

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 pubs for filing. We incorporate all significant changes to forms posted with 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 are subject to OMB approval before they can be officially released, so we post drafts of them until they are approved. Drafts of instructions and pubs usually have some additional changes before their final release. Early release drafts are at IRS.gov/DraftForms and remain there after the final release is posted at IRS.gov/LatestForms. Also see IRS.gov/Forms.

Most forms and publications have a page on IRS.gov: IRS.gov/Form1040 for Form 1040; IRS.gov/Pub501 for Pub. 501; IRS.gov/W4 for Form W-4; and IRS.gov/ScheduleA for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

If you wish, you can submit comments to the IRS about draft or final forms, instructions, or pubs at IRS.gov/FormsComments. Include "NTF" followed by the form or pub number (for example, "NTF1040", "NTFW4", "NTF501, etc.) in the body of the message to route your message properly. 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, but we will review each "NTF" message. 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 here.

Form **944 for 2023:** Employer's ANNUAL Federal Tax Return

	Departi	ment of the Treasury	y – Internal Reve	enue Service				OMB No. 1545-2007		
Emplo	yer identification number (EIN)						You n	ho Must File Form 944 nust file annual Form 944		
Name	(not your trade name)							ad of filing quarterly Forms 941 f the IRS notified you in		
Trade	name (if any)		GI	-10	51		writin Go to			
Addres	Number	Street			Suite or roo	om number		nation.		
	City			State	ZIP co	ode				
<u> </u>	Foreign country name			vince/county	Foreign pos					
Read t	he separate instructions before ye									
Answer these questions for this year. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 1 and 2, unless you have employees who are subject to U.S. income tax withholding.										
1	Wages, tips, and other comper	nsation			l		4			
2	Federal income tax withheld fr	om wages, tips	, and other c	ompensatio	n		2	•		
3	If no wages, tips, and other co	mpensation are	subject to s	ocial securi	ty or Medi	icare tax	3 🗌	Check and go to line 5.		
4	Taxable social security and Me	edicare wages a	and tips:	т,						
		Co	olumn 1	¬ /		Column 2				
	4a Taxable social security was	ges*	·	× 0.124 =	·			*Include taxable qualified sick and family leave wages paid in		
	4a (i) Qualified sick leave was	ges*		× 0.062 =		- 11	•	2023 for leave taken after March 31, 2021, and before October 1, 2021, on line 4a. Use lines 4a(i) and 4a(ii) only for taxable		
	4a (ii) Qualified family leave wa			× 0.062 =				qualified sick and family leave wages paid in 2023 for leave taken after March 31, 2020, and		
	4b Taxable social security tips	.		× 0.124 =	:		•	before April 1, 2021.		
	4c Taxable Medicare wages &	tips		× 0.029 =	=		•			
	4d Taxable wages & tips subject to Additional Medicare Tax withholding			× 0.009 =	=		•			
	4e Total social security and Med	licare taxes. Add	Column 2 from	ı lines 4a, 4a(i), 4a(ii), 4b,	4c, and 4d	4e			
5	Total taxes before adjustments	s. Add lines 2 an	d 4e				5			
6	Current year's adjustments (se	e instructions)					6			
7	Total taxes after adjustments.	Combine lines 5	and 6 .				7			
8a	Qualified small business payroll	tax credit for in	creasing rese	arch activiti	es. Attach	Form 8974	8a			
8b	Nonrefundable portion of cred before April 1, 2021	it for qualified s		-	-	ave taken	8b			
8c	Reserved for future use						8c	•		
8d	Nonrefundable portion of cred after March 31, 2021, and befo	-		ily leave wa	-	ave taken	8d			
	You MUST complete all three i	pages of Form 9	944 and SIGN	it.			-	-		

