Form **944 for 20** : Employer's ANNUAL Federal Tax Return

Department of the Treasury — Internal Revenue Service

OMB No. 1545-2007

Employer identification number (EIN)								Who Must File Form 944 You must file annual				
Name (not your trade name) Form 944 instead of filing quarterly Forms 941												
Trade r	name (if any)	in writ										
Address Prior-year forms are available at www.irs.gov/form944.												
	Number Street Suite or room number											
		City	_									
City State ZIP code Read the separate instructions before you complete Form 944. Type or print within the boxes.												
		these questions for this	<u> </u>	туре огр	init within the t	JOXES.						
1 Wages, tips, and other compensation												
'	wages, up	s, and other compensant	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. '	'					
2	Income tax	withheld from wages, tip	os, and other compensa	tion		. 2	2					
3	If no wage	s, tips, and other comper	sation are subject to so	cial securi	ty or Medicare t	ax 3	3 <u> </u>	heck and go to line 5.				
4	Taxable so	cial security and Medica	re wages and tins:									
•	Tuxubic oc	olai ocoanty ana moaloai	Column 1	_	Columi	n 2						
	4a Taxable	e social security wages	,	× . 104 =	:			or 20 , the employee social ecurity tax rate is 4.2% and the				
	4h Taxable	e social security tips		× .104 =			N	Medicare tax rate is 4.2 % and the mployer social security tax rate is				
	45 TUXUDI	o occidi occurriy tipo					6	.2% and the Medicare tax rate is .45%.				
	4c Taxable	Medicare wages & tips		× .029 =								
	4d Add Co	olumn 2 line 4a, Column 2	line 4b, and Column 2 l	ine 4c .		. 4	d					
5	Total taxes	s before adjustments (add	l lines 2 and 4d)				5					
6	Current ve	ar's adjustments (see inst	ructions)			. 6	3					
7		s after adjustments. Comb				. 7	7					
8		osits for this year, incluent applied from Form 944					в					
9a	COBRA pro	emium assistance payme	nts (see instructions) .			. 9	a					
9b	Number of	individuals provided COI	BRA premium assistanc	е								
10	Add lines 8	3 and 9a				. 1	0					
11	Balance du	ue. If line 7 is more than line	e 10, enter the difference	and see ins	structions	. 1	1					
12	Overpaymen	nt. If line 10 is more than line 7	, enter the difference		Check of	ne:	Apply to 1	next return Send a refund.				
	► You MU	ST complete both pages	of Form 944 and SIGN it	i.				Next ■ ▶				

Name (not your trade	name)	ame)						ı	Employer identification number (EIN)						
Part 2: Tell us about your deposit schedule and tax liability for this year.															
13 Officer offe.		Line 7 is less than \$2,500. Go to Part 3. Line 7 is \$2,500 or more. Enter your tax liability for each month. If you are a semiweekly depositor or you accumulate													
\$100,000 or more of liability on any day during a deposit period, you must complete Form 945-A instead of the										ad of the boxes be	elow.				
			Jan.			Apr.		Г		Jul.		Oct.			
	13a		Feb.	130	d	May		13g		Aug.	13j	Nov.			
	401		i eb.	10		iviay		401-		Aug.	401-	INOV.			
	13b		Mar.	136	е	Jun.		13h		Sep.	13k	Dec.			
	13c			13:	f			13i			131				
	100							101		. [
	Total liability for year. Add lines 13a through 13l. Total must equal line 7.														
If you made deposits of taxes reported on this form, write the state abbreviation for the state where you made your deposits OR write <i>MU</i> if you made your deposits in <i>multiple</i> states.															
Part 3: Tell us	Part 3: Tell us about your business. If question 15 does NOT apply to your business, leave it blank.														
15 If your business has closed or you stopped paying wages															
Check he	ere and	d ente	er the final date	you paid	wage	es.									
Part 4: May we	e spea	ak wi	th your third-	party de	signe	ee?									
Do you want for details.	to allo	w an	employee, a pa	aid tax pr	epare	r, or anoth	er person t	o discuss	s this ret	urn with th	ne IRS? See	the instructions	7		
Yes. Des	signee'	's nar	me and phone r	number											
Sel	ect a 5	ō-digi	t Personal Iden	tification l	Numb	er (PIN) to	use when	talking to	IRS.						
No.															
Part 5: Sign He	ere. Y	ou M	IUST complet	e both p	ages	of Form 9	944 and S	IGN it.							
Under penalties of	perjury,	. I dec	clare that I have e	xamined t	his ret	urn, includin	ng accompa	nying sche	edules and	d statement	s, and to the	e best of my knowle	edge		
and belief, it is true,															
• 4		Г							Print yo						
	your									name here Print your					
name here										title here					
	Date Best daytime phone														
Paid Preparer Use Only Check if you are self-employed															
Preparer's name									P	TIN					
Preparer's signatu	ure								_ 	ate					
Firm's name (or yo if self-employed)	ours								E	IN					
Address									_ P	hone					
							Ctata			l					
City							State			IP code					

Page **2** Form **944** (2011)

Form 944-V, Payment Voucher

Purpose of Form

Complete Form 944-V, Payment Voucher, if you are making a payment with Form 944, Employer's ANNUAL Federal Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

If you have your return prepared by a third party and make a payment with that return, please provide this payment voucher to the return preparer.

Making Payments With Form 944

To avoid a penalty, make your payment with your 20 Form 944 **only if** one of the following applies.

- Your net taxes for the year (line 7 on Form 944) are less than \$2,500 and you are paying in full with a timely filed return.
- You already deposited the taxes you owed for the first, second, and third quarters of 20 , and the tax you owe for the fourth quarter of 20 is less than \$2,500, and you are paying, in full, the tax you owe for the fourth quarter of 20 with a timely filed return.
- Your net taxes for the third quarter are \$2,500 or more, net taxes for the fourth quarter are less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the fourth quarter.
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 (Circular E), Employer's Tax Guide, 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

(Circular E) for deposit instructions. Do not use Form 944-V to make federal tax deposits.

Caution. Use Form 944-V when making any payment with Form 944. However, if you pay an amount with Form 944 that should have been deposited, you may be subject to a penalty. See Deposit Penalties in section 11 of Pub. 15 (Circular E).

Specific Instructions

Box 1—Employer identification number (EIN). If you do not have an EIN, you may apply for one online. Go to IRS.gov and click on the *Apply for an Employer Identification Number (EIN) Online* link. You may also apply for an EIN by calling 1-800-829-4933, or you can fax or mail Form SS-4, Application for Employer Identification Number. If you have not 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 the "United States Treasury" and write your EIN, "Form 944," and "20" on your check or money order. Do not send cash. Do not 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. Do not send a photocopy of Form 944-V because your payment may be misapplied or delayed.

Note. You must also complete the entity information above Part 1 on Form 944.

Detach Here and Mail With Your Payment and Form 944.

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944-V				Payment Voucher	OMB No. 1545-2007		
			▶ Do i	not staple this voucher or your payment to Form 944.		20	
	Enter your employer identific number (EIN).	cation		Enter the amount of your payment. ▶	Dolla	rs	Cents
				3 Enter your business name (individual name if sole proprietor).			
				Enter your address. Enter your city, state, and ZIP code.			

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, including 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 and interest.

You are 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	45 min.
Learning about the law or the form	24 min.
Preparing, copying, assembling, and sending	
the form to the IRS	35 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 email us at *taxforms@irs.gov*. Enter "Form 944" on the subject line. Or write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:M:S, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 944 to this address. Instead, see *Where Should You File?* in the Instructions for Form 944.