## 951823

## Form 8974: Qualified Small Business Payroll Tax Credit for Increasing Research Activities

(Rev. D	ecember 2023) Departmen	t of the Treasury	<ul> <li>Internal Revenue Servic</li> </ul>	е				OMB No. 1545-0029	
	Employer identification number (EIN)						Report for this quarter		
Name							Check only one box.		
(not your trade name)							1: January, February, March		
The credit from Part 2, line 12 or, if applicable, line 17, will be reported on (check only one box): Form 941 (all 941 series)							2: April, May, June		
	Form 943 (all 943 series)						3: July, August, September		
	Form 944 (all 944 series)						4: October, November, December		
Calendar year You must select a quarter if you file Form 941.								<u> </u>	
Part 1: Tell us about your income tax return.									
	(a) Ending date of income tax period	(b) Income tax return filed that included Form 6765	(c) Date income tax return was filed	(d) EIN used on Form 6765	(e) Amount from Form 6765, lin or, if applicate the amount that allocated to you	e 44 ole, t was	(f) Amount of credit from column (e) taken on a previous period(s)	(g) Remaining credit (subtract column (f) from column (e))	
1	/ /		/ /						
2	/ /		/ /						
3	/ /		/ /						
4	/ /		/ /						
5	/ /		/ /						
6	Add lines 1(g) throug	gh 5(g) and e	nter the total here .						
Part 2: Determine the credit that you can use this period.									
7	Enter the amount fro	om Part 1, line	e 6(g)				7		
8	Enter the amount fr Form 943, line 3; or		1, line 5a, column 2 ne 4a, column 2	_					
9			line 5b, column 2; or						
10	Add lines 8 and 9			10					
11			eck this box  if you da Section 3121(q) No						
10	before completing li		are of social securi						
12	11, but not more that Form 943 or Form 9	an \$250,000. 44. If you ent	See the instructions ered the amount from orm 943, line 12a; or l	before entering In line 7, stop h	g an amount if ere and also en	you file iter this	) 5 40		
12			o 070, IIIIG 12a, 01 1	13		• • •	_ · <b>-</b>		
13 14									
17			ie 4c, column 2						
15	of sick pay or you red	ceived a Sect	u're a third-party paye ion 3121(q) Notice and ore completing line 15	b					
16	Credit against the	employer sh	are of Medicare tax.	Enter the sma	aller of line 13 o	r 15 .	16	-	
17	Total credit. Add lin		. Also, enter this amo	unt on Form 94	41, line 11a; Foi	rm 943	, 17		