Form 944-X :	Adjusted Employer's ANNUAL Federal Tax Retur	n or Claim for Refund
(Rev. February 2023)	Department of the Treasury – Internal Revenue Service	OMB No. 1545-200
Employer identific (EIN)		Return You're Correcting Enter the calendar year of the return you're correcting:
Name (not your trac	ade name)	(YYYY)
Trade name (if any		
Address Number	r Street Suite or room number	Enter the date you discovered errors:
Foreign	a country name Foreign province/county Foreign postal code	
ANNUAL Federa	rate instructions before completing this form. Use this form to correct errors al Tax Return. Use a separate Form 944-X for each year that needs correction all five pages. Don't attach this form to Form 944 unless you're reclassifying we	n. Type or print within the boxes. You
	ct ONLY one process. See page 6 for additional guidance, including loyment tax credits and social security tax deferrals.	information on how to treat
and you overrepo Form 94	ed employment tax return. Check this box if you underreported tax amounts. Also check a would like to use the adjustment process to correct the errors. You must check this box borted tax amounts on this form. The amount shown on line 27, if less than zero, may only 41, or Form 941-SS for the tax period in which you're filing this form. Check this box if you overreported tax amounts only and you would like to use the claim p bount shown on line 27. Don't check this box if you're correcting ANY underreported tax amounts	if you're correcting both underreported and be applied as a credit to your Form 944, process to ask for a refund or abatement of
	nplete the certifications. y that I've filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corre ed.	ected Wage and Tax Statement, as
amounts, f	bu're correcting underreported tax amounts only, go to Part 3 on page 2 and skip lines 4 a for purposes of the certifications on lines 4 and 5, Medicare tax doesn't include Additional overreported amounts of Additional Medicare Tax unless the amounts weren't withheld fr	I Medicare Tax. Form 944-X can't be used
•	checked line 1 because you're adjusting overreported federal income tax, social secu are Tax, check all that apply. You must check at least one box. that:	urity tax, Medicare tax, or Additional
<u> </u>	I repaid or reimbursed each affected employee for the overcollected social security tax ar written statement from each affected employee stating that they haven't claimed (or the or refund or credit for the overcollection.	nd Medicare tax for prior years. I have a claim was rejected) and won't claim a
	The adjustments of social security tax and Medicare tax are for the employer's share only each affected employee didn't give me a written statement that they haven't claimed (or t refund or credit for the overcollection.	
	The adjustment is for federal income tax, social security tax, Medicare tax, or Additional Memployee wages.	Medicare Tax that I didn't withhold from
	checked line 2 because you're claiming a refund or abatement of overreported federa are tax, or Additional Medicare Tax, check all that apply. You must check at least one b that:	
	I repaid or reimbursed each affected employee for the overcollected social security tax ar written statement from each affected employee stating that they haven't claimed (or the or refund or credit for the overcollection.	
	I have a written consent from each affected employee stating that I may file this claim for and Medicare tax overcollected in prior years. I also have a written statement from each a claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection	affected employee stating that they haven't
c.	The claim for social security tax and Medicare tax is for the employer's share only. I could	dn't find the affected employees; or each

- affected employee didn't give me a written consent to file a claim for the employee's share of social security tax and Medicare tax; or each affected employee didn't give me a written statement that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
 - d. The claim is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.

