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

(Rev. Febru	ary 2021) Department of the Treasury – Internal Revenue Service	Ĺ	NVID INO. 1545-2007
Employe	r identification number (EIN)	Return You're Correct Enter the calendar year of	
Name (ne	ot your trade name)	you're correcting:	
Trade na	ime (if any)		
Address		Enter the date you discov	ered errors:
	Number Street Suite	te or room number	
		/ / (MM / DD / YYYY)	
	City State	ZIP code	
	Foreign country name Foreign province/county For	preign postal code	
ANNUAL	e separate instructions before completing this form. Use this for Federal Tax Return. Use a separate Form 944-X for each year t omplete all four pages. Don't attach this form to Form 944 unless ye	prm to correct errors you made on Form 9 that needs correction. Type or print within 1	the boxes. You
Part 1:	Select ONLY one process. See page 5 for additional g	guidance.	
	Adjusted employment tax return. Check this box if you underreported an would like to use the adjustment process to correct the errors. You must coverreported amounts on this form. The amount shown on line 27, if less the form 941, or Form 941-SS for the tax period in which you're filing this form.	check this box if you're correcting both underrepo than zero, may only be applied as a credit to your	rted and

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 of the amount shown on line 27. Don't check this box if you're correcting ANY underreported amounts on this form.

Part 2: Complete the certifications.

1	3. I certify that I've filed or will file Forms	N-2, Wage and Tax Statemen ⁺	t, or Forms W-2c, Correc	ted Wage and Tax Statement, as
	required.			

Note: If you're correcting underreported amounts only, go to Part 3 on page 2 and skip lines 4 and 5. If you're correcting overreported amounts, for purposes of the certifications on lines 4 and 5, Medicare tax doesn't include Additional Medicare Tax. Form 944-X can't be used to correct overreported amounts of Additional Medicare Tax unless the amounts weren't withheld from employee wages.

4. If you checked line 1 because you're adjusting overreported federal income tax, social security tax, Medicare tax, or Additional Medicare Tax, 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 tax and Medicare tax for prior years. I have a
written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a
refund or credit for the overcollection.

- b. The adjustments of social security tax and Medicare tax are for the employer's share only. I couldn't find the affected employees or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- c. The adjustment is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.

5. If you checked line 2 because you're claiming a refund or abatement of overreported federal income tax, social security tax, Medicare tax, or Additional Medicare Tax, 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 tax and Medicare tax for prior years. I have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
 - b. I have a written consent from each affected employee stating that I may file this claim for the employee's share of social security tax and Medicare tax overcollected in prior years. I also have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't 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 couldn't find the affected employees; or each affected employee didn't give me a written consent to file a claim for the employee's share of social security tax and Medicare tax; or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
 - d. The claim is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.

Name (not your trade name)				Employer id	lenti	fication number (EIN)	Correcting Ca	lendar Year (YYYY)
Part	3: Enter the corrections for	the calendar year	you	i're corre	cting. If ar	ny li	ne doesn't apply, le	eave it blank	
		Column 1		Column 2			Column 3		Column 4
		Total corrected amount (for ALL employees)	_	Amount ori reported or previously (for ALL en	as corrected	=	Difference (If this amount is a negative number, use a minus sign.)		Tax correction
6.	Wages, tips, and other compensation (Form 944, line 1)] –] =			nt in Column 1 pare your Forms W-2c.
7.	Federal income tax withheld from wages, tips, and other compensation (Form 944, line 2)] –] =		Copy Column 3 here ►	
8.	Taxable social security wages (Form 944, line 4a, Column 1)] –		•] =	re correcting your employer	$\times 0.124^* =$.062. See instructions.
9.	Qualified sick leave wages (Form 944, line 4a(i), Column 1)] –] =		× 0.062 =	
10.	Qualified family leave wages (Form 944, line 4a(ii), Column 1)] –] =		× 0.062 =	
11.	Taxable social security tips (Form 944, line 4b, Column 1)] –		*If] = you'	re correcting your employer	x 0.124* =	.062. See instructions.
12.	Taxable Medicare wages & tips (Form 944, line 4c, Column 1)] –		• *If y] = you're	e correcting your employer s	<pre>x 0.029* = share only, use 0.</pre>	0145. See instructions.
13.	Taxable wages & tips subject to Additional Medicare Tax withholding (Form 944, line 4d, Column 1)] –	*Certair	• • wages & tips] =	rted in Column 3 shouldn't	$\times 0.009^* =$.009. See instructions.
14.	Tax adjustments (Form 944, line 6)] –		· ·] =		Copy Column 3 here ►	
15.	Qualified small business payroll tax credit for increasing research activities (Form 944, line 8a; you must attach Form 8974)]-] =		See instructions	
16.	Nonrefundable portion of credit for qualified sick and family leave wages (Form 944, line 8b)] –] =		See instructions	
17.	Nonrefundable portion of employee retention credit (Form 944, line 8c)] –] =		See instructions	
18.	Special addition to wages for federal income tax] –] =		See instructions	
19.	Special addition to wages for social security taxes] –] =		See instructions	
20.	Special addition to wages for Medicare taxes] –] =		See instructions	
21.	Special addition to wages for Additional Medicare Tax] –] =		See instructions	

