Form **941-X:** Adjusted Employer's QUARTERLY Federal Tax Return or Claim for Refund

(Rev. Ap	oril 20	22)	Department of th	ne Treasury -	– Ir	nternal Rever	ue Service	OMB No. 1545-002
Empl (EIN)	oyer	identificati	on number					Return You're Correcting Check the type of return you're correcting.
Name	e (not	your trade	name)					941
Trade	e nam	ne (if any)						941-SS
Addro	ess							Check the ONE quarter you're correcting.
		Number	Street		7	[]	Suite or room number	1: January, February, March
								2: April, May, June
		City				State	ZIP code	3: July, August, September
		Eoroign	country name	Foreign p	rov	ince/county	Foreign postal code	4: October, November, December
made correct form to	on l tion. 5 For	eparate ir Form 941 Type or p m 941 or	nstructions before completing I or 941-SS. Use a separat print within the boxes. You MI 941-SS unless you're reclassi	this form. e Form 94 JST compl fying work	Us 41- lete ers	se this form X for eac e all five pa s; see the in	n to correct errors you h quarter that needs iges. Don't attach this istructions for line 42.	Enter the calendar year of the quarter you're correcting.
Part			ILY one process. See page 6 f treat employment tax credits					Enter the date you discovered errors.
	1.	Also chec adjustme both unde line 27, if	employment tax return. Check this box if you overreported ta nt process to correct the errors. erreported and overreported tax less than zero, may only be app 144 for the tax period in which yo	ax amounts You must o amounts o lied as a cr	án che n t ed	nd you woul teck this box his form. Th it to your Fo	d like to use the if you're correcting ne amount shown on	// (MM / DD / YYYY)
	2.	Claim. Cl the claim	heck this box if you overreporte process to ask for a refund or a ck this box if you're correcting	d tax amou abatement o	ints of t	s only and y he amount	shown on line 27.	
Part	2:	Complet	e the certifications.					
	3.	I certify as requir		ns W-2, W	ag	e and Tax	Statement, or Forms	W-2c, Corrected Wage and Tax Statement,
	tax use	amounts, d to corr	for purposes of the certification	ns on lines Additional	4 a	and 5, Medi	care tax doesn't include	lines 4 and 5. If you're correcting overreported a Additional Medicare Tax. Form 941-X can't be weren't withheld from employee wages or an
	4.		e Tax, check all that apply. Yo					ocial security tax, Medicare tax, or Additional
		yea sec	Ir and the overcollected social s	ecurity tax collected ir	an 1 pi	d Medicare rior years, I	tax for current and prior have a written statemen	e tax or Additional Medicare Tax for the current r years. For adjustments of employee social nt from each affected employee stating that he for the overcollection.
		eac		e me a writt	en			re only. I couldn't find the affected employees or timed (or the claim was rejected) and won't
			e adjustment is for federal incon ployee wages.	ne tax, soci	al s	security tax	, Medicare tax, or Additi	ional Medicare Tax that I didn't withhold from
	5.		e tax, or Additional Medicare					d federal income tax, social security tax, ist one box.
		SOC		x overcolle	cte	ed in prior y	ears, I have a written sta	tax and Medicare tax. For claims of employee atement from each affected employee stating r credit for the overcollection.
		tax writ	and Medicare tax. For refunds	of employe ed employe	e s	ocial secur	ity tax and Medicare tax	im for the employee's share of social security overcollected in prior years, I also have a d (or the claim was rejected) and won't claim a
		affe or e clai	ected employee didn't give me a	a written co jive me a w	ns ritt	ent to file a	claim for the employee'	I couldn't find the affected employees, or each s share of social security tax and Medicare tax, claimed (or the claim was rejected) and won't
			e claim is for federal income tax ployee wages.	, social sec	urit	ty tax, Med	care tax, or Additional N	Medicare Tax that I didn't withhold from