Name (I	not your trade name)				Employer ic	lenti	ification number (EIN)	Correcting Ca	lendar Year (YYYY)
Part	3: Enter the corrections for t	he calendar year yo	ou'r	e correct	ing. If any	lin	e doesn't apply, lea	ave it blank.	
		Column 1 Total corrected amount (for ALL employees)	!	Amount report previous!	umn 2 originally ed or as y corrected employees)	=	Column 3 Difference (If this amount is a negative number, use a minus sign.)		Column 4
6.	Wages, tips, and other compensation (Form 944, line 1)] –		•] =			nt in Column 1 when our Forms W-2 or
7.	Federal income tax withheld from wages, tips, and other compensation (Form 944, line 2)] –		•] =		Copy Column 3 here	
8.	Taxable social security wages (Form 944, line 4a, Column 1)] –		•] =	re correcting your employer	$ \times 0.124^* = $.062. See instructions.
9.	Qualified sick leave wages* (Form 944, line 4a(i), Column 1)	* Use line 9 only for qualifie] — ed sic	k leave wage	s paid after Ma] = arch	31, 2020, for leave taken be	X 0.062 =	
10.	Qualified family leave wages* (Form 944, line 4a(ii), Column 1)	* Use line 10 only for qualif] — ied fa	amily leave wa	ages paid after] = ⁻ Mar	ch 31, 2020, for leave taker	X 0.062 =	.
11.	Taxable social security tips (Form 944, line 4b, Column 1)] –		- * If] =	re correcting your employed	$ \times 0.124^* = $.062. See instructions.
12.	Taxable Medicare wages & tips (Form 944, line 4c, Column 1)] –		• * If y] = /ou'r	e correcting your employer	$ \times 0.029^* =$ share only, use 0.	0145. See instructions.
13.	Taxable wages & tips subject to Additional Medicare Tax withholding (Form 944, line 4d, Column 1)] –	* Certair	• n wages & tips] = repo	rted in Column 3 shouldn't	$ \ge 0.009^* = $ be multiplied by 0	.009. See instructions.
14.	Tax adjustments (Form 944, line 6)] –] =	-	Copy Column 3 here	-
15.	Qualified small business payroll tax credit for increasing research activities (Form 944, line 8a; you must attach Form 8974)] –		•] =		See instructions	
16.	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 944, line 8b)] –] =		See instructions	
17a.	Nonrefundable portion of employee retention credit* (Form 944, line 8c)	* Line 17a can only be used] —	orrecting a 20	20 or 2021 Fo] = rm 9		See instructions	
17b.	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 944, line 8d)] –] =		See instructions	
17c.	Nonrefundable portion of COBRA premium assistance credit* (Form 944, line 8e)	* Line 17c can only be used] —		• 121 or 2022 Fo] =		See instructions	
17d.	Number of individuals provided COBRA premium assistance* (Form 944, line 8f)	* Line 17d can only be used] –] =]	
18.	Special addition to wages for federal income tax] –] =		See instructions	

Name (/	not your trade name)				Employer ic	denti	fication number (EIN)	Correcting Ca	lendar Year (YYYY)
Part	3: Enter the corrections for t	he calendar year yo	u'r	e correct	ing. If any	, line	e doesn't apply, lea	ive it blank.	(continued)
		Column 1 Total corrected amount (for ALL employees)		Amount report previously	imn 2 originally ed or as corrected mployees)	=	Column 3 Difference (If this amount is a negative number, use a minus sign.)		Column 4
19.	Special addition to wages for social security taxes		-		•	=	•	See instructions	
20.	Special addition to wages for Medicare taxes		-] =		See instructions	-
21.	Special addition to wages for Additional Medicare Tax] –		•] =		See instructions	
22.	Subtotal. Combine the amounts on	lines 7 through 21 of C	Colu	mn 4 .					
23.	Deferred amount of the employer share of social security tax* (Form 944, line 10b)	* Line 23 can only be used] — if cor	recting a 202	• 0 Form 944.] =		See instructions	
24.	Deferred amount of the employee share of social security tax* (Form 944, line 10c)	* Line 24 can only be used	– if cor	recting a 202	• 0 Form 944.] =		See instructions	
25.	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 944, line 10d)	•	-] =	•	See instructions	
26a.	Refundable portion of employee retention credit* (Form 944, line 10e)	* Line 26a can only be used] — I if co	prrecting a 20	• 20 or 2021 Fo] = 94	44.	See instructions	
26b.	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 944, line 10f)] –] =		See instructions	
26c.	Refundable portion of COBRA premium assistance credit* (Form 944, line 10g)	* Line 26c can only be used	— Hifco	prrecting a 20	• 21 or 2022 Fo] = 94		See instructions	
27.	Total. Combine the amounts on line	es 22 through 26c of Co	olum	ın 4 .					-
	If line 27 is less than zero: • If you checked line 1, this is the a (If you're currently filing a Form 941 • If you checked line 2, this is the a If line 27 is more than zero, this is see Amount you owe in the instruct	or Form 941-SS, Empl mount you want refund s the amount you owe	oye ed c	r's QUART or abated.	ERLY Feder	ral T	ax Return, see the inst	ructions.)	C C
28.	Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 (Form 944, line 15)] –] =]	
29.	Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 (Form 944, line 16)] –] =]	
30.	Qualified wages for the employee retention credit*		-] =]	

employee retention credit* (Form 944, line 17)

