Form **944 for 2024:** Employer's ANNUAL Federal Tax Return Department of the Treasury — Internal Revenue Service

					OMB No. 1545-0029				
Emplo	oyer identification number (EIN)				Who Must File Form 944				
Name	(not your trade name)	ins	You must file annual Form 944 instead of filing quarterly Forms 941 only if the IRS notified you in writing.						
Trade	name (if any)			Go	to www.irs.gov/Form944 for tructions and the latest				
Addre	Number	Street	Suite or room num	info	ormation.				
	City	S ₁	tate ZIP code						
	L Foreign country name	Foreign province/o	county Foreign postal cod	e					
Read	the separate instructions before you cor	nplete Form 944. Type or pri	int within the boxes.						
Part	Answer these questions for this Mariana Islands, the U.S. Virgin subject to U.S. income tax with	Islands, and Puerto Rico							
1	Wages, tips, and other compensation	n		1	•				
2	Federal income tax withheld from w	ages, tips, and other comp	ensation	2	•				
3	If no wages, tips, and other compen	sation are subject to social	l security or Medicare	tax 3 [Check here and go to line 5.				
4	Taxable social security and Medicar	e wages and tips:							
	I	Column 1	Colur	mn 2	٦				
	4a Taxable social security wages	x	0.124 =		_				
	4b Taxable social security tips	x	0.124 =						
	4c Taxable Medicare wages & tips	• ×	0.029 =						
	4d Taxable wages & tips subject	_							
	to Additional Medicare Tax withholding	• ×	0.009 =	•					
	4e Total social security and Medica	re taxes. Add Column 2 fron	m lines 4a, 4b, 4c, and 4	1d . 4e					
5	Total taxes before adjustments. Add	lines 2 and 4e		5					
6	Current year's adjustments (see insti	ructions)		6					
7	Total taxes after adjustments. Combine lines 5 and 6								
•	O			0074					
8	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 8								
9	Total taxes after adjustments and nonrefundable credits. Subtract line 8 from line 7 9								
10	Total deposits for this year, including overpayment applied from a prior year and overpayments applied from Form 944-X, 941-X, or 941-X (PR)								
11	Balance due. If line 9 is more than line	10, enter the difference and	I see instructions	11					
12	2. Overpayment. If line 10 is more than line 9, enter the difference Check one: Apply to next return Send a refund.								
	You MUST complete both pages of Form 944 and SIGN it.								

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	e 9 is less than \$2,	500. Go to	Part 3.							
	Line 9 is \$2,500 or more. Enter your tax liability for each month. If you're a semiweekly schedule depositor or you became one because you accumulated \$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.			July		Oct.		
40-			404			40		13j			
13a		Feb.	13d	May	•	13g _	Aug.	13j [Nov.		
13b	,		13e			13h		13k	•		
		Mar.		June		_	Sept.		Dec.		
13c		•	13f			13i	•	131			
									:		
Total liability for year. Add lines 13a through 13l. Total must equal line 9. 13m Part 3: Tell us about your business. If question 14 does NOT apply to your business, leave it blank.											
Part 3: Tell us abo	ut yo	ur business. If qu	estion 14	does NOT	apply to y	our bus	iness, leave it b	lank.			
14 If your busines	14 If your business has closed or you stopped paying wages										
enter the final date you paid wages / / ; also attach a statement to your return. See instructions.											
Part 4: May we speak with your third-party designee?											
Do you want to allow	an en	nployee, a paid tax	preparer, o	r another pe	erson to di	scuss this	s return with the l	RS? 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 the IRS.											
☐ No.	o digit	porconal lacrimoa		(1 114) 10 40	o whom tan	ang to th	o ii io.				
Part 5: Sign here.	You I	MUST complete b	oth pages	of Form 9	44 and SI	GN it.					
Under penalties of perju	ıry, I de	eclare that I have exar	mined this re	turn, includin	g accompar	ying sche			, ,		
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. Print your								, ,			
Sign yo						name here					
name here						Print your title here					
Date							Best davtime ph	one			
Paid Preparer Us	e On	ıy					- Cr	eck if you're	e self-employed		
Preparer's name							PTIN				
Preparer's signature	ture						Date				
Firm's name (or yours if self-employed)											
Address	ress Phone										
City	State						ZIP code				

Page **2** Form **944** (2024)

Form 944-V, Payment Voucher

Purpose of Form

Complete Form 944-V if you're making a payment with Form 944. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 944

To avoid a penalty, make your payment with your 2024 Form 944 **only if** one of the following applies.

- Your net taxes for the year (Form 944, line 9) are less than \$2,500 and you're paying in full with a timely filed return.
- Your net taxes for the year (Form 944, line 9) are \$2,500 or more and you already deposited the taxes you owed for the first, second, and third quarters of 2024; your net taxes for the fourth quarter are less than \$2,500; and you're paying, in full, the tax you owe for the fourth quarter of 2024 with a timely filed return.
- You're a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15. 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 for deposit instructions. Don't use Form 944-V to make federal tax deposits.



Use Form 944-V when making any payment with Form 944. However, if you pay an amount with Form 944 that should've been deposited, you may be subject to a penalty. See section 11 of

Pub. 15.

Specific Instructions

Box 1—Employer identification number (EIN). If you don't have an EIN, you may apply for one online by going to www.irs.gov/EIN. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't 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 "United States Treasury." Be sure to enter your EIN, "Form 944," and "2024" on your check or money order. Don't send cash. Don't 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.

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 Internal Revenue Service		n't	Payment Voucher staple this voucher or your payment to Form 944.	OMB No. 1545-0029		
Enter your employer ident number (EIN). —	Enter your employer identification number (EIN).		Enter the amount of your payment. Make your check or money order payable to "United States Treasury."	ırs	Cents	
		3	Enter your business name (individual name if sole proprietor). Enter your address. Enter your city, state, and ZIP code; or your city, foreign country name,	foreign province/cou	nty, and foreign po	ostal code.