

### Note: The draft you are looking for begins on the next page. Caution: DRAFT—NOT FOR FILING

This is an early release draft of an IRS tax form, instructions, or publication, which the IRS is providing for your information. **Do not file draft forms** and do **not** rely on draft forms, instructions, and publications for filing. We do **not** release draft forms until we believe we have incorporated all changes (except when explicitly stated on this coversheet). However, unexpected issues occasionally arise, or legislation is passed—in this case, we will post a new draft of the form to alert users that changes were made to the previously posted draft. Thus, there are never any changes to the last posted draft of a form and the final revision of the form. Forms and instructions generally are subject to OMB approval before they can be officially released, so we post only drafts of them until they are approved. Drafts of instructions and publications usually have some changes before their final release.

Early release drafts are at <u>IRS.gov/DraftForms</u> and remain there after the final release is posted at <u>IRS.gov/LatestForms</u>. All information about all forms, instructions, and pubs is at <u>IRS.gov/Forms</u>.

Almost every form and publication has a page on IRS.gov with a friendly shortcut. For example, the Form 1040 page is at <u>IRS.gov/Form1040</u>; the Pub. 501 page is at <u>IRS.gov/Pub501</u>; the Form W-4 page is at <u>IRS.gov/W4</u>; and the Schedule A (Form 1040/SR) page is at <u>IRS.gov/ScheduleA</u>. If typing in a link above instead of clicking on it, be sure to type the link into the address bar of your browser, not a Search box.

If you wish, you can submit comments to the IRS about draft or final forms, instructions, or publications at <u>IRS.gov/FormsComments</u>. We cannot respond to all comments due to the high volume we receive and may not be able to consider many suggestions until the subsequent revision of the product.

If you have comments on reducing paperwork and respondent (filer) burden, with respect to draft or final forms, please respond to the relevant information collection through the Federal Register process; for more info, click <u>here</u>.

#### Form **944 for 2021:** Employer's ANNUAL Federal Tax Return Department of the Treasury – Internal Revenue Service

OMB No. 1545-2007

	•	-				GIND 110: 1040 2001
Emplo	over identification number (EIN)					ho Must File Form 944
Name	(not your trade name)				only i	d of filing quarterly Forms 941 f the IRS notified you in
Trade	name (if any)					g. www.irs.gov/Form944 for ctions and the latest
Addre	ss Number	Street	Suite	e or room number		nation.
	City		State	ZIP code		
	Foreign country name	Foreign pro		gn postal code		27
Read	the separate instructions before you comp	olete Form 944. Type c	or print within the	boxes.		
Part	Answer these questions for this y Mariana Islands, the U.S. Virgin Is subject to U.S. income tax withho	lands, and Puerto F				
1	Wages, tips, and other compensation				1	
2	Federal income tax withheld from wag	es, tips, and other co	ompensation .		2	
3	If no wages, tips, and other compensa	tion are subject to se	ocial security or	Medicare tax	3	Check and go to line 5.
4	Taxable social security and Medicare	wages and tips: Column 1		Column 2		
	4a Taxable social security wages*	•	× 0.124 =			*Include taxable qualified sick and family leave wages for leave
	4a (i) Qualified sick leave wages*		× 0.062 =			taken after March 31, 2021, on line 4a. Use lines 4a(i) and 4a(ii) <b>only</b> to report wages paid for leave taken before April 1, 2021.
	4a (ii) Qualified family leave wages*	-	× 0.062 =			
	4b Taxable social security tips	•	× 0.124 =	•		
	4c Taxable Medicare wages & tips	.=	× 0.029 =			
	4d Taxable wages & tips subject to Additional Medicare Tax					
	withholding		× 0.009 =			
	4e Total social security and Medicare tax	es. Add Column 2 from	lines 4a, 4a(i), 4a(ii)	, 4b, 4c, and 4d	4e	
5	Total taxes before adjustments. Add lin	nes 2 and 4e			5	
6	Current year's adjustments (see instruct	ctions)			6	•
7	Total taxes after adjustments. Combin	e lines 5 and 6			7	•
8a	Qualified small business payroll tax cred	lit for increasing resea	arch activities. At	tach Form 8974	8a	
8b	Nonrefundable portion of credit for qu before April 1, 2021	alified sick and fami		or leave taken	8b	
8c	Nonrefundable portion of employee re	tention credit			8c	
8d	Nonrefundable portion of credit for quarter March 31, 2021	alified sick and fami			8d	•
	You MUST complete all three pages					Next