* Line 30 can only be used	if correcting a 2020 or 2021	Form 944
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Name (not your trade name)			Employer	identi _	ification number (EIN)	Correcting Calendar Year (YYYY)
Part	3: Enter the corrections for t	ne calendar year yo	ou'r	e correcting. If an	y lin	e doesn't apply, lea	ave it blank. (continued)
		Column 1 Total corrected amount (for ALL employees)	: _	Column 2 Amount originally reported or as previously corrected (for ALL employees)	=	Column 3 Difference (If this amount is a negative number, use a minus sign.)	
31.	Qualified health plan expenses for the employee retention credit* (Form 944, line 18)	* Line 31 can only be used] — if cor	recting a 2020 or 2021 Fo	= 94	4.]
32.	Credit from Form 5884-C, line 11, for the year* (Form 944, line 19)	* Line 32 can only be used] — if cor	recting a 2020 Form 944.] =]
Cautio	on: Lines 33–40 don't apply to years t	eginning before Janua	ry 1	, 2021.			
33.	Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 944, line 19)] –] =]
34.	Qualified health plan expenses allocable to qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 944, line 20)] –] =		
35.	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 944, line 21)] –] =]
36.	Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 944, line 22)] –] =]
37.	Qualified health plan expenses allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 944, line 23)] –		=]
38.	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 944, line 24)] –] =]
39.	If you're eligible for the employee retention credit in the third quarter of 2021 solely because	* Line 39 can only be used] — if cor	recting a 2021 Form 944.	=]
	your business is a recovery startup business, enter the total of any amounts included on Form 944, lines 8c and 10e (or, if corrected, Form 944-X, lines 17a and 26a), for the third quarter of 2021* (Form 944, line 25)						
40.	If you're eligible for the employee retention credit in the fourth quarter of 2021 solely because your business is a recovery startup business, enter the total of any amounts included on Form 944, lines 8c and 10e (or, if corrected, Form 944-X, lines 17a and 26a), for the fourth quarter of 2021* (Form 944, line 26)	* Line 40 can only be used] — if cor	recting a 2021 Form 944.] =]

me (not your trade name)		Employer identification number (EIN)	Correcting Calendar Year (YYYY)			
Part 4:	Explain your corrections for the calendar	vear vou're correcting				
41.						
42.	42. Check here if any corrections involve reclassified workers. Explain on line 43.					
43.	You must give us a detailed explanation of how yo	ou determined your corrections. See the instruct	ions.			
Part 5:	Sign here. You must complete all five page	ges of this form and sign it.				

Under penalties of perjury, I declare that I have filed an original Form 944 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 your name here	Print your name here Print your title here		
Date /	/ Best daytime ph	ione	
Paid Preparer Use	Only	Check if yo	ou'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	

Form 944-X: Which process should you use?

Type of errors you're correcting							
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 944-X. 						
Overreported tax amounts ONLY	The process you use depends on when you file Form 944-X.	If you're filing Form 944-X MORE THAN 90 days before the period of limitations on credit or refund for Form 944 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 944, 941, or 941-SS for the period in which you file Form 944-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 944-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 944	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 944-X.	If you're filing Form 944-X MORE THAN 90 days before the period of limitations on credit or refund for Form 944 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 944, 941, or 941-SS. File one Form 944-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.				
			 For the adjustment process, file one Form 944-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 944-X. 				
			2. For the claim process, file a second Form 944-X to correct the overreported tax amounts. Check the box on line 2.				
		If you're filing Form 944-X WITHIN 90 days of the expiration of the period of limitations on credit or	You must use both the adjustment process and the claim process. File two separate forms.				
		refund for Form 944	 For the adjustment process, file one Form 944-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 944-X. 				
			2. For the claim process, file a second Form 944-X to correct the overreported tax amounts. Check the box on line 2.				