Name	(not your trade name)			Employer ide	entifica	tion number (EIN)	Correcting	quarter (1, 2, 3, 4
							Correcting	calendar year (YYYY)
Part	3: Enter the corrections for the	nis quarter. If any l	ine (- loesn't apply lea	- Ive it	blank		
i arc		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 941, line 2)		_		=			in Column 1 when you rms W-2 or Forms W-2c.
7.	Federal income tax withheld from wages, tips, and other compensation (Form 941, line 3)		_		=		Copy Column 3 here	
8.	Taxable social security wages (Form 941 or 941-SS, line 5a, Column 1)		-] =	If you're correcting your emp	$\times 0.124^* =$	use 0.062. See instructions
9.	Qualified sick leave wages* (Form 941 or 941-SS, line 5a(i), Column 1)	* Loo lino 0 only for qualifi] =	2020, for leave taken before A	× 0.062 =	
10.	Qualified family leave wages* (Form 941 or 941-SS, line 5a(ii), Column 1)		_] =		× 0.062 =	
11.	Taxable social security tips (Form	* Use line 10 only for qualif	ied fan	nily leave wages paid after M	7	1, 2020, for leave taken befor	re April 1, 2021.	
	941 or 941-SS, line 5b, Column 1)		-			If you're correcting your emp	\times 0.124 [*] =	use 0.062. See instructions
12.	Taxable Medicare wages & tips (Form 941 or 941-SS, line 5c, Column 1)		-] =	· · ·	× 0.029* =	
13.	Taxable wages & tips subject to Additional Medicare Tax withholding (Form 941 or 941-SS, line 5d)		-	* Certain wages	=	f you're correcting your empl	× 0.009* =	
14.	Section 3121(q) Notice and Demand – Tax due on unreported tips (Form 941 or 941-SS, line 5f)		_		=		Copy Column 3 here	
15.	Tax adjustments (Form 941 or 941-SS, lines 7 through 9)		-		=		Copy Column 3 here	
16.	Qualified small business payroll tax credit for increasing research activities (Form 941 or 941-SS, line 11a; you must attach Form 8974)		_] =		See instructions	
17.	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 941 or 941-SS, line 11b)		_] =		See instructions	
18a.	Nonrefundable portion of employee retention credit* (Form 941 or 941-SS, line 11c)		_		=		See instructions	
18b.	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1.	Use line 18a only for corre		to quarters beginning after		31, 2020, and before Januar	See instructions	
18c.	2021 (Form 941 or 941-SS, line 11d) Nonrefundable portion of COBRA		1	[٦	[]	0	· · · · ·
	premium assistance credit (Form 941 or 941-SS, line 11e)		-	· .	=	· .	See instructions	· .
18d.	Number of individuals provided COBRA premium assistance (Form 941 or 941-SS, line 11f)		_		=			
19.	Special addition to wages for federal income tax		_		=		See instructions	
20.	Special addition to wages for social security taxes		-		=		See instructions	
21.	Special addition to wages for Medicare taxes		-		=		See instructions	

Name (not your trade name)				Employer ider	ntificat	ion number (EIN)	Correcting of	juarter (1, 2, 3, 4)
,								Correcting	calendar year (YYYY)
Part	3: Enter the corrections for th	is quarter. If any I	ine c	loesn	- t apply, leav	/e it b	olank. (continued)		
		Column 1			Column 2		Column 3		Column 4
		Total corrected amount (for ALL employees)	_	report previo	nt originally ed or as usly corrected L employees)	=	Difference (If this amount is a negative number, use a minus sign.)		Tax correction
22.	Special addition to wages for Additional Medicare Tax		-			=		See instructions	
23.	Combine the amounts on lines 7 thr	ough 22 of Column 4							-
24.	Deferred amount of social security tax* (Form 941 or		_			=		See instructions	
	941-SS, line 13b)	* Use this line to correct the er	nployer	deferral fo	or the second quarter	of 2020	and the employer and employe		d and fourth quarters of 2020.
25.	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 941 or 941- SS, line 13c)		_			=		See instructions	
26a.	Refundable portion of employee retention credit* (Form 941 or 941-SS, line 13d)	* Use line 26a only for correcti	— ons to c	quarters be	eqinning after March	=	and before January 1, 2022.	See instructions	
26b.	Refundable portion of credit for					1	,	See	
	qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 13e)		_			=		See instructions	
26c.	Refundable portion of COBRA premium assistance credit (Form 941 or 941-SS, line 13f)		_		· .	=		See instructions	
27.	 Total. Combine the amounts on line If line 27 is less than zero: If you checked line 1, this is the filing this form. (If you're curree If you checked line 2, this is the If line 27 is more than zero, the pay, see Amount you owe in the set of the set	ne amount you want a ently filing a Form 944 ne amount you want r is is the amount you	ipplie , Emj efunc	ed as a ployer's ded or a	s ANNUAL Fea	deral T	Fax Return, see the in	structions.)	,
28.	Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 (Form 941 or 941- SS, line 19)		-			=			
29.	Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 (Form 941 or 941-SS, line 20)		_] =			
30.	Qualified wages for the employee retention credit* (Form 941 or 941-SS, line 21)	* Use line 30 only for correction	— ns to qu	uarters beg	inning after March 3	= 1, 2020, a	and before January 1, 2022.		
31a.	Qualified health plan expenses for the employee retention credit* (Form 941 or 941-SS, line 22)	* Use line 31a only for correction	— ons to c	quarters be	ginning after March	= 31, 2020,	, and before January 1, 2022.		
31b.	Check here if you're eligible for solely because your business is a						·		
32.	Credit from Form 5884-C, line 11, for this quarter* (Form 941 or 941-SS, line 23)	* Use line 32 only for correct	— ctions t	o quarter	s beginning after M	= 1arch 31	, 2020, and before April 1, 2	021.	