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Name	(not your trade name)					Employer in	lentification n	umber (EIN)	
Part	1: Answer thes	e questions for this	<b>year.</b> (con	tinued)					
8e	Nonrefundable	portion of COBRA pre	mium ass	istance credit		8e		•	
8f	Number of indiv	iduals provided COBF	RA premiu	m assistance					
8g	Total nonrefund	able credits. Add lines	8a, 8b, 80	c, 8d, and 8e .	(	8g		· · ·	
9	Total taxes after	r adjustments and nor	nrefundab	le credits. Subtra	act line 8g fror	n line 7 9		•	
10a		for this year, includ opplied from Form 944				or year and 10a		· ·	
10b	Reserved for fut	ture use				10b		-	
10c	Reserved for fut	ture use				10c			
10d	Refundable por before April 1, 2	tion of credit for qua	lified sicl	and family lea	ve wages for	leave taken			
10e	Refundable port	tion of employee reter	ntion cred	it		10e			
10f	Refundable por after March 31,	tion of credit for qua 2021	lified sicl	and family lea	ve wages for	leave taken		-	
10g	Refundable port	tion of COBRA premiu	ım assista	nce credit		10g			
10h	h Total deposits and refundable credits. Add lines 10a, 10d, 10e, 10f, and 10g 10h								
10i	Di Total advances received from filing Form(s) 7200 for the year 10i								
10j	Total deposits a	and refundable credits	less adva	<b>inces.</b> Subtract li	ne 10i from lin	e 10h <b>10j</b>		-	
11	Balance due. If I	ine 9 is more than line <sup>.</sup>	10j, enter t	he difference and	l see instructio	ons 11			
12	Overpayment. If lin	ne 10j is more than line 9, e	nter the diffe	erence		Check one: A	oply to next retu	rn. Send a refund.	
Part	2: Tell us about	t your deposit sched	ule and ta	ax liability for th	nis year.				
13 0	Check one:	Line 9 is less than \$2,	500. Go to	o Part 3.					
	Line 9 is \$2,500 or more. Enter your tax liability for each month. If you're a semiweekly schedule depositor or you became one because you accumulated \$100,000 or more of liability on any day during a deposit period, you must complete Form 945-A instead of the boxes below.								
		Jan.		Apr.		July		Oct.	
	13a		13d		13g		13j		
		Feb.	-   [	May		Aug.		Nov.	
	13b	•	13e		13h	•	13k	-	
		Mar.	[	June		Sept.		Dec.	
	13c		13f	•	13i		13I		
	Total	liability for year. Add	lines 13a	through 13I. Tot	al must equal	line 9. 13m		•	
		omplete all three page	s of Form	944 and SIGN it				Next	
Page 2								Form <b>944</b> (2021)	

Name (	(not your trade name)					Employer i	dentification number (EIN)				
Part	3: Tell us about	your business. If any q	uestion does NO	T apply to	your busi	ness, leave it	blank.				
14	If your business I	has closed or you stopp		Check here,							
	enter the final date	he final date you paid wages / / / ; also attach a statement to your return. See instructions.									
15	Qualified health plar	n expenses allocable to quali	fied sick leave wages	for leave tak	en before Ap	pril 1, 2021 15					
16	Qualified health plan	n expenses allocable to qualif	ied family leave wage	pril 1, 2021 16							
17	Qualified wages	for the employee retenti	on credit	17	· ·						
18	Qualified health p	plan expenses for the en	nployee retention	18	64						
19	Qualified sick lea	ave wages for leave take	n after March 31, 3	2021 .		19					
20	Qualified health p	olan expenses allocable	to qualified sick lea	ave wages	reported o	on line 19 20	· ·				
21		unts under certain collectively bargained agreements allocable to qualified sick e wages reported on line 19									
22	Qualified family l	eave wages for leave tal	ken after March 31	<b>, 2021</b> .		22	<u> </u>				
23	Qualified health p	olan expenses allocable to	o qualified family le	ave wages	reported of	on line 22 23					
24	Amounts under of leave wages repo	certain collectively barga	ined agreements	allocable to	qualified	family					
25	If you're eligible f	for the employee retention		•	-						
	your business is a recovery startup business, enter the total of any amounts included on lines 8c and 10e for the third quarter 25										
26	your business is a recovery startup business, enter the total of any amounts included on										
Deut	lines 8c and 10e for the fourth quarter       26         Part 4:       May we speak with your third-party designee?										
				erson to dise	uss this re	eturn with the I	<b>RS?</b> See the instructions for details.				
		name and phone number									
	-	igit personal identification	number (PIN) to us	e when talk	ing to the I	IRS.					
	No.										
		u MUST complete all the local state of the local st				lles and statemer	nts, and to the best of my knowledge				
and be	elief, it is true, correct,	, and complete. Declaration c	of preparer (other than	taxpayer) is l		information of wl Print your	nich preparer has any knowledge.				
	Sign your				n	ame here					
	name here					Print your tle here					
•	Dat	e			В	Best daytime ph	ione				
Paid Preparer Use Only       Check if you're self-employed											
Prepa	irer's name					PTIN					
Prepa	arer's signature					Date					
	s name (or yours					EIN					
Addre	ess					Phone					
City				State		ZIP code					

