

Form **944 for 2013: Employer's ANNUAL Federal Tax Return**

Department of the Treasury — Internal Revenue Service

OMB No. 1545-2007

Employer identification number (EIN) \_\_\_\_\_

Name (not your trade name) \_\_\_\_\_

Trade name (if any) \_\_\_\_\_

Address \_\_\_\_\_

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Who Must File Form 944**

You must file annual Form 944 instead of filing quarterly Forms 941 only if the IRS notified you in writing. Instructions and prior-year forms are available at [www.irs.gov/form944](http://www.irs.gov/form944).

Read the separate instructions before you complete Form 944. Type or print within the boxes.

**Part 1:** Answer these questions for this year. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 1 and 2.

1 Wages, tips, and other compensation . . . . . 1 [ ]

2 Federal income tax withheld from wages, tips, and other compensation . . . . . 2 [ ]

3 If no wages, tips, and other compensation are subject to social security or Medicare tax 3  Check and go to line 5.

4 Taxable social security and Medicare wages and tips:

	Column 1		Column 2
4a Taxable social security wages	[ ]	× .124 =	[ ]
4b Taxable social security tips	[ ]	× .124 =	[ ]
4c Taxable Medicare wages & tips	[ ]	× .029 =	[ ]
4d Taxable wages & tips subject to Additional Medicare Tax withholding . . . . .	[ ]	× .009 =	[ ]

4e Add Column 2 from lines 4a, 4b, 4c, and 4d . . . . . 4e [ ]

5 Total taxes before adjustments. Add lines 2 and 4e . . . . . 5 [ ] 0.00

6 Current year's adjustments (see instructions) . . . . . 6 [ ]

7 Total taxes after adjustments. Combine lines 5 and 6 . . . . . 7 [ ] 0.00

8 Total deposits for this year, including overpayment applied from a prior year and overpayments applied from Form 944-X, 944-X (PR), 944-X (SP), 941-X, or 941-X (PR) . . . . . 8 [ ]

9a COBRA premium assistance payments (see instructions) . . . . . 9a [ ]

9b Number of individuals provided COBRA premium assistance [ ]

10 Add lines 8 and 9a . . . . . 10 [ ] 0.00

11 Balance due. If line 7 is more than line 10, enter the difference and see instructions . . . . . 11 [ ] 0.00

12 Overpayment. If line 10 is more than line 7, enter the difference [ ] Check one:  Apply to next return.  Send a refund.

▶ You MUST complete both pages of Form 944 and SIGN it.

**Next** ▶

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Name (not your trade name)

Employer identification number (EIN)

**Part 2: Tell us about your deposit schedule and tax liability for this year.**

13 Check one:  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 boxes below.

	Jan.		Apr.		Jul.		Oct.
13a	<input type="text"/>	13d	<input type="text"/>	13g	<input type="text"/>	13j	<input type="text"/>
	Feb.		May		Aug.		Nov.
13b	<input type="text"/>	13e	<input type="text"/>	13h	<input type="text"/>	13k	<input type="text"/>
	Mar.		Jun.		Sep.		Dec.
13c	<input type="text"/>	13f	<input type="text"/>	13i	<input type="text"/>	13l	<input type="text"/>
Total liability for year. Add lines 13a through 13l. Total must equal line 7.						13m	<input type="text"/>

**Part 3: Tell us about your business. If question 14 does NOT apply to your business, leave it blank.**

14 If your business has closed or you stopped paying wages...

Check here and enter the final date you paid wages.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS.

No.

**Part 5: Sign Here. You MUST complete both pages of Form 944 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, 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 phone

**Paid Preparer Use Only**

Check if you are 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