

Form **944 for 2009: 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

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.**

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

Part 1: Answer these questions for 2009.

1 Wages, tips, and other compensation 1

2 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	<input type="text"/>	× .124 =	<input type="text"/>
4b Taxable social security tips	<input type="text"/>	× .124 =	<input type="text"/>
4c Taxable Medicare wages & tips	<input type="text"/>	× .029 =	<input type="text"/>
4d Total social security and Medicare taxes (Column 2, lines 4a + 4b + 4c = line 4d)			<input type="text"/>

5 Total taxes before adjustments (lines 2 + 4d = line 5) 5

6 Current year's adjustments (see instructions) 6

7 Total taxes after adjustments. Combine lines 5 and 6 7

8 Advance earned income credit (EIC) payments made to employees 8

9 Total taxes after adjustment for advance EIC (line 7 - line 8 = line 9) 9

10 Total deposits for this year, including overpayment applied from a prior year and overpayment applied from Form 944-X or Form 941-X 10

11a COBRA premium assistance payments (see instructions) 11a

11b Number of individuals provided COBRA premium assistance reported on line 11a 11b

12 Add lines 10 and 11a 12

13 Balance due. If line 9 is more than line 12, write the difference here. For information on how to pay, see the instructions 13

14 Overpayment. If line 12 is more than line 9, write the difference here. . 14

Check one Apply to next return.
 Send a refund.

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

Next ➔

Name (not your trade name)

Employer identification number (EIN)

Part 2: Tell us about your tax liability for 2009.

15 Check one: Line 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 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.

Grid of boxes for monthly tax liability: 15a Jan., 15b Feb., 15c Mar., 15d Apr., 15e May, 15f Jun., 15g Jul., 15h Aug., 15i Sep., 15j Oct., 15k Nov., 15l Dec.

Total liability for year. Add lines 15a through 15l. Total must equal line 9. 15m

16 If you made deposits of taxes reported on this form, write the state abbreviation for the state where you made your deposits OR write MU if you made your deposits in multiple states.

Part 3: Tell us about your business. If question 17 does NOT apply to your business, leave it blank.

17 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.

Signature area with 'X' icon, fields for name, title, date, and phone number.

Paid preparer's use only

Check if you are self-employed

Fields for preparer information: name, signature, firm name, address, city, state, ZIP code, SSN/PTIN, date, EIN, phone.

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 2009 Form 944 **only** if one of the following applies.

- Your net taxes for the year (line 9 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 2009, and the tax you owe for the fourth quarter of 2009 is less than \$2,500, and you are paying, in full, the tax you owe for the fourth quarter of 2009 with a timely filed return.
- 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 deposit your payment at an authorized financial institution or by using the Electronic Federal Tax Payment System (EFTPS). 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, apply for one on Form SS-4, Application for Employer Identification Number, and 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 "2009" 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.

Note. You must also complete the entity information above Part 1 on Form 944.

Detach Here and Mail With Your Payment and Form 944.

			
Form 944-V Department of the Treasury Internal Revenue Service (77)	Payment Voucher		OMB No. 1545-2007 2009
▶ Do not staple this voucher or your payment to Form 944.			
1 Enter your employer identification number (EIN). _____ _____	2 Enter the amount of your payment. ▶	Dollars	Cents
	3 Enter your business name (individual name if sole proprietor). _____ Enter your address. _____ Enter your city, state, and ZIP code.		