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

(Rev. February 2	2018)	De	partmen	t of the	e Treas	ury — I	nternal	Reven	ue Serv	rice						OM	/IB No. 15	45-0035
Employer ide (EIN)	entification numbe	er] - [turn Yo				'n
Name (not yo	our trade name)													i're corre	ecting:	YYY)		
Trade Name	(if any)															, ,		
Address	Number	Street								Suite or roo		nber	En	ter the d	ate you	discove	red erro	ors:
Dood the go	Foreign country nan				-	vince/co		State		ZIP co	code			M/DD/		2 Empl	lovor'o /	\nnual
Federal Tax the boxes. Y instructions		ricultural I nplete all	Employ three p	yees. pages	Use s. Dor	a sepa n't att	arate ach th	Form nis for	943-2 m to	X for ea Form 94	ch ye 13 ur	ear tha	at need	ls correc	ction. T	ype or p	orint wit	hin
1. Adju use forn 2. Cla	usted employment the adjustment pn. The amount should be	nt tax reture rocess to cown on line	rn. Checorrect the 18, if le	ck this I ne error ss thar ported	box if y rs. You n zero, amou	you und I must of may of Ints or	derrepo check t nly be a lly and	orted ar this box applied you w	mounts x if you as a c vould l	Also che 're correct redit to yo	eck the ting b our Fo	oth und rm 943 claim	lerrepor for the t proces:	ted and over ax period s to ask f	verreporto in which or a refu	ed amoun you're filii	nts on this ing this fo	rm.
Part 2: C	omplete the	certific	ation	s.														
	rtify that I've filed				Wana	and Ta	v State	amont	or Fo	rme W-2c	Cor	ractad	Wana a	nd Tay St	atomont	as requi	irad	
Note. amou used t	If you're correct nts, for purpose to correct overre ou checked line ertify that:	ting under s of the ce eported ar	reporte ertificat nounts	ed amo ions o of Ad	ounts on line: dition:	only, g s 4 and al Med	o to P d 5, M licare	art 3 d edicar Tax ur	on pag e tax d nless tl	je 2 and doesn't i he amou	skip ncluc nts w	ines 4 le Add reren't	and 5. tional N withhel	If you're /ledicare d from ei	correctii Tax. Fo mployee	ng overre orm 943-2 e wages.	eported X can't b	oe
	 a. I repaid or rei written stater refund or cree 	ment from	each a	ffected	d emp													
	b. The adjustment each affected a refund or control	d employe	e didn't	give i	me a v	d Medi written	care ta stater	ax are ment tl	for the hat he	employ or she h	er's s asn't	hare o claime	nly. I co ed (or th	ouldn't fin ne claim v	id the af vas rejed	fected er cted) and	mployee: d won't c	s or claim
	c. The adjustme employee wa		ederal in	ncome	e tax, s	social	securit	ty tax,	Medic	care tax,	or Ac	ldition	al Medio	care Tax	that I did	n't withl	hold fron	n
You	ou checked line u must check at ertify that:			're cla	aiming	g a ref	und oi	r abat	emen	t of over	repo	rted e	nployn	nent taxe	es, chec	k all tha	t apply.	
	 a. I repaid or rei written stater refund or cree 	ment from	each a	ffected	d emp													
	b. I have a written security tax and he or she has	and Medic	are tax	overc	ollecte	ed in p	rior ye	ars. I a	also ha	ave a wri	tten s	tatem	ent fron	n each aft	fected e			that
	c. The claim for affected emp Medicare tax and won't cla	loyee didr ; or each a	n't give affected	me a v d empl	writtei loyee	n cons didn't	ent to give m	file a r ie a wr	refund	claim fo	r the	emplo	/ee's sł	nare of so	cial sec	urity tax	and	
	d. The claim is femployee wa		income	e tax, s	social	securi	ty tax,	Medio	care ta	ax, or Ad	ditior	al Med	licare T	ax that I	didn't w	ithhold fr	rom	

