# Form 944 for 2011: Employer's ANNUAL Federal Tax Return Department of the Treasury – Internal Revenue Service

Emplo	oyer identification number (EIN)	Who Must File Form 944				
Name	(not your trade name)					n must file annual m 944 instead of filing
Name					qua	rterly Forms 941 <b>y if the IRS notified you</b>
Trade	name (if any)				in w	vriting.
						or-year forms are available /ww.irs.gov/form944.
Addre	SS Number S	or room number	ain	ww.ii3.gov/io////o++.		
	City	[	State Z	IP code		
Read	the separate instructions before y	ou complete Form 944.	. Type or print w	ithin the boxes	5.	
	1: Answer these questions for thi	· · ·				
					. [	
1	Wages, tips, and other compensation	on				•
2	Income tax withheld from wages, ti	ps, and other compensa	ation		2	
						1
3	If no wages, tips, and other compe	sation are subject to so	ocial security or N	ledicare tax	3	Check and go to line 5.
4	Taxable social security and Medica	re wages and tips:				
	-	Column 1		Column 2		
	4a Taxable social security wages		× . 104 =			For 2011, the employee social
						security tax rate is 4.2% and the Medicare tax rate is 1.45%. The
	4b Taxable social security tips	•	× .104 =	•		employer social security tax rate is 6.2% and the Medicare tax rate is
	4c Taxable Medicare wages & tips	•	× .029 =			1.45%.
	4d Add Column 2 line 4a, Column 2	line 4b. and <i>Column 2</i> I	ine 4c		4d	
5	Total taxes before adjustments (add	l lines 2 and 4d)			5	•
6	Current year's adjustments (see insi	ructions)			6	-
•						
7	Total taxes after adjustments. Com	oine lines 5 and 6			7	•
8	Total deposits for this year, incl			ior year and		
	overpayment applied from Form 94	4-X or Form 941-X			8	<b>•</b>
9a	COBRA premium assistance payme	ents (see instructions)			9a	-
		· · · · · · · · · · · · · · · · · · ·				
9b	Number of individuals provided CO	3RA premium assistanc	e			
10	Add lines 8 and 9a				10	
10						
11	Balance due. If line 7 is more than lin	e 10, enter the difference	and see instructio	ns	11	
12	Overpayment. If line 10 is more than line 7	optor the difference		Check one:	] <u></u>	
12		· · · · · · · · · · · · · · · · · · ·	•			to next return. Send a refund.
For De	You MUST complete both pages ivacy Act and Paperwork Reduction Act			her ^	ot NI-	Next ■► 39316N Form <b>944</b> (2011)
or Pr	ivacy Act and Paperwork Reduction Ac	LINGLICE, SEE THE DACK OF	me Payment vouc	ner. C	at. No. 3	39316N Form <b>344</b> (2011)

Name (not your trade name		Employer identification number (EIN)											
Part 2: Tell us abo	ut your deposit schedule and tax liability for this year.												
13 Check one:	Line 7 is less than \$2,500. Go to Part 3.												
	e 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 con Jan. Apr.	Jul. Oct.											
13a	. 13d . 13g	• 13j •											
	Feb. May	Aug. Nov.											
13b	. 13e . 13h	13k											
	Mar. Jun.	Sep. Dec.											
13c	. 13f . 13i	13I											
Tot	al liability for year. Add lines 13a through 13I. Total must equal line 7.	13m											
14 If you made deposits 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 has closed or you stopped paying wages													
Check here a	nd enter the final date you paid wages.												
Part 4: May we sp	eak with your third-party designee?												
Do you want to a for details.	llow an employee, a paid tax preparer, or another person to discuss this re	eturn with the IRS? See the instructions											
Tor details.													
Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS.													
	You MUST complete both pages of Form 944 and SIGN it.												
	ry, I declare that I have examined this return, including accompanying schedules a												
and belief, it is true, corr	ect, and complete. Declaration of preparer (other than taxpayer) is based on all infor	mation of which preparer has any knowledge.											
Sime vo	Print												
Sign yo name h		ame here											
	title h	ere											
	Date Best	daytime phone											
Paid Preparer Us	e 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											
		- 044 mar											

# 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 guarters of 2011, and the tax you owe for the fourth guarter 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 guarter are \$2,500 or more, net taxes for the fourth guarter 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.

3- T			₩ <b>3</b> 44.		÷
E 944-V Department of the Treasury Internal Revenue Service ► Do		<b>Payment Voucher</b> t staple this voucher or your payment to Form 944.		OMB No. 1545-2007	
<ol> <li>Enter your employer identification number (EIN).</li> </ol>	2	Enter the amount of your payment. ►	Dolla	ars	Cents
	3	Enter your business name (individual name if sole proprietor). Enter your address. Enter your city, state, and ZIP code.			

## Detach Here and Mail With Your Payment and Form 944

#### 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:

Recordkeeping......10 hrs., 45 min.Learning about the law or the form......24 min.

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.