

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

(Rev. February 2022) Department of the Treasury – Internal Revenue Service	OMB No. 1545-2007
Employer identification number (EIN)	Return You're Correcting Enter the calendar year of the return
Name (not your trade name)	you're correcting:
Trade name (if any)	
Address Number Street Suite or room n	Enter the date you discovered errors:
City State ZIP code Foreign country name Foreign province/county Foreign postal	J. ZUZ
Read the separate instructions before completing this form. Use this form to co ANNUAL Federal Tax Return. Use a separate Form 944-X for each year that need MUST complete all five pages. Don't attach this form to Form 944 unless you're recl	Is correction. Type or print within the boxes. You assifying workers; see the instructions for line 42.
Part 1: Select ONLY one process. See page 6 for additional guidanc employment tax credits and social security tax deferrals.	e, including information on how to treat
1. Adjusted employment tax return. Check this box if you underreported tax amounts and you would like to use the adjustment process to correct the errors. You must ch overreported tax amounts on this form. The amount shown on line 27, if less than zero Form 941, or Form 941-SS for the tax period in which you're filing this form.	neck this box if you're correcting both underreported and
2. Claim. Check this box if you overreported tax amounts only and you would like to us the amount shown on line 27. Don't check this box if you're correcting ANY underre	
Part 2: Complete the certifications.	
3. I certify that I've filed or will file Forms W-2, Wage and Tax Statement, or Forms required.	W-2c, Corrected Wage and Tax Statement, as
Note: If you're correcting underreported tax amounts only, go to Part 3 on page 2 and amounts, for purposes of the certifications on lines 4 and 5, Medicare tax doesn't inclu to correct overreported amounts of Additional Medicare Tax unless the amounts were	de Additional Medicare Tax. Form 944-X can't be used
4. If you checked line 1 because you're adjusting overreported federal income tax Medicare Tax, check all that apply. You must check at least one box. I certify that:	, social security tax, Medicare tax, or Additional
 a. I repaid or reimbursed each affected employee for the overcollected social s written statement from each affected employee stating that he or she hasn't refund or credit for the overcollection. 	
b. The adjustments of social security tax and Medicare tax are for the employe each affected employee didn't give me a written statement that he or she ha a refund or credit for the overcollection.	
c. The adjustment is for federal income tax, social security tax, Medicare tax, o employee wages.	r Additional Medicare Tax that I didn't withhold from
5. If you checked line 2 because you're claiming a refund or abatement of overrep Medicare tax, or Additional Medicare Tax, check all that apply. You must check at I certify that:	
a. I repaid or reimbursed each affected employee for the overcollected social s written statement from each affected employee stating that he or she hasn't refund or credit for the overcollection.	
 b. I have a written consent from each affected employee stating that I may file and Medicare tax overcollected in prior years. I also have a written statemen hasn't claimed (or the claim was rejected) and won't claim a refund or credit 	t from each affected employee stating that he or she
c. The claim for social security tax and Medicare tax is for the employer's share affected employee didn't give me a written consent to file a claim for the em or each affected employee didn't give me a written statement that he or she claim a refund or credit for the overcollection.	ployee's share of social security tax and Medicare tax;
d. The claim is for federal income tax, social security tax, Medicare tax, or Add employee wages.	itional Medicare Tax that I didn't withhold from
	Next

