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Early releases of draft forms and instructions are at <u>IRS.gov/draftforms</u>. Please note that drafts may remain on IRS.gov even after the final release is posted at <u>IRS.gov/downloadforms</u>, and thus may not be removed until there is a new draft for the subsequent revision. All information about all revisions of all forms, instructions, and publications is at <u>IRS.gov/formspubs</u>.

Almost every form and publication also has its own easily accessible information page on IRS.gov. For example, the Form 1040 page is at IRS.gov/form1040; the Form W-2 page is at IRS.gov/w2; the Publication 17 page is at IRS.gov/pub17; the Form W-4 page is at IRS.gov/w4; the Form 8863 page is at IRS.gov/form8863; and the Schedule A (Form 1040) page is at IRS.gov/schedulea. If typing in the links above instead of clicking on them: type the link into the address bar of your browser, not in a Search box; the text after the slash must be lowercase; and your browser may require the link to begin with "www.". Note that these are shortcut links that will automatically go to the actual link for the page.

If you wish, you can submit comments about draft or final forms, instructions, or publications on the <u>Comment on Tax Forms and Publications</u> page on IRS.gov. We cannot respond to all comments due to the high volume we receive, but we will carefully consider each one. Please note that we may not be able to consider many suggestions until the subsequent revision of the product.

Form (Rev. Ar		<b>11-X:</b>	Adjusted Employer's QUARTERLY Federal Tax Retu Department of the Treasury – Internal Revenue Service	Irn or Claim for Refund OMB No. 1545-002
<u> </u>		,		Return You Are Correcting Check the type of return you are correcting:
Name	e (no	t your trade	le name)	941
		-		941-SS
Trade	e nar	me (if any)		Check the ONE quarter you are correcting:
Addro	ess	Number	r Street Suite or room number	<b>1:</b> January, February, March
				<b>2:</b> April, May, June
		City	State ZIP code	<b>3:</b> July, August, September
			onruary K	4: October, November, December
Bead	tha	-	tions before completing this form. Use this form to correct errors you	Enter the calendar year of the
made correc	on tior	Form 94 1. Type (	41 or 941-SS. Use a separate Form 941-X for each quarter that needs or print within the boxes. You MUST complete all three pages. Do not o Form 941 or 941-SS.	quarter you are correcting:
-			ONLY one process. See page 4 for additional guidance.	
	1.	check the process underre less tha	ed employment tax return. Check this box if you underreported amounts. Also his box if you overreported amounts and you would like to use the adjustment is to correct the errors. You must check this box if you are correcting both ported and overreported amounts on this form. The amount shown on line 20, if in zero, may only be applied as a credit to your Form 941, Form 941-SS, or 44 for the tax period in which you are filing this form.	Enter the date you discovered errors:
	2.	claim pr	Check this box if you overreported amounts only and you would like to use the rocess to ask for a refund or abatement of the amount shown on line 20. Do not his box if you are correcting ANY underreported amounts on this form.	
Part	2:	Comple	ete the certifications.	
	3.	I certify as requ	/ that I have filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2 ired.	c, Corrected Wage and Tax Statement,
	am use	nounts, fo ed to cor	a are correcting underreported amounts only, go to Part 3 on page 2 and skip lines 4 or purposes of the certifications on lines 4 and 5, Medicare tax does not include Addition rrect overreported amounts of Additional Medicare Tax unless the amounts were r is being made for the current year.	onal Medicare Tax. Form 941-X cannot be
<ul> <li>If you checked line 1 because you are adjusting overreported amounts, check all that apply. You must chec I certify that:</li> </ul>				oly. You must check at least one box.
	a. I repaid or reimbursed each affected employee for the overcollected federal income tax or Additional Medicare Tax fo year and the overcollected social security and Medicare taxes for current and prior years. For adjustments of employee security and Medicare taxes overcollected in prior years, I have a written statement from each employee stating that h not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.			
		or	he adjustments of social security tax and Medicare tax are for the employer's share only r each employee did not give me a written statement that he or she has not claimed (or refund or credit for the overcollection.	y. I could not find the affected employees the claim was rejected) and will not claim
			he adjustment is for federal income tax, social security tax, Medicare tax, or Additional mployee wages.	Medicare Tax that I did not withhold from
	5.	-	checked line 2 because you are claiming a refund or abatement of overreported en ist check at least one box. that:	nployment taxes, check all that apply.
		so	repaid or reimbursed each affected employee for the overcollected social security and I ocial security and Medicare tax overcollected in prior years, I have a written statement f as not claimed (or the claim was rejected) and will not claim a refund or credit for the ov	rom each employee stating that he or she
		ar st	have a written consent from each affected employee stating that I may file this claim for nd Medicare tax. For refunds of employee social security and Medicare tax overcollecte tatement from each employee stating that he or she has not claimed (or the claim was r redit for the overcollection.	ed in prior years, I also have a written
		ea ea re	he claim for social security tax and Medicare taxes is for the employer's share only. I co ach employee did not give me a written consent to file a claim for the employee's share ach employee did not give me a written statement that he or she has not claimed (or the sfund or credit for the overcollection.	of social security and Medicare taxes; or
		-	he claim is for federal income tax, social security tax, Medicare tax, or Additional Medic mployee wages.	are Tax that I did not withhold from