Name (not your trade name)		Employer ider	ntifica	tion number (EIN)	Correcting quarter	(1, 2, 3, 4)	
(Correcting calendar	r year (YYYY)
				-				
Part	3: Enter the corrections for th	nis quarter. If any l	ine o	doesn't apply, leav	ve it l	blank. (continued)	1	
		Column 1		Column 2		Column 3		
		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.)		
33a.	Qualified wages paid March 13 through March 31, 2020, for the employee retention credit* (Form 941 or 941-SS, line 24)	• Use line 33a only for corre	 ections	to the second quarter of 20] = 20.			
33b.	Deferred amount of the employee share of social security tax included on Form 941 or 941-SS, line 13b* (Form 941 or 941-SS, line 24)	* Use line 33b only for corr	ections	to the third and fourth quar	= ters of 2	2020.		
34.	Qualified health plan expenses allocable to wages reported on Form 941 or 941-SS, line 24* (Form 941 or 941-SS, line 25)	* Use line 34 only for correc		to the second quarter of 202] = 0.			
Cautio	on: Lines 35–40 apply only to quarter	s beginning after Mar	ch 31	, 2021.				
35.	Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 23)		_] =			
36.	Qualified health plan expenses allocable to qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 24)		_] =			
37.	Amounts under certain collectively bargained agreements allocable to qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 25)] —] =			
38.	Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941- SS, line 26)] _] =			
39.	Qualified health plan expenses allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 27)] —] =			
40.	Amounts under certain collectively bargained agreements allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941- SS, line 28)		_] =			

Form **941-X** (Rev. 4-2022)

Name (r	not ye	our trade name)	Employer identification number (EIN)	Correcting quarter (1, 2, 3, 4
	-			Correcting calendar year (YYYY
Dort	4.	Evalois your corrections for this quarter	-	
Fart	4.	Explain your corrections for this quarter.		
<u> </u>	41.	Check here if any corrections you entered on a line include your underreported and overreported amounts on line 43.	both underreported and overreported	I amounts. Explain both
	42.	Check here if any corrections involve reclassified workers.	Explain on line 43.	
4	43.	You must give us a detailed explanation of how you determine	ned your corrections. See the instructio	ns.
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Part 5: Sign here. You must complete all five pages of this form and sign it.

Under penalties of perjury, I declare that I have filed an original Form 941 or Form 941-SS and that I have examined this adjusted return or claim, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign you name he	ur ere		Print your name here Print your title here	
Da	ate / /		Best daytime ph	one
Paid Preparer Use	Only		Check if yo	ou're self-employed
Preparer's name			PTIN	
Preparer's signature			Date	/ /
Firm's name (or yours			EIN	
Address			Phone	
City		State	ZIP code	

Form 941-X: Which process should you use?

Type of errors you're correcting	Unless otherwise s security tax deferra or social security ta	pecified in the separate instructions al should be treated like an overrepo ax deferral should be treated like an pocess to select on lines 1 and 2, see	arate instructions, an underreported employment tax credit or social like an overreported tax amount. An overreported employment tax credit be treated like an underreported tax amount. For more information, ines 1 and 2, see <i>Correcting an employment tax credit or social security tax</i>						
Underreported tax amounts ONLY	 Use the adjustment process to correct underreported tax amounts. Check the box on line 1. Pay the amount you owe from line 27 by the time you file Form 941-X. 								
Overreported tax amounts ONLY	The process you use depends on when you file Form 941-X.	If you're filing Form 941-X MORE THAN 90 days before the period of limitations on credit or refund for Form 941 or Form 941-SS expires	Choose either the adjustment process or the claim process to correct the overreported tax amounts. Choose the adjustment process if you want the amount shown on line 27 credited to your Form 941, Form 941-SS, or Form 944 for the period in which you file Form 941-X. Check the box on line 1. OR Choose the claim process if you want the amount shown on line 27 refunded to you or abated. Check the box on line 2.						
		If you're filing Form 941-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 941 or Form 941-SS	You must use the claim process to correct the overreported tax amounts. Check the box on line 2.						
BOTH underreported and overreported tax amounts	The process you use depends on when you file Form 941-X.	If you're filing Form 941-X MORE THAN 90 days before the period of limitations on credit or refund for Form 941 or Form 941-SS expires	Choose either the adjustment process or both the adjustment process and the claim process when you correct both underreported and overreported tax amounts. Choose the adjustment process if combining your underreported tax amounts and overreported tax amounts results in a balance due or creates a credit that you want applied to Form 941, Form 941-SS, or Form 944.						
			 File one Form 941-X, and Check the box on line 1 and follow the instructions on line 27. 						
			OR						
			Choose both the adjustment process and the claim process if you want the overreported tax amount refunded to you or abated.						
			File two separate forms.						
			1. For the adjustment process, file one Form 941-X to correct the underreported tax amounts. Check the box on line 1. Pay the amount you owe from line 27 by the time you file Form 941-X.						
			2. For the claim process, file a second Form 941-X to correct the overreported tax amounts. Check the box on line 2.						
		If you're filing Form 941-X WITHIN 90 days of the	You must use both the adjustment process and the claim process.						
		expiration of the period of	File two separate forms.						
		limitations on credit or refund for Form 941 or Form 941-SS	1. For the adjustment process, file one Form 941-X to correct the underreported tax amounts. Check the box on line 1. Pay the amount you owe from line 27 by the time you file Form 941-X.						
			2. For the claim process, file a second Form 941-X to correct the overreported tax amounts. Check the box on line 2.						