Name (not your trade name)				Employer i	denti	fication number (EIN)	Correcting Ca	lendar Year (YYYY)
Part	3: Enter the corrections for	r the calendar year	yoı	ı're corre	cting. If a	ny l	ine doesn't apply, l	eave it blanl	۲.
		Column 1	-	Column 2			Column 3		Column 4
		Total corrected amount (for ALL employees)	-	Amount on reported of 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)	AF]-		A]=	50		int 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)	mt	5	e] = f you	re correcting your employer	$\times 0.124^* =$	1.062. See instructions.
9.	Qualified sick leave wages* (Form 944, line 4a(i), Column 1)	*Use line 9 only for qualifie] – d sic	k leave wages	• s paid after M] = arch :	B1, 2020, for leave taken bef	× 0.062 =	
10.	Qualified family leave wages* (Form 944, line 4a(ii), Column 1)]-			=	ch 31, 2020, for leave taken	× 0.062 =	
11.	Taxable social security tips (Form 944, line 4b, Column 1)]-] =	re correcting your employer	$\times 0.124^* =$	062 See instructions
12.	Taxable Medicare wages & tips (Form 944, line 4c, Column 1)] –] =	e correcting your employer s	× 0.029* =	
13.	Taxable wages & tips subject to Additional Medicare Tax withholding (Form 944, line 4d, Column 1)] –	*Certair] =	orted in Column 3 shouldn't	× 0.009* =	-
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 for leave taken before April 1, 2021 (Form 944, line 8b)]-] =		See instructions	
17a.	Nonrefundable portion of employee retention credit (Form 944, line 8c)] –] =		See instructions	
17b.	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021 (Form 944,] –] =		See instructions	
17c.	line 8d) Nonrefundable portion of COBRA premium assistance] –]=		See instructions	
17d.	credit (Form 944, line 8e) Number of individuals provided COBRA premium assistance (Form 944, line 8f)] –			=]	
18.	Special addition to wages for federal income tax] –] =		See instructions	

Next
Form 944-X (Rev. 2-2022)

Name (r	ot your trade name)			Employer iden	tification number (EIN)	Correcting Ca	lendar Year (YYYY)
Part	3: Enter the corrections for	the calendar year	ou're corre	ecting. If any	line doesn't apply, l	eave it blank	. (continued)
		Column 1	Column 2		Column 3		Column 4
		Total corrected amount (for ALL employees)	Amount of reported of previously (for ALL effortions)	or as <u>=</u> corrected	Difference = (If this amount is a negative number, use a minus sign.)		Tax correction
19.	Special addition to wages for social security taxes	AE	-		5] See instructions	
20.	Special addition to wages for Medicare taxes		-	. =		See instructions	
21.	Special addition to wages for Additional Medicare Tax	m	be	F .	9, 2	See instructions	21
22.	Subtotal. Combine the amounts on	lines 7 through 21 of C	olumn 4 .				
23.	Deferred amount of the employer share of social security tax* (Form 944, line 10b)	*Line 23 can only be used if	- correcting a 202	20 Form 944.		See instructions	
24.	Deferred amount of the employee share of social security tax* (Form 944, line 10c)	*Line 24 can only be used if	correcting a 202	20 Form 944.		See instructions	
25.	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 944, line 10d)		-	. =	-	See instructions	
26a.	Refundable portion of employee retention credit (Form 944, line 10e)		-	=	=	See instructions	
26b.	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021 (Form 944, line 10f)		-	. =	-	See instructions	
26c.	Refundable portion of COBRA premium assistance credit (Form 944, line 10g)		-	. =		See instructions	
27.	Total. Combine the amounts on line	es 22 through 26c of Co	blumn 4 .				
	 If line 27 is less than zero: If you checked line 1, this is t (If you're currently filing a Form If you checked line 2, this is th If line 27 is more than zero, th see Amount you owe in the inst 	941 or Form 941-SS, E ne amount you want ref iis is the amount you	mployer's QL unded or aba	JARTERLY Fede	eral Tax Return, see the	instructions.)	-
28.	Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 (Form 944, line 15)		-	=	-]	
29.	Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 (Form 944, line 16)		-	. =	-]	
30.	Qualified wages for the employee retention credit (Form 944, line 17)		-	. =	-]	

