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

(Pay Fabruary 2014)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-2007

nev. rebiu	Department of the Treasury — Internal nevertice	OIVIB NO. 1343-2007
Employe	r identification number (EIN)	Return You Are Correcting Check the type of return you are
Name (no	ot your trade name)	correcting:
Trade na	me (if any)	944-SS
Address		Enter the calendar year you are
,	Number Street Suite or room number	correcting:
	City State ZIP code	(YYYY)
	State Zin code	
	Foreign country name Foreign province/country Foreign postal code	Enter the date you discovered errors:
made on	e instructions before completing this form. Use this form to correct errors you Form 944 or Form 944-SS. Use a separate Form 944-X for each year that need not a representation of the complete all three pages. Do not not set the complete all three pages. Do not not set the complete all three pages.	ds (MM/DD/YYYY)
attach th	is form to Form 944.	
Part 1:	Select ONLY one process. See page 4 for additional guidance. Adjusted employment tax return. Check this box if you underreported amounts. Also che	ack 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 overreported amounts on this form. The amount shown on line 21, if less than zero, may o Form 941, or Form 941-SS for the tax period in which you are filling this form.	you are correcting both underreported and
2.	Claim. Check this box if you overreported amounts only and you would like to use the clai amount shown on line 21. Do not check this box if you are correcting ANY underreported and are corrected and are corre	
Part 2:	Complete the certifications.	
No ar	I certify that I have filed or will file Forms W-2, Wage and Tax Statement, or Forms W-required. ote. If you are correcting underreported amounts only, go to Part 3 on page 2 and skip lines nounts, for purposes of the certifications on lines 4 and 5, Medicare tax does not include A ded to correct overreported amounts of Additional Medicare Tax unless the amounts were results.	4 and 5. If you are correcting overreported dditional Medicare Tax. Form 944-X cannot be
	If you checked line 1 because you are adjusting overreported amounts, check all that I certify that:	, , c
	a. I repaid or reimbursed each affected employee for the overcollected social security written statement from each employee stating that he or she has not claimed (or the or credit for the overcollection.	
	b. The adjustments of social security tax and Medicare tax are for the employer's shat each employee did not give me a written statement that he or she has not claimed refund or credit for the overcollection.	
	c. The adjustment is for federal income tax, social security tax, Medicare tax, or Addi employee wages.	tional Medicare Tax that I did not withhold from
5.	If you checked line 2 because you are claiming a refund or abatement of overreporte You must check at least one box.	d employment taxes, check all that apply.
	I certify that:	
	a. I repaid or reimbursed each affected employee for the overcollected social security written statement from each employee stating that he or she has not claimed (or the or credit for the overcollection.	
	b. I have a written consent from each affected employee stating that I may file this claim and Medicare taxes overcollected in prior years. I also have a written statement from claimed (or the claim was rejected) and will not claim a refund or credit for the over	m each employee stating that he or she has not
	c. The claim for social security tax and Medicare tax is for the employer's share only. employee did not give me a written consent to file a claim for the employee's share employee did not give me a written statement that he or she has not claimed (or the or credit for the overcollection.	e of social security and Medicare taxes; or each
	d. The claim is for federal income tax, social security tax, Medicare tax, or Additional employee wages.	Medicare Tax that I did not withhold from