# DRAFT AS OF June 30, 2021 DO NOT FILE

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#### Form 944-V, **Payment Voucher**

#### **Purpose of Form**

Complete Form 944-V if you're making a payment with Form 944. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

#### Making Payments With Form 944

To avoid a penalty, make your payment with your 2021 Form 944 only if one of the following applies.

• Your net taxes for the year (Form 944, line 9) are less than \$2,500 and you're paying in full with a timely filed return.

 Your net taxes for the year (Form 944, line 9) are \$2,500 or more and you already deposited the taxes you owed for the first, second, and third quarters of 2021; your net taxes for the fourth quarter are less than \$2,500; and you're paying, in full, the tax you owe for the fourth quarter of 2021 with a timely filed return.

• You're a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15, section 8 of Pub. 80, or section 11 of Pub. 179 for details. In this case, the amount of your payment may be \$2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15, section 8 of Pub. 80, or section 11 of Pub. 179 for deposit instructions. Don't use Form 944-V to make federal tax deposits.



Use Form 944-V when making any payment with Form 944. However, if you pay an amount with Form 944 that should've been deposited, you may be subject to a penalty. See section 11 of Pub. 15, section 8 of Pub. 80, or section 11 of Pub. 179 for details.

#### **Specific Instructions**

Box 1 - Employer identification number (EIN). If you don't have an EIN, you may apply for one online by visiting the IRS website at www.irs.gov/EIN. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 944, write "Applied For" and the date you applied in this entry space.

Box 2-Amount paid. Enter the amount paid with Form 944.

Box 3-Name and address. Enter your name and address as shown on Form 944.

• Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 944," and "2021" on your check or money order. Don't send cash. Don't staple Form 944-V or your payment to Form 944 (or to each other).

• Detach Form 944-V and send it with your payment and Form 944 to the address provided in the Instructions for Form 944.

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Note: You must also complete the entity information above Part 1 on Form 944.

#### Detach Here and Mail With Your Payment and Form 944.

E 944–V Department of the Treasury Internal Revenue Service	artment of the Treasury				OMB No. 1545-2007	
1 Enter your employer identification number (EIN).		2	Enter the amount of your payment. Make your check or money order payable to "United States Treasury"	ars	Cents	
		3	Enter your business name (individual name if sole proprietor). Enter your address. Enter your city, state, and ZIP code; or your city, foreign country name, f	oreign province/cou	inty, and foreign p	ostal code.

#### Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. This form is used to determine the amount of the taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner, or provide false or fraudulent information, you may be subject to penalties.

You're not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 944 will vary depending on individual circumstances. The estimated average time is:

Recordkeeping	1	6 hr.,	44 min.
Learning about the law or the form .			40 min.
Preparing, copying, assembling, and			
sending the form to the IRS		2 hr.,	10 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 944 simpler, we would be happy to hear from you. You can send us comments from *www.irs.gov/FormComments*. Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Don't send Form 944 to this address. Instead, see *Where Should You File?* in the Instructions for Form 944.