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

(Rev. February 2018)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-2007

Return You're Correcting ...

Employe	identification number (EIN)	Enter the calendar year of the return you're correcting:
Name (no	t your trade name)	you're correcting:
Trade na	me (if any)	
Address		Enter the date you discovered errors:
Address	Number Street Suite or room number	
		(MM / DD / YYYY)
1	City State ZIP code	(1111)
l	Foreign country name Foreign province/county Foreign postal code	
ANNUAL MUST co ine 22.	separate instructions before completing this form. Use this form to correct e Federal Tax Return. Use a separate Form 944-X for each year that needs corresponded all three pages. Don't attach this form to Form 944 unless you're recomplete all three pages.	ection. Type or print within the boxes. You
Part 1:	Select ONLY one process. See page 4 for additional guidance.	
1.	<b>Adjusted employment tax return.</b> 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 your overreported amounts on this form. The amount shown on line 20, if less than zero, may on Form 941, or Form 941-SS for the tax period in which you're filing this form.	ou're correcting both underreported and
2.	Claim. Check this box if you overreported amounts only and you would like to use the claim amount shown on line 20. Don't check this box if you're correcting ANY underreported amount shown on line 20.	
Part 2:	Complete the certifications.	
No an to	I certify that I've filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, required.  In the statement of the s	and 5. If you're correcting overreported itional Medicare Tax. Form 944-X can't be used leld from employee wages.
	I certify that:	pply. For must check at least one box.
	a. I repaid or reimbursed each affected employee for the overcollected social security written statement from each affected employee stating that he or she hasn't claimed refund or credit for the overcollection.	
	<b>b.</b> The adjustments of social security tax and Medicare tax are for the employer's shar each affected employee didn't give me a written statement that he or she hasn't cla a refund or credit for the overcollection.	
	c. The adjustment is for federal income tax, social security tax, Medicare tax, or Additi employee wages.	onal Medicare Tax that I didn't withhold from
5.	If you checked line 2 because you're claiming a refund or abatement of overreported $\epsilon$	employment taxes, check all that apply.
	You must check at least one box.	
	I certify that:	
	a. I repaid or reimbursed each affected employee for the overcollected social security written statement from each affected employee stating that he or she hasn't claimed refund or credit for the overcollection.	
	<b>b.</b> I have a written consent from each affected employee stating that I may file this clai and Medicare tax overcollected in prior years. I also have a written statement from each hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the	each affected employee stating that he or she
	c. The claim for social security tax and Medicare tax is for the employer's share only. I affected employee didn't give me a written consent to file a claim for the employee's or each affected employee didn't give me a written statement that he or she hasn't claim a refund or credit for the overcollection.	s share of social security tax and Medicare tax;
	d. The claim is for federal income tax, social security tax, Medicare tax, or Additional Memployee wages.	Medicare Tax that I didn't withhold from
		Next <b>■</b> ▶

		Column 1		Column 2		Column 3	Column 4
		Total corrected amount (for ALL employees)	-	Amount originally reported or as previously corrected (for ALL employees)	=	Difference (If this amount is a negative number, use a minus sign.)	Tax correction
3.	Wages, tips, and other compensation (Form 944, line 1)		] –		=		Use the amount in Column 1 when you prepare your Forms W-2 or Forms W-2c.
•	Federal income tax withheld from wages, tips, and other compensation (Form 944, line 2)		] –		=		Copy Column 3 here
•	<b>Taxable social security wages</b> (Form 944, line 4a, Column 1)		] –	. *!f	=	're correcting your employer	$\times$ 0.124* = share only, use 0.062. See instruct
	<b>Taxable social security tips</b> (Form 944, line 4b, Column 1)		] –		=		$\times 0.124^* =  $ share only, use 0.062. See instruct
	Taxable Medicare wages & tips (Form 944, line 4c, Column 1)		] –				× 0.029* =
	Taxable wages & tips subject to Additional Medicare Tax withholding (Form 944, line 4d)		] –		=		hare only, use 0.0145. See instruct $\times 0.009^* =                                   $
	Tax adjustments (Form 944, line 6)		] –		=		Copy Column 3 here
3.	Qualified small business payroll tax credit for increasing research activities (Form 944, line 8; you must attach Form 8974)		_		=		See instructions .
•	Special addition to wages for federal income tax		] –		=		See instructions .
	Special addition to wages for social security taxes		] –		=		See instructions .
	Special addition to wages for Medicare taxes		] –		=		See instructions .
•	Special addition to wages for Additional Medicare Tax		] –		=		See instructions .
<b>.</b>	Subtotal. Combine the amounts or	n lines 7–17 of Column	4				
a.	COBRA premium assistance payments (see instructions)		] –		=		See instructions .
b.	Number of individuals provided COBRA premium assistance (see instructions)		]-		=		
20.	<b>Total.</b> Combine the amounts on line	es 18 and 19a of Colun	on A				

- If you checked line 1, this is the amount you want applied as a credit to your Form 944 for the tax period in which you're filing this form (If you're currently filing a Form 941 or Form 941-SS, Employer's QUARTERLY Federal Tax Return, see the instructions.)
- If you checked line 2, this is the amount you want refunded or abated.

If line 20 is more than zero, this is the amount you owe. Pay this amount by the time you file this return. For information on how to pay, see *Amount you owe* in the instructions.

Name (not y	your trade name)			Employer id	entification number (EIN)	Correcting Calendar Year (YYYY)				
Part 4:	Explain you	ur corrections for the calendar	year you	re correc	cting.					
21.		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 23.								
22.	Check here if a	ck here if any corrections involve reclassified workers. Explain on line 23.								
23.	You must give u	us a detailed explanation of how you d	letermined y	our correc	tions. See the instruction	IS.				
Part 5:	Sign here	You must complete all three pa	ages of th	nie form a	and sign it					
		y, I declare that I have filed an original				ted return or claim, including				
accompa	anying schedules	or statements, and to the best of my kr sed on all information of which preparer I	nowledge an	id belief, it i						
1					Print your					
X	Sign your				name here					
	name her	e			Print your title here					
	Da	te / /			Best daytime phone					
Paid Preparer Use Only					Check if you	u're self-employed				
Prepare	er's name				PTIN					
Prepare	r's signature				Date	/ /				
Firm's na	ame (or yours if [				EIN					
Address	[				Phone					
City			Stat	е	ZIP code					

Page **3** Form **944-X** (Rev. 2-2018)

# Type of errors you're 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 by the time you file Form 944-X.

## Overreported amounts ONLY

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

If you're filing Form 944-X MORE THAN 90 days before the period of limitations on credit or refund for Form 944 expires . . . Choose either the adjustment process or the claim 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're filing Form 944-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 944...

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're filing Form 944-X MORE THAN 90 days before the period of limitations on credit or refund for Form 944 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 by the time 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're filing Form 944-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 944. . .

You must use both the adjustment process and the claim process.

File two separate forms.

- 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 by the time you file Form 944-X.
- For the claim process, file a second Form 944-X to correct the overreported amounts. Check the box on line 2.

Page **4** Form **944-X** (Rev. 2-2018)