Name (not your trade name)				Employer ider	Employer identification number (EIN)			uarter (1, 2, 3, 4)
								calendar year (YYYY)
Part	3: Enter the corrections for the	nis quarter. If any li	ne c	loes not apply, lea	ave 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 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 are corr	_ recting	a 2011 or 2012 return, use	= .104. If y	you are correcting your emp	× .124* = loyer share only,	use .062. See instructions.
9.	<b>Taxable social security tips</b> (Form 941 or 941-SS, line 5b, Column 1)		-		] = [		× .124* =	
10.	Taxable Medicare wages and tips	*If you are corr	recting	a 2011 or 2012 return, use	.104. lf y ]	you are correcting your emp	loyer share only,	use .062. See instructions.
	(Form 941 or 941-SS, line 5c, Column 1)		7	· · ·	= *If	you are correcting your empl	× .029* = oyer share only, u	Ise .0145. See instructions.
11.	Taxable wages & tips subject to Additional Medicare Tax withholding (Form 941 or 941-SS, line 5d; only for quarters beginning after December 31, 2012)		-		] =		× .009 =	
12.	Section 3121(q) Notice and Demand – Tax due on unreported tips (Form 941 or 941-SS, line 5f (line 5e for quarters ending before January 1, 2013))		_		] =		Copy Column 3 here ►	
13.	Tax adjustments (Form 941 or 941-SS, lines 7–9)		-		] =		Copy Column 3 here ►	
14.	Special addition to wages for federal income tax		-		] =		See instructions	
15.	Special addition to wages for social security taxes		-		] =		See instructions	
16.	Special addition to wages for Medicare taxes		-		=		See instructions	
17.	Special addition to wages for Additional Medicare Tax		-		] =		See instructions	
18.	Combine the amounts on lines 7-1	7 of Column 4						
19a.	COBRA premium assistance payments (see instructions)		-	· .	=		See instructions	
19b.	Number of individuals provided COBRA premium assistance (see instructions)		_		] =			
20.	Total. Combine the amounts on lin	es 18 and 19a of Colu	mn 4					
	If line 20 is less than zero:							
	<ul> <li>If you checked line 1, this is the amount you want applied as a credit to your Form 941 for the tax period in which you are filing this form. (If you are currently filing a Form 944, Employer's ANNUAL Federal Tax Return, see the instructions.)</li> </ul>							
	<ul> <li>If you checked line 2, this is the amount you want refunded or abated.</li> </ul>							
	If line 20 is more than zero, the pay, see Amount You Owe in the pay.		owe	Pay this amount by	the tir	me you file this return	. For informa	tion on how to

Next 
Form **941-X** (Rev. 4-2014)

(not your trade name)		Employer identification number (EIN)	Correcting quarter (1, 2, 3, 4						
			Correcting calendar year (YYYY)						
4:	Explain your corrections for this quarter.								
	Check here if any corrections you entered on a line include your underreported and overreported amounts on line 23.	both underreported and overreporte	<b>d amounts.</b> Explain both						
22.	Check here if any corrections involve reclassified workers. Explain on line 23.								
23.	You must give us a detailed explanation of how you determi	ned your corrections. See the instruction	ons.						

## 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 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, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign y name		Print your name here Print your title here	
	Date / /	Best daytime ph	one
Paid Preparer Us	se Only	Check if you a	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	

Type of errors you are correcting	Form 94	1-X: Which proce	ss should you use?		
Underreported amounts ONLY	Check the box on	<b>se the adjustment process</b> to correct underreported amounts. Check the box on line 1. Pay the amount you owe from line 20 by the time you file Form 941-X.			
Overreported amounts ONLY	The process you use depends on when you file Form 941-X.	If you are 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 amounts. <b>Choose the adjustment process</b> if you want the amount shown on line 20 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 <b>Choose the claim process</b> if you want the amount shown on line 20 refunded to you or abated. Check the box on line 2.		
	DO	If you are 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 <b>claim process</b> to correct the overreported amounts. Check the box on line 2.		
BOTH underreported and overreported	The process you use depends on <b>when</b> you file Form 941-X.	If you are filing Form 941-X MORE THAN 90 days before the period of limitations on credit or refund for Form 941	Choose either the adjustment process or both the adjustment process and the claim process when you correct both underreported and overreported amounts.		
amounts		or Form 941-SS expires	<b>Choose the adjustment process</b> if combining your underreported amounts and overreported amounts results in a balance due or creates a credit that you want applied to Form 941, Form 941-SS, or Form 944.		
			<ul> <li>File one Form 941-X, and</li> <li>Check the box on line 1 and follow the instructions on line 20.</li> </ul>		
			OR Choose both the adjustment process and the claim process if you want the overreported amount refunded to you or abated.		
			<ul> <li>File two separate forms.</li> <li><b>1. For the adjustment process,</b> file one Form 941-X to correct the underreported amounts. Check the box on line 1. Pay the amount you owe from line 20 by the time you file Form 941-X.</li> </ul>		
			<b>2. For the claim process,</b> file a second Form 941-X to correct the overreported amounts. Check the box on line 2.		
		If you are 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 limitations on credit or refund for Form 941 or Form 941-SS	<ul><li>File two separate forms.</li><li>1. For the adjustment process, file one Form 941-X to correct the underreported amounts. Check the box on line 1. Pay the amount you owe from line 20 by the time you file Form 941-X.</li></ul>		
			<b>2.</b> For the claim process, file a second Form 941-X to correct the overreported amounts. Check the box on line 2.		