Form **944 for 2020:** Employer's ANNUAL Federal Tax Return Department of the Treasury – Internal Revenue Service

OMB No. 1545-2007

Employ	yer identification number (EIN)					/ho Must File Form 944		
Name (not your trade name) You must file annual Form 944 instead of filing quarterly Forms 941 only if the IRS notified you in								
Trade name (if any)								
Go to <i>www.irs.gov/Form944</i> for instructions and the latest								
Addres	SS Number	Infori	nation.					
	City		State	ZIP code				
	E union a sur la serve	F						
Boad t	Foreign country name he separate instructions before you cor	Foreign provin	-	Foreign postal code				
Part	Answer these questions for this	year. Employers in An Islands, and Puerto Ri	nerican Sa	moa, Guam, the C				
1	Wages, tips, and other compensatio	n			1	•		
2	Federal income tax withheld from wa	ages, tips, and other cor	npensatior	1	2			
3	If no wages, tips, and other compension				3	Check and go to line 5.		
						-		
4	Taxable social security and Medicar	e wages and tips: Column 1		Column 2				
	4a Taxable social security wages]× 0.124 =		•			
	4a (i) Qualified sick leave wages		× 0.062 =		•			
	4a (ii) Qualified family leave wages		× 0.062 =		•			
	4b Taxable social security tips		」× 0.124 =		•			
	4c Taxable Medicare wages & tips		× 0.029 =		-			
	4d Taxable wages & tips subject to Additional Medicare Tax withholding]× 0.009 =		•			
	4e Total social security and Medicare t	axes. Add Column 2 from lii	nes 4a, 4a(i),	4a(ii), 4b, 4c, and 4d	4e	•		
5	Total taxes before adjustments. Add	lines 2 and 4e			5			
6	Current year's adjustments (see instr	uctions)			6	•		
7	Total taxes after adjustments. Comb	ine lines 5 and 6			7	•		
8a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 8					•		
8b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1 8b					•		
8c	Nonrefundable portion of employee	retention credit from Wo	orksheet 1		8c			
8d	Total nonrefundable credits. Add line				8d	•		
	You MUST complete all three page	es of Form 944 and SIG	N it.			Next		

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 39316N

Name ((not your trade name)					Employer ider	ntification num	ber (EIN)
Part	1: Answer thes	e questions for this y	ear. (contii	nued)				
9	Total taxes after	r adjustments and non	refundable	credits. Subtract lin	e 8d from line	79		•
10a	•	for this year, includi pplied from Form 944-	• •		• •	ear and 10a		•
10b	Deferred amour	it of the employer shar	e of social	security tax		10b		
10c	Deferred amour	it of the employee shar	e of social	I security tax		10c		
10d	Refundable port	ion of credit for qualifi	ed sick an	d family leave wage	s from Works	heet 1 10d		
10e	Refundable port	ion of employee retent	tion credit	from Worksheet 1		10e		•
10f	Total deposits, o	deferrals, and refundab	le credits.	Add lines 10a, 10b,	10c, 10d, and	10e . 10f		•
10g	0g Total advances received from filing Form(s) 7200 for the year							
10h	Total deposits, deferrals, and refundable credits less advances. Subtract line 10g from line 10f 10h							
11	Balance due. If I	ine 9 is more than line 1	0h, enter th	e difference and see	instructions	11		•
12	Overpayment. If lin	e 10h is more than line 9, er	nter the differ	ence	• Ch	eck one: 🗌 Appl	y to next return.	Send a refund.
Part	2: Tell us about	t your deposit schedu	le and tax	liability for this ye	ar.			
13 C	Check one:	Line 9 is less than \$2,5	00. Go to I	Part 3.				
		Line 9 is \$2,500 or mor you became one beca you must complete Fo	use you ac	cumulated \$100,00	0 or more of li			
		Jan.		Apr.		July		Oct.
	13a	-	13d	-	13g		13j	-
		Feb.		May		Aug.		Nov.
	13b	•	13e		13h	•	13k	•
		Mar.	[June		Sept.		Dec.
	13c	•	13f		13i	•	13	
		liability for year. Add li omplete all three pages		-	st equal line §	9. 13m		•
		implete all three pages	oi Form 9	44 and Sign It.				Next I

Page **2**

Form **944** (2020)

Name (not your trade name	a)			Employer id	lentification number (EIN)					
Part 3: Tell us abo	ut your business. If any	v question does NO	apply to your bu	siness, leave it	blank.					
14 If your busines	If your business has closed or you stopped paying wages									
enter the final c	late you paid wages	/ / ; als	o attach a stateme	nt to your return.	See instructions.					
15 Qualified healt	th plan expenses allocab	le to qualified sick le	ave wages	15						
16 Qualified healt	Qualified health plan expenses allocable to qualified family leave wages									
17 Qualified wage	Qualified wages for the employee retention credit									
18 Qualified healt	h plan expenses allocab	18								
19 Credit from Fo	orm 5884-C, line 11, for th	he year		19						
Part 4: May we sp	Part 4: May we speak with your third-party designee?									
Do you want to a instructions for de	allow an employee, a pai etails.	id tax preparer, or an	other person to dis	scuss this return	with the IRS? See the					
Yes. Designee's name and phone number										
No.	a 5-digit personal identifica	ation number (PIN) to t	ise when taiking to							
Part 5: Sign here.	You MUST complete al	I three pages of For	m 944 and SIGN i	t.						
					ts, and to the best of my knowledge ich preparer has any knowledge.	Э				
				Print your name here]				
Sign you name h]				
				title here] 1				
	Date			Best daytime ph	one					
Paid Preparer Us	e Only			Che	eck 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]				
Page 3				_	Form 944 (20	20)				

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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 2020 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 2020; 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 2020 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.

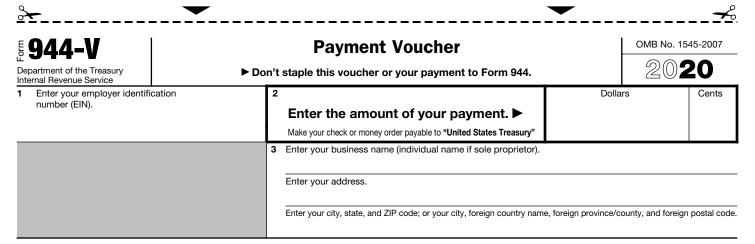
Box 3-Name and address. Enter your name and address as shown on Form 944.

• Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 944," and "2020" 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.



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:

Recordkeeping	16	6 hr.,	44 min.			
Learning about the law or the form 40 min.						
Preparing, copying, assembling, and						

sending the form to the IRS 2 hr., 10 min.

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.