Part 3: Enter the corrections for the calendar year you're correcting. If any line doesn't 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.	Total wages subject to social		_		=		Ī			
	security tax (Form 943, line 2)	•				you're correcting your employe	\times 0.124* = er share only, use 0	0.062. See instructions.		
7.	Total wages subject to Medicare tax (Form 943, line 4)		_	_	=		× 0.029* =	_		
	Wedicare tax (Form 943, line 4)	,•				*If you're correcting your employ		0.0145. See instructions.		
8.	Total wages subject to Additional Medicare Tax		-		=		× 0.009* =			
	withholding (Form 943, line 6)	*Certain wages reported in Column 3 shouldn't be multiplied by 0.009. See in								
9.	Federal income tax withheld (Form 943, line 8)		-		=		Copy Column 3 here ▶			
10.	Tax adjustments (Form 943, line 10)		-		=		See instructions			
11.	Qualified small business payroll tax credit for increasing research activities (Form 943 line 12; you must attach Form 8974)	·	-	·	=		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 or	n lines 6–15 of Colun	nn 4							
17a.	COBRA premium assistance payments (see instructions)		-		=		See instructions			
17b.	Number of individuals provided COBRA premium assistance (see instructions)		-		=					
18.	Total. Combine the amounts on lin	es 16 and 17a of Co	lum	n 4						

If line 18 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're filing this form.
- If you checked line 2, this is the amount you want refunded or abated.

If line 18 is more than zero, this is the amount you owe. Pay this amount by the time you file this return. For information on how to pay, see *Amount you owe* in the instructions.

Name (not your trade name)		Employer identification number (EIN)	Correcting Calendar Year (YYYY)
Part 4: Explain your o	corrections for the calendar year you're corre	ecting	
	-		
	if any corrections you entered on a line included your underreported and overreported amounts		reported amounts.
Observations	· · · · · · · · · · · · · · · · · · ·	Foodsin on the Of	
20. Check here	if any corrections involve reclassified worker	ers. Explain on line 21.	
21. You must g	ive us a detailed explanation for how you de	termined your corrections. See th	e instructions.
	u must complete all three pages of this form declare that I have filed an original Form 943 and that I		m including accompanying
schedules and statements,	and to the best of my knowledge and belief, it is true, co which preparer has any knowledge.		
• //		Print your	
Sign your		name here	
Hame ne		Print your title here	
Da	to / /	Best daytime phone	
Paid Preparer Use (Only	Check if you're self-employed .	
Preparer's name		PTIN	
Preparer's signature		Date	/ /
Firm's name (or yours if		EIN	
self-employed)			
Address		Phone	
City	Si	tate ZIP code	

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Type of errors you're correcting	Form 943-X: Which process should you use?								
Underreported amounts ONLY	Use the adjustment Check the box on Pay the amount you								
Overreported amounts ONLY	The process you use depends on when you file Form 943-X.	If you're 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 18 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 18 refunded to you or						
		If you're filing Form 943-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 943	abated. Check the box on line 2. You must use the claim process to correct the overreported amounts. Check the box on line 2.						
BOTH underreported and overreported	The process you use depends on when you file Form 943-X.	If you're filing Form 943-X MORE THAN 90 days before the period of limitations on credit or refund for Form	Choose either the adjustment process or both the adjustment process and the claim process when you correct both underreported and overreported amounts.						
amounts		943 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 943. • File one Form 943-X, and • Check the box on line 1 and follow the instructions on line 18.						
			OR						
			Choose both the adjustment process and the claim process if you want the overreported amount refunded to you.						
			File two separate forms.						
			 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 18 by the time 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're filing Form 943-X WITHIN 90 days of the	You must use both the adjustment process and claim process.						
		expiration of the period of limitations on credit or	File two separate forms:						
		refund for Form 943	 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 18 by the time you file Form 943-X. 						

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

Check the box on line 2.