advance earned income credit (EIC) payments made to employees (Form 944, line 8, only for years ending before January 1, 2011)          |  | -  |   | ] =         |  | See<br>instructions        |   |  |  |
| 18a. | COBRA premium assistance payments (Form 944 or Form 944-SS, line 11a, before 2011 or line 9a after 2010)                                |  | -  |   | ] =         |  | See<br>instructions        |   |  |  |
| 18b. | Number of individuals provided<br>COBRA premium assistance<br>(Form 944 or Form 944-SS, line 11b,<br>before 2011 or line 9b after 2010) |  | _  |   | =           |  |                            |   |  |  |
| 18c. | Number of qualified employees<br>paid exempt wages/tips March<br>19-31, 2010 (Form 944 or Form<br>944-SS, line 11c)*                    |  | _  |   | =           |  |                            | *Complete lines 18c<br>and 18d only for<br>corrections to the<br>2010 Form 944 or<br>Form 944-SS. |  |  |
| 18d. | Exempt wages/tips paid to qualified employees March 19–31, 2010 (Form 944 or Form 944-SS, line 11d)*                                    |  | -  |   | =           |  | × .062 =                   |   |  |  |
| 19.  | Total. Combine the amounts on line  | es 16–18d of Column 4.                           | Сс | ntinue to next page .   |             |  |                            | .   |  |  |

| Name (not      | t your trade name)  |   |  | Employer identification                            | on number (EIN)  | Correcting Calendar Year (YYYY)                                |  |  |
|----------------|---|---|--|--|------------------|--|--|--|
| Part 3:        | Continued   |   |  |  |                  |  |  |  |
| 20.<br>Part 4: | If line 20 is less If you checked (If you are cur If you checked If line 20 is mo Amount you ow | d line 1, this is the amount<br>rently filing a Form 941 or<br>d line 2, this is the amount | Form 941-SS, Employer's you want refunded or aba amount you owe. Pay thi | QUARTERLY Federal<br>ted.<br>s amount when you fil | Tax Return, see  | in which you are filing this form the instructions.)           |  |  |
| 21.            | Check here if a   | any corrections you enter<br>ur underreported and over                                      | red on a line include both   | underreported and                                  | overreported an  | nounts.  |  |  |
| 22.            |   | any corrections involve reclassified workers. Explain on line 23.                           |  |  |                  |  |  |  |
| 23.            | Tou must give   | us a detailed explanation   | Torriow you determined   | your corrections: est                              | o the metidetern | ·  |  |  |
|                |   |   |  |  |                  |  |  |  |
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|                |   |   |  |  |                  |  |  |  |
|                |   |   |  |  |                  |  |  |  |
| Part 5:        |   | You must complete   |  |  |                  |  |  |  |
| and an         | y schedules or stat   |   | and to the best of my kno  | wledge and belief, the                             |                  | this adjusted return or claim<br>ct, and complete. Declaration |  |  |
| 1              |   |   |  | Print yo   |                  |  |  |  |
|                | Sign you name he  |   |  | name h   |                  |  |  |  |
|                |   |   |  | title he   |                  |  |  |  |
|                | Da  | ate   |  | Best da  | aytime phone     |  |  |  |
| Paid I         | Preparer Use (  | Only  |  |  | Check if you     | are self-employed  |  |  |
| Prepar         | er's name   |   |  |  | PTIN             |  |  |  |
| Prepar         | er's signature  |   |  |  | Date             |  |  |  |
|                | name (or yours if   |   |  |  | EIN              |  |  |  |
|                |   |   |  |  |                  |  |  |  |
| Addres         | SS  |   |  |  | Phone _          |  |  |  |
| Citv           |   |   | Sta  | ite  | ZIP code         |  |  |  |

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# Type of errors you are correcting

### Form 944-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 20 when you file Form 944-X.

# Overreported amounts ONLY

The process you use depends on when you file Form 944-X.

If you are filing Form 944-X MORE THAN 90 days before the period of limitations on credit or refund for Form 944 or Form 944-SS expires . . . Choose either process to correct the overreported amounts.

Choose the adjustment process if you want the amount shown on line 20 credited to your Form 944, 941, or 941-SS, for the period in which you file Form 944-X. Check the box on line 1.

OF

Choose the claim process if you want the amount shown on line 20 refunded to you or abated. Check the box on line 2.

If you are filing Form 944-X
WITHIN 90 days of the expiration
of the period of limitations on
credit or refund for Form 944 or
Form 944-SS...

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 944-X.

If you are filing Form 944-X MORE THAN 90 days before the period of limitations on credit or refund for Form 944 or Form 944-SS 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 amounts and overreported amounts results in a balance due or creates a credit that you want applied to Form 944, 941, or 941-SS.

- File one Form 944-X, and
- Check the box on line 1 and follow the instructions on line 20.

OR

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 944-X to correct the underreported amounts. Check the box on line 1. Pay the amount you owe from line 20 when you file Form 944-X.
- 2. For the claim process, file a second Form 944-X to correct the overreported amounts. Check the box on line 2.

If you are filing Form 944-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 944 or Form 944-SS... You must use both the adjustment process and claim process.

File two separate forms.

- 1. For the adjustment process, file one Form 944-X to correct the underreported amounts. Check the box on line 1. Pay the amount you owe from line 20 when you file Form 944-X.
- 2. For the claim process, file a second Form 944-X to correct the overreported amounts. Check the box on line 2.