Part 3: Enter the corrections for the calendar year you are correcting. If any line does not apply, leave it blank.									
		Column 1		Column 2		Column 3	Column 4		
		Total corrected amount (for ALL employees)	_	Amount originally reported or as previously corrected (for ALL employees)	=	Difference (If this amount is a negative number, use a minus sign.)		Tax correction	
6.	Wages, tips and other compensation (Form 944, line 1)] –		=		when you pre W-2 or Forms	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 or Form 944-SS, line 4a, Column 1)] –	*If you are correcting a 2011 or 2012	= 2 retu	rm, use .104. If you are correcting you	× .124* =	, use .062. See instructions.	
9.	Taxable social security tips (Form 944 or Form 944-SS, line 4b, Column 1)] –	*If you are correcting a 2011 or 2012	= 2 retu	ırn, use .104. If you are correcting you	× .124* =	, use .062. See instructions.	
10.	Taxable Medicare wages and tips (Form 944 or Form 944-SS, line 4c, Column 1)] –		=		× .029* =		
	,		_			*If you are correcting your employer	share only, use .0145.	See instructions.	
11.	Taxable wages & tips subject to Additional Medicare Tax withholding (Form 944 line 4d, only for years beginning after December 31, 2012)		_		=		× .009 =		
12a.	Number of qualified employees paid exempt wages/tips April 1– December 31, 2010 (Form 944 or Form 944-SS, line 5a)*] –		=			*Complete lines 12a and 12b only for corrections to the 2010 Form 944 or Form 944-SS.	
12b.	Exempt wages/tips paid to qualified employees April 1-December 31, 2010 (Form 944 or Form 944-SS, line 5b)*] –		=		× .062 =		
13.	Tax adjustments (Form 944 or Form 944-SS, line 6)] –		=		Copy Column 3 here		
14.	Special addition to wages for federal income tax] –		=		See instructions		
15.	Special addition to wages for social security tax] –		=		See instructions		
16.	Special addition to wages for Medicare taxes		_		=		See instructions		
17.	Special addition to wages for Additional Medicare Tax	<u>.</u>	_		=		See instructions		
18.	Subtotal. Combine the amounts or	lines 7–17 of Column	4						
19.	Advance earned income credit (EIC) payments made to employees (Form 944, line 8,] –		=		See instructions		
	only for years ending before January 1, 2011)		_						
20a.	COBRA premium assistance payments (Form 944 or Form 944-SS, line 11a, before 2011 or line 9a after 2010)		_		=		See instructions		
20b.	Number of individuals provided COBRA premium assistance (Form 944 or Form 944-SS, line 11b, before 2011 or line 9b after 2010)		_		=				

Name (not your trade name)				Employer ident	tification number (EIN)	Correcting C	Calendar Year (YYYY)
Part	3: Continued							
20c.	Number of qualification paid exempt wage 19–31, 2010 (Form 944-SS, line 11c)*	es/tips March	Column 1	Column 2	=	Column 3		*Complete lines 20c and 20d only for corrections to the 2010 Form 944 or Form 944-SS.
20d.	Exempt wages/t qualified employe 31, 2010 (Form 944-SS, line 11d)*	es March 19-		-	=		× .062 =	
	If line 21 is less If you checke (If you are curre If you checke If line 21 is mo	s than zero: d line 1, this is the ntly filing a Form d line 2, this is the re than zero, the in the instruction		oplied as a cre Employer's QU unded or abat owe. Pay this	dit to your Forn JARTERLY Fed ed. amount when	n 944 for the tax per leral Tax Return, see you file this return. I	iod in which you the instructions	·.)
Part	4: Explain yo	ur correctio	ns for the calenda	ar year you	are correct	ting.		
 22. 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 24. 23. Check here if any corrections involve reclassified workers. Explain on line 24. 24. You must give us a detailed explanation of how you determined your corrections. See the instructions. 								
-								
Part	5: Sign here	You must co	omplete all three	nages of th	is form and	d sign it		
Unde	er penalties of perjury any schedules or stat	r, I declare that I ements that are kpayer) is based	have filed an original F attached, and to the bo on all information of wl	Form 944 or Fo	orm 944-SS and rledge and belie as any knowled F	d that I have examin ef, they are true, condge. Print your name here		
	Dr	ate				itle here Best daytime phone		
Pai	d Preparer Use						ou are self-emp	Javad 🗆
	•	,				PTIN	ou are sen-emp	noyed
	parer's name							
Firm	earer's signature 's name (or yours if employed)					Date		
Add	ress					Phone		
City				Stat	е	ZIP code		

Page **3** Form **944-X** (Rev. 2-2014)

Type of errors you are 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 21 when you file Form 944-X.

Overreported amounts ONLY

The process you use depends on **when** you file Form 944-X.

If you are filing Form 944-X MORE THAN 90 days before the period of limitations on credit or refund for Form 944 or Form 944-SS 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 21 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.

OF

Choose the claim process if you want the amount shown on line 21 refunded to you or abated. Check the box on line 2.

If you are filing Form 944-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 944 or Form 944-SS...

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 944-X.

If you are filing Form 944-X MORE THAN 90 days before the period of limitations on credit or refund for Form 944 or Form 944-SS 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 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 21.

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 21 when 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 are filing Form 944-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 944 or Form 944-SS...

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

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 21 when you file Form 944-X.
- For the claim process, file a second Form 944-X to correct the overreported amounts. Check the box on line 2.

Page **4** Form **944-X** (Rev. 2-2014)