name (not your trade name)					– Employer identification	1 numbe	(EIN)		
Part 1: Answer these questions for this year. (continued)										
8e Reserved for future use										
8f	Reserved for fut	ture use								
8g	Total nonrefund	lable credits. Add lines	8a, 8b, a	nd 8d		8g		<u>C</u> .		
9	Total taxes after adjustments and nonrefundable credits. Subtract line 8g from line 7 9									
10a	a Total deposits for this year, including overpayment applied from a prior year and overpayments applied from Form 944-X, 944-X (SP), 941-X, or 941-X (PR)									
10b	Reserved for ful	ture use) /	R	10b				
10c	Reserved for fut	ture use				10c				
10d	Refundable por before April 1, 2	tion of credit for qua	lified sic	k and family leave wa	ages for I	leave taken				
10e	Reserved for ful	ture use		Y [).	K	10e				
10f		tion of credit for qua 2021, and before Octo			ages for I	leave taken	_			
10g	Reserved for fut					10g				
10h	Julie 14. Zu zo									
10i	Reserved for fut	ture use	<u>.</u> .			<u>.</u> . 10i				
10j	10j Reserved for future use									
11	Balance due. If I	ine 9 is more than line 1	0h, enter	the difference and see	instruction	ns 11	Н			
12	Overpayment. If lin	ne 10h is more than line 9, e	nter the di	ference		Check one: Apply t	o next reti	urn. Send a refund.		
Part	2: Tell us abou	t your deposit sched	ule and t	ax liability for this ye	ar.					
13 Check one: Line 9 is less than \$2,500. Go to 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 Fo								
		Jan.		Apr.	Г	July]	Oct.	_	
	13a		13d		13g		13j			
		Feb.		May	Γ	Aug.]	Nov.	_	
	13b	Mor	13e	luno	13h		13k	Doo		
	_	Mar.		June		Sept.		Dec.	_	
	13c		13f		13i		131	•	_	
	Total	liability for year. Add l	ines 13a	through 13l. Total mu	st equal li	ine 9. 13m		, =		
	You MUST com	plete all three pages o	f Form 9	44 and SIGN it.						

Page **2** Form **944** (2023)

Name (not yo	our trade name,	9)		Employer identification number (EIN)	_					
				_						
Part 3: Tell us about your business. If any question does NOT apply to your business, leave it blank.										
14 If y	14 If your business has closed or you stopped paying wages									
ent	enter the final date you paid wages / / ; also attach a statement to your return. See instructions.									
15 Qua	alified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 15									
16 Qua	alified health p	plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 16								
17 Re	served for f	d for future use								
18 Reserved for future use										
19 Qu	19 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 19									
20 Qu	20 Qualified health plan expenses allocable to qualified sick leave wages reported on line 19 20									
Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 19										
22 Qu	alified family	y leave wages for leave taken after March 31, 2021, and	pefore Octo	ober 1, 2021 22						
23 Qu	alified healt	th plan expenses allocable to qualified family leave wa	ges reporte	ed on line 22 23						
24 Am	nounts unde	er certain collectively bargained agreements allocations	ble to qua	alified family						
lea	ive wages re	eported on line 22	(24	_					
		June 14		ZUZ3						
25 Re	served for f	future use	. J .							
26 Re	served for f	future use		26						
Part 4:	May we sp	eak with your third-party designee?			_					
Do you w	ant to allow	an employee, a paid tax preparer, or another person to	discuss thi	is return with the IRS? See the instructions for detail	ils.					
Yes	s. Designee	s's name and phone number								
	Select a 5	5-digit personal identification number (PIN) to use when	talking to th	ne IRS.						
□ No.										
		You MUST complete all three pages of Form 944								
		iry, I declare that I have examined this return, including accom- ect, and complete. Declaration of preparer (other than taxpayer	, ,	, , ,	е					
	Sign yo			Print your name here	7					
name h				Print your	_ 					
				title here	╛					
	С	Date		Best daytime phone						
Paid Preparer Use Only Check if you're self-employed										
Preparer's	s name			PTIN						
Preparer's	s signature			Date						
Firm's nan	me (or yours ploved)			EIN	7					
Address	- <i>y</i> - - y			Phone	1					
City		Stat	e	ZIP code						

Page **3** Form **944** (2023)

TREASURY/IRS AND OMB USE ONLY DRAFT This page intentionally left blank DO NOT FILE

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 2023 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 2023; 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 2023 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 "2023" 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.

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		n't	Payment Voucher staple this voucher or your payment to Form 944.	OMB No. 15		
Enter your employer identification number (EIN). -		2	Enter the amount of your payment. Make your check or money order payable to "United States Treasury."	urs	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,	foreign province/cou	nty, and foreign po	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:

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.

DO NOT FILE