## 945-X: Adjusted Annual Return of Withheld Federal Income Tax or Claim for Refund

	10 711				
(Rev. Februa	ary 2025) Departme	ent of the Treasury — Internal F	Revenue Service		OMB No. 1545-0029
Employer (EIN)	r identification number	] -		Enter the cale	re Correcting
Name (no	ot your trade name)			you're correcti	(YYYY)
Trade na	me (if any)				
Address					you discovered errors:
	Number	Street	Suite or room nun	mber           /     /       /	<u>/Y)</u>
	City	Str	ate ZIP code		
	Foreign country name	Foreign province/o	county Foreign postal co	ode	
Annual Rethe boxes	separate instructions before you eturn of Withheld Federal Income s. You MUST complete both pag	e Tax. Use a separate Fo	orm 945-X for each y		
Part 1:	Select ONLY one process.				
2.	amounts and you would like to use tunderreported and overreported amyour Form 945 for the tax period in value. Claim. Check this box if you overrepamount shown on line 5. Don't check	ounts on this form. The am which you're filing this form ported amounts only and yok this box if you're correction.	ount shown on line 5, if	claim process to ask for a amounts on this form.	be applied as a credit to
Part 2:	Enter the corrections for the	calendar year you're c	orrecting. If any line	doesn't apply, leave	it blank.
		Column 1	Column 2	Column 3	
		Total corrected _ amount (for ALL payees)	Amount originally reported or as previously corrected (for ALL payees)	Difference (If this amount is a negative number, use a minus sign.)	
3.	Federal income tax withheld (Form 945, line 1)			= .	]
4.	Backup withholding (Form 945, line 2)			=	
5.	Total. Combine the amounts on lin	nes 3 and 4 of Column 3			]
	If line 5 is less than zero:				
	If you checked line 1, this is the a filing this form	amount you want applied a	s a credit to your Form	945 for the tax period in w	hich you're

If line 5 is more than zero, this is the amount you owe. Pay this amount when you file this return. For information on how to pay, see *Amount you owe* in the instructions for line 5.

• If you checked line 2, this is the amount you want refunded or abated.

Name (not your trade name)				Employer identification number (EIN)		Correcting Calendar Year (YYYY)			
5									
Part 3:	Explain your o	corrections for the calendar year you	u're corre	ecting.					
6.	6. Check here if any corrections you entered on a line include both underreported and overreported amounts. Explunderreported and overreported amounts on line 7.								
7.	7. You must give us a detailed explanation of how you determined your corrections. See the instructions.								
Part 4:	Sign here. You	u must complete both pages of this	form and	l sign it.					
accompa	anying schedules	, I declare that I have filed an original Form and statements, and to the best of my kno sed on all information of which preparer ha	wledge and	d belief, it is true, co	this adjusted retu errect, and comple	ırn or claim, including ete. Declaration of preparer			
·				Print your					
Sign yo				name here Print your					
name h	here			title here					
С	Date /	/	Best daytime phone						
Paid Preparer Use Only				Check if you're	self-employed .				
Preparer <sup>2</sup>	's name				PTIN				
Preparer <sup>3</sup>	's signature				Date	/ /			
Firm's name (or yours if									
self-emp	loyed)				EIN				
Address					Phone				
City			Ctata		ZID code				
City			State	7	ZIP code				

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