Next

Name	(not your trade name)				Employer id	denti	fication number (EIN)	Correcting Ca	lendar Year (YYYY)
Part	3: Enter the corrections for	the calendar vear	νοι	ı're corre	cting. If a	nv li	ine doesn't apply. I	eave it blanl	. (continued)
		Column 1	<u>,</u>	Column 2	g	.	Column 3		Column 4
		Total corrected amount (for ALL employees)	_	Amount or reported of previously (for ALL en	as corrected	=	Difference (If this amount is a negative number, use a minus sign.)		Tax correction
22.	Subtotal. Combine the amounts or	lines 7 through 21 of (Colu	ımn 4 .					
23.	Deferred amount of the employer share of social security tax (Form 944, line 10b)] –] =		See instructions	
24.	Deferred amount of the employee share of social security tax (Form 944, line 10c)] –] =		See instructions	
25.	Refundable portion of credit for qualified sick and family leave wages (Form 944, line 10d)] –] =		See instructions	
26.	Refundable portion of employee retention credit (Form 944, line 10e)] –] =		See instructions	
	 If line 27 is less than zero: If you checked line 1, this is the (If you're currently filing a Form) If you checked line 2, this is the line 27 is more than zero, the second provide the line incompared to the line incompared	941 or Form 941-SS, I he amount you want re his is the amount you	Emp	bloyer's QU	ARTERLY F ed.	ede	ral Tax Return, see the	instructions.)	-
28.	see Amount you owe in the inst Qualified health plan expenses allocable to qualified sick leave wages (Form 944, line 15)	tructions.] –] =]	
29.	Qualified health plan expenses allocable to qualified family leave wages (Form 944, line 16)] –] =]	
30.	Qualified wages for the employee retention credit (Form 944, line 17)] –			=]	
31.	Qualified health plan expenses allocable to wages reported on Form 944, line 17 (Form 944, line 18)] –] =			
32.	Credit from Form 5884-C, line 11, for the year (Form 944, line 19)] –		•] =]	

lame (not y	your trade name)	Employer identification number (EIN)	Correcting Calendar Year (YYYY)
Part 4:	Explain your corrections for the calendar	r year you're correcting.	
33.	Check here if any corrections you entered on a line in Explain both your underreported and overreported amount		amounts.
34.	Check here if any corrections involve reclassified wo	orkers. Explain on line 35.	
35.	You must give us a detailed explanation of how you	determined your corrections. See the instruction	ons.

Part 5: Sign here. You must complete all four pages of this form and sign it.

Under penalties of perjury, I declare that I have filed an original Form 944 and that I have examined this adjusted return or claim, including accompanying schedules or statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name her	re	Print your name her Print your title here Best dayt	re	
Paid Preparer Use 0	Dnly		Check if you	i're self-employed
Preparer's name			PTIN	
Preparer's signature			Date	/ /
Firm's name (or yours if self-employed)			EIN	
Address			Phone	
City		State	ZIP code	

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 27 by the time you file Form 944-X. 						
Overreported amounts	The process you use depends on	If you're filing Form 944-X MORE THAN 90 days before the	Choose either the adjustment process or the claim process to correct the overreported amounts.				
ONLY	when you file period of limitations on credit or Form 944-X. refund for Form 944 expires		Choose the adjustment process if you want the amount shown on line 27 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.				
			OR				
			Choose the claim process if you want the amount shown on line 27 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	when you file period of limitations on credit or		Choose either the adjustment process or both the adjustment process and the claim process when you correct both underreported and overreported amount				
overreported amounts	F0fffi 944-X.	reiuna ior rorm 944 expires	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 27. 				
			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.				
			 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 2 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	You must use both the adjustment process and the claim process.				
		expiration of the period of limitations on credit or refund	File two separate forms.				
		for Form 944	 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 22 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.				