Name (not your trade name)				Employer identification number (EIN)			Correcting Calendar Year (YYYY)	
Part 3: Enter the corrections for the calendar year you're correcting. If any line doesn't apply, leave it blank. (continued)								
		Column 1 Total corrected amount (for ALL employees)	Column 2 Amount or – reported of previously (for ALL en	iginally r as corrected	Column 3 Difference = (If this am negative i use a min	e nount is a number,		
31.	Qualified health plan expenses for the employee retention credit (Form 944, line 18)	AF	F	A	-5		F	
32.	Credit from Form 5884-C, line 11, for the year* (Form 944, line 19)	*Line 32 can only be used if	correcting a 202	• 0 Form 944.] =			
Cautio	n: Lines 33-40 don't apply to years I	beginning before Januar	y 1, 2021.		Y			
33.	Qualified sick leave wages for leave taken after March 31, 2021 (Form 944, line 19)		-	<u> </u>		· ·		
34.	Qualified health plan expenses allocable to qualified sick leave wages for leave taken after March 31, 2021 (Form 944, line 20)					Ŀ	E	
35.	Amounts under certain collectively bargained agreements allocable to qualified sick leave wages for leave taken after March 31, 2021 (Form 944, line 21)		-] =			
36.	Qualified family leave wages for leave taken after March 31, 2021 (Form 944, line 22)		-		=	•		
37.	Qualified health plan expenses allocable to qualified family leave wages for leave taken after March 31, 2021 (Form 944, line 23)		-		=			
38.	Amounts under certain collectively bargained agreements allocable to qualified family leave wages for leave taken after March 31, 2021 (Form 944, line 24)		-] = [
39.	If you're eligible for the employee retention credit in the third quarter of 2021 solely because your business is a recovery startup business, enter the total of any amounts included on Form 944, lines 8c and 10e (or, if corrected, Form 944-X, lines 17a and 26a), for the third quarter of 2021 (Form 944, line 25)		-		=			
40.	If you're eligible for the employee retention credit in the fourth quarter of 2021 solely because your business is a recovery startup business, enter the total of any amounts included on Form 944, lines 8c and 10e (or, if corrected, Form 944-X, lines 17a and 26a), for the fourth quarter of 2021 (Form 944, line 26)		-] =			

Name	Name (not your trade name)		Employer identification number (EIN)	Correcting Calendar Year (YYYY)
Par	t 4:	Explain your corrections for the calendar year you	l're correcting.	
	41. 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 43.			
	42.	Check here if any corrections involve reclassified workers. Expla	ain on line 43.	
	43.	You must give us a detailed explanation of how you determined	your corrections. See the instructions	S.

Part 5: Sign here. You must complete all five 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 and 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		Print your name here Print your title here
Da	te / /	Best daytime phone
Paid Preparer Use C	Dnly	Check if you'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

~

Form 944-X: Which process should you use?

Type of errors you're correcting	Unless otherwise specified in the separate instructions, an underreported employment tax credit or social security tax deferral should be treated like an overreported tax amount. An overreported employment tax credit or social security tax deferral should be treated like an underreported tax amount. For more information, including which process to select on lines 1 and 2, see <i>Correcting an employment tax credit or social security tax deferral</i> in the separate instructions.				
Underreported tax amounts ONLY	 Use the adjustment process to correct underreported tax amounts. Check the box on line 1. Pay the amount you owe from line 27 by the time you file Form 944-X. 				
Overreported tax 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 tax amounts. 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.		
	DO	If you're filing Form 944-X WITHIN 90 days of the expiration of the	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. You must use the claim process to correct the overreported tax amounts. Check the box on line 2.		
		period of limitations on credit or refund for Form 944	overreported tax amounts. Oncert the box of the 2.		
BOTH underreported and overreported tax 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 tax amounts. Choose the adjustment process if combining your underreported tax amounts and overreported tax 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 tax amount refunded to you or abated.		
			File two separate forms.		
			1. For the adjustment process, file one Form 944-X to correct the underreported tax amounts. Check the box on line 1. Pay the amount you owe from line 27 by the time you file Form 944-X.		
			2. For the claim process, file a second Form 944-X to correct the overreported tax 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	90 days of the	You must use both the adjustment process and the claim process.		
		limitations on credit or refund	 File two separate forms. 1. For the adjustment process, file one Form 944-X to correct the underreported tax amounts. Check the box on line 1. Pay the amount you owe from line 27 by the time you file Form 944-X. 		
			2. For the claim process, file a second Form 944-X to correct the overreported tax amounts. Check the box on line 2.		