

Form **943-X: Adjusted Employer's Annual Federal Tax Return for Agricultural Employees or Claim for Refund**

(Rev. February 2014)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0035

Employer identification number (EIN)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
Name (not your trade name)	<input type="text"/>								
Trade Name (if any)	<input type="text"/>								
Address	<input type="text"/>								
	Number	Street					Suite or room number		
	<input type="text"/>					<input type="text"/>	<input type="text"/>		
	City					State		ZIP code	
	<input type="text"/>			<input type="text"/>			<input type="text"/>		
	Foreign country name			Foreign province/county			Foreign postal code		

Return You Are Correcting ...

Enter the Calendar Year of the return you are correcting:

(YYYY)

Enter the date you discovered errors:

(MM / DD / YYYY)

Read the separate instructions before you complete this form. Use this form to correct errors you made on Form 943, Employer's Annual Federal Tax Return for Agricultural Employees. Use a separate Form 943-X for each year that needs correction. Type or print within the boxes. You **MUST** complete all three pages. Do not attach this form to Form 943.

Part 1: Select ONLY one process. See page 4 for additional guidance.

- ☐ **1. Adjusted employment tax return.** Check this box if you underreported amounts. Also check this box if you overreported amounts and you would like to use the adjustment process to correct the errors. You must check this box if you are correcting both underreported and overreported amounts on this form. The amount shown on line 20, if less than zero, may only be applied as a credit to your Form 943 for the tax period in which you are filing this form.
- ☐ **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 20. Do not check this box if you are correcting ANY underreported amounts on this form.

Part 2: Complete the certifications.

- ☐ **3. I certify that I have filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, as required.**

Note. If you are correcting underreported amounts only, go to Part 3 on page 2 and skip lines 4 and 5. If you are correcting overreported amounts, for purposes of the certifications on lines 4 and 5, Medicare tax does not include Additional Medicare Tax. Form 943-X cannot be used to correct overreported amounts of Additional Medicare Tax unless the amounts were not withheld from employee wages.

- 4. If you checked line 1 because you are adjusting overreported amounts, check all that apply.** You must check at least one box.

I certify that:


- ☐ **a.** I repaid or reimbursed each affected employee for the social security and Medicare tax overcollected in prior years. I have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not 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 could not find the affected employees or each employee did not give me a written statement that he or she has not claimed (or the claim was rejected) and will not 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 did not withhold from employee wages.

- 5. If you checked line 2 because you are claiming a refund or abatement of overreported 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 and Medicare tax for prior years. I have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not 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 and Medicare tax overcollected in prior years. I also have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not 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 could not find the affected employees; or each employee did not give me a written consent to file a refund claim for the employee's share of social security and Medicare tax; or each employee did not give me a written statement that he or she has not claimed (or the claim was rejected) and will not 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 did not withhold from employee wages.

Next 

Name (not your trade name)

Employer identification number (EIN)

Calendar Year (YYYY)

Part 3: Enter the corrections for the calendar year you are correcting. If any line does not apply, leave it blank.

	Column 1 Total corrected amount (for ALL employees)	Column 2 Amount originally reported or as previously corrected (for ALL employees)	Column 3 Difference (If this amount is a negative number, use a minus sign.)	Column 4 Tax correction
6. Total wages subject to social security tax (Form 943, line 2)			$\times .124^* =$	
7. Total wages subject to Medicare tax (Form 943, line 4)			$\times .029^* =$	
8. Total wages subject to Additional Medicare Tax withholding (Form 943, line 6; only for years beginning after December 31, 2012)			$\times .009 =$	
9. Federal income tax withheld (Form 943, line 8 (line 6 for years ending before January 1, 2013))			Copy Column 3 here ►	
10a. Number of qualified employees paid exempt wages April 1 – December 31, 2010 (Form 943, line 7a)*				*Complete lines 10a and 10b only for corrections to the 2010 Form 943.
10b. Exempt wages paid to qualified employees April 1 – December 31, 2010 (Form 943, line 7b)*			$\times .062 =$	
11. Tax adjustments (Form 943, line 10 (line 8 for years ending before January 1, 2013))			See instructions	
12. Special addition to wages for federal income tax			See instructions	
13. Special addition to wages for social security taxes			See instructions	
14. Special addition to wages for Medicare taxes			See instructions	
15. Special addition to wages for Additional Medicare Tax			See instructions	
16. Subtotal: Combine the amounts in lines 6–15 of Column 4				
17. Advance earned income credit (EIC) payments made to employees (Form 943, line 10; only for years ending before January 1, 2011)			See instructions	
18a. COBRA premium assistance payments (Form 943, line 13a for calendar years 2010 and 2013 (line 11a for calendar years 2011 and 2012))			See instructions	
18b. Number of individuals provided COBRA premium assistance (Form 943, line 13b for calendar years 2010 and 2013 (line 11b for calendar years 2011 and 2012))				
18c. Number of qualified employees paid exempt wages March 19–31, 2010 (Form 943, line 13c)*				*Complete lines 18c and 18d only for corrections to the 2010 Form 943.
18d. Exempt wages paid to qualified employees March 19–31, 2010 (Form 943, line 13d)*			$\times .062 =$	
19. Total. Combine the amounts in lines 16–18d of Column 4. Continue to next page.				

Next ►

Name (not your trade name)	Employer identification number (EIN)	Calendar Year (YYYY)
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Part 3: Continued

20. Total. Amount from line 19 on page 2

If line 20 is less than zero:

- If you checked line 1, this is the amount you want applied as a credit to your Form 943 for the tax period in which you are filing this form.
- 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 when you file this return. For information on how to pay, see *Amount you owe* in the instructions for line 20.

Part 4: Explain your corrections for the calendar year you are correcting.

- ☐ 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 any corrections involve reclassified workers. Explain on line 23.
23. You must give us a detailed explanation for how you determined your corrections. See the separate instructions.

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

Under penalties of perjury, I declare that I have filed an original Form 943 and that I have examined this adjusted return or claim and any schedules or statements that are attached, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

Date

Print your name here

Print your title here

Best daytime phone

Paid Preparer Use Only Check if you are 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 are
correcting

Form 943-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 when you file Form 943-X.

Overreported amounts ONLY

The process you
use depends on
when you file
Form 943-X.

**If you are filing Form 943-X
MORE THAN 90 days before
the period of limitations on
credit or refund for Form
943 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 943 for the period in which you file Form 943-X. Check the box on line 1.

OR

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 are filing Form 943-X
WITHIN 90 days of the expiration
of the period of limitations on
credit or refund for Form 943 . . .**

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 943-X.

**If you are filing Form 943-X
MORE THAN 90 days before
the period of limitations on
credit or refund for Form
943 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 you want to offset your underreported amounts with your overreported amounts.

- File one Form 943-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.

File two separate forms.

1. For the adjustment process, file one Form 943-X to correct the underreported amounts. Check the box on line 1. Pay the amount you owe from line 20 when you file Form 943-X.

2. For the claim process, file a second Form 943-X to correct the overreported amounts. Check the box on line 2.

**If you are filing Form 943-X
WITHIN 90 days of the
expiration of the period of
limitations on credit or
refund for Form 943 . . .**

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

File two separate forms:

1. For the adjustment process, file one Form 943-X to correct the underreported amounts. Check the box on line 1. Pay the amount you owe from line 20 when you file Form 943-X.

2. For the claim process, file a second Form 943-X to correct the overreported amounts. Check the box on line 2.