## Form **944 for 2011:** 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 nar	ne)				qı	orm 944 instead of filing uarterly Forms 941		
Trade name (if any)					in	nly if the IRS notified you writing.			
Addres				Prior-year forms are available at www.irs.gov/form944.					
	Number Street			Suite or room number					
	Cit			Ctata	ZIP code				
	Cit			State					
		instructions before yo nese questions for this	ou complete Form 944.	Type or p	rint within the bo	xes.			
Part	Allswel ti	lese questions for this	year.			Г	,		
1	Wages, tips,	and other compensation	n			. 1			
•	Income toy w	vithhald from wages tir	and other company	tion		. 2			
2	income tax w	numeia irom wages, uj	os, and other compensa	iuon		. 2	,•		
3	If no wages,	tips, and other comper	sation are subject to so	cial securi	ty or Medicare tax	3 [	Check and go to line 5.		
4	Taxable social security and Medicare wages and tips:								
•			Column 1	_	Column 2	2			
	4a Taxable s	ocial security wages		× . 104 =	:	•	For 2011, the employee social security tax rate is 4.2% and the		
	4b Taxable s	ocial security tips		× .104 =	:		Medicare tax rate is 1.45%. The employer social security tax rate is		
				]			6.2% and the Medicare tax rate is 1.45%.		
	4c Taxable M	ledicare wages & tips		× .029 =	:				
	4d Add Colu	mn 2 line 4a, Column 2	line 4b, and Column 2 I	ine 4c .		. 4d			
_						_ [			
5	Total taxes b	<b>efore adjustments</b> (add	lines 2 and 4d)			. 5	•		
6	Current year	's adjustments (see inst	ructions)			. 6			
7	Total taxes a	fter adjustments. Comb	sing lines 5 and 6			. 7			
-		•					, •		
8	-	its for this year, inclu applied from Form 944	ıding overpayment ap I-X or Form 941-X	plied from	a prior year an	d . 8	_		
	o roi paymoni	. арриов и от г от г от				. • [	-		
9a	COBRA prem	nium assistance payme	<b>nts</b> (see instructions) .			. 9a			
9b	Number of in	dividuals provided COI	BRA premium assistanc	e					
		promod co-					· · · · · · · · · · · · · · · · · · ·		
10	Add lines 8 a	nd 9a				. 10			
11	Balance due.	If line 7 is more than line	e 10, enter the difference	and see ins	structions	. 11			
12	Overnovment	If line 10 is more than line 7	ontor the difference		■ Check one	. 🗆 .	Phyto post values Court of the		
12					• Check one	Apı	ply to next return. Send a refund.		
	► You MUSI	complete both pages	of Form 944 and SIGN i	L.			Next <b>■</b> ►		

Name (not your trade nam	a)		Employer identification number (EIN)							
Part 2: Tell us abo	out your deposit schedule an	d tax liability for this yea	ar.							
13 Check one:	Line 7 is less than \$2,500. G	o 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.									
_	\$100,000 or more of liability on a	any day during a deposit per Apr.	iod, you must c	omplete Form 9 Jul.	45-A instead	of the boxes below. Oct.				
13a	<b>a</b> 13c		13g	_	13j					
100	Feb.	May	.09	Aug.	,	Nov.				
13b	■ 13e		13h	•	13k	•				
	Mar.	Jun.		Sep.		Dec.				
130	<u> </u>	·	13i		131					
Tot	al liability for year. Add lines 1	3a through 13l. Total mus	st equal line 7.	. 13m						
14 If y	If you made denosits 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 about your business. If question 15 does NOT apply to your business, leave it blank.										
15 If your business	15 If your business has closed or you stopped paying wages									
	Check here and enter the final date you paid wages.									
Part 4: May we sp	eak with your third-party des	signee?								
Do you want to a for details.	llow an employee, a paid tax pro	eparer, or another person t	o discuss this	return with the	IRS? See the	e instructions				
Yes. Designee's name and phone number										
Yes. Designee's name and prione number										
Select	a 5-digit Personal Identification I	Number (PIN) to use when	talking to IRS.							
No.										
Part 5: Sign Here.	Part 5: Sign Here. You MUST complete both pages of Form 944 and SIGN it.									
	ry, I declare that I have examined the			and statements	and to the he	est of my knowledge				
	ect, and complete. Declaration of pr									
				t your						
Sign you name h				ne here						
name n	ere			t your here						
	Date		_							
			Bes	t daytime phon						
Paid Preparer Us	e Only			Checl	k if you are s	elf-employed				
Preparer's name				PTIN						
Preparer's signature				Date						
Firm's name (or yours				L						
if self-employed)				EIN						
Address										
				Phone						

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# 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 2011 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 2011, and the tax you owe for the fourth quarter of 2011 is less than \$2,500, and you are paying, in full, the tax you owe for the fourth quarter of 2011 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 "2011" 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.

E 944-V Department of the Treasury ► Do		Payment Voucher  not staple this voucher or your payment to Form 944.		OMB No. 1545-2007	
Internal Revenue Service     Enter your employer identifice number (EIN).	cation	Enter the amount of your payment. ▶	Dolla	ırs	Cents
		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:

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.