Form **941-X**: Adjusted Employer's QUARTERLY Federal Tax Return or Claim for Refund Department of the Treasury - Internal Revenue Service (Rev. October 2020) OMB No. 1545-0029

Employer i (EIN)	dentification nu	nber	-		
Name (not	your trade name)				
Trade nam	ie (if any)				
Address	Number	Street			Suite or room number
	City			State	ZIP code

Return You're Correcting					
Check the type of return you're correcting.					
941					
941-SS					
Check the ONE quarter you're correcting.					
1: January, February, March					
2: April, May, June					
3: July, August, September					
4: October, November, December					
Enter the calendar year of the quarter you're correcting.					
(YYYY)					
Enter the date you discovered errors.					

Enter the date you discovered errors

made on Form 941 or 941-SS. Use a separate Form 941-X for each quarter that needs correction. Type or print within the boxes. You MUST complete all four pages. Don't attach this form to Form 941 or 941-SS unless you're reclassifying workers; see the instructions for line 36.

Part 1: Select ONLY one process. See page 5 for additional guidance.

	1.	Adjusted employment tax return. Check this box if you underreported amounts. Also check this box if you overreported amounts and you would like to use the adjustment process to correct the errors. You must check this box if you're correcting both underreported and overreported amounts on this form. The amount shown on line 27, if less than zero, may only be applied as a credit to your Form 941, Form 941-SS, or Form 944 for the tax period in which you're filing this form.	Enter the date you discovered error
	2.	Claim. Check this box if you overreported amounts only and you would like to use the claim process to ask for a refund or abatement of the amount shown on line 27. Don't check this box if you're correcting ANY underreported amounts on this form.	
Part 2	-	Complete the certifications.	
	3.	I certify that I've filed or will file Forms W-2, Wage and Tax Statement, or Forms	N-2c. Corrected Wage and Tax Stateme

3. I certify that I've filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, as required.

Note: If you're correcting underreported amounts only, go to Part 3 on page 2 and skip lines 4 and 5. If you're correcting overreported amounts, for purposes of the certifications on lines 4 and 5, Medicare tax doesn't include Additional Medicare Tax. Form 941-X can't be used to correct overreported amounts of Additional Medicare Tax unless the amounts weren't withheld from employee wages or an adjustment is being made for the current year.

If you checked line 1 because you're adjusting overreported federal income tax, social security tax, Medicare tax, or Additional 4. Medicare Tax, check all that apply. You must check at least one box. I certify that:

I repaid or reimbursed each affected employee for the overcollected federal income tax or Additional Medicare Tax for the current a. year and the overcollected social security tax and Medicare tax for current and prior years. For adjustments of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.

b. The adjustments of social security tax and Medicare tax are for the employer's share only. I couldn't find the affected employees or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.

The adjustment is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from c. emplovee wages.

- 5. If you checked line 2 because you're claiming a refund or abatement of overreported federal income tax, social security tax, Medicare tax, or Additional Medicare Tax, check all that apply. You must check at least one box. I certify that:
 - a. I repaid or reimbursed each affected employee for the overcollected social security tax and Medicare tax. For claims of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- b. I have a written consent from each affected employee stating that I may file this claim for the employee's share of social security tax and Medicare tax. For refunds of employee social security tax and Medicare tax overcollected in prior years, I also have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- c. The claim for social security tax and Medicare tax is for the employer's share only. I couldn't find the affected employees, or each affected employee didn't give me a written consent to file a claim for the employee's share of social security tax and Medicare tax, or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- d. The claim is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.

Name	(not your trade name)			Employer	identifica	tion number (EIN)	Correcting of Correcting	quarter (1, 2, 3, 4) calendar year (YYYY)
								,
Part	3: Enter the corrections for the	nis quarter. If any	ine o	doesn't apply, l	eave it	blank.	ł	
		Column 1		Column 2		Column 3		Column 4
		Total corrected amount (for ALL employees)	_	Amount originally reported or as previously correct (for ALL employee	ed _	Difference (If this amount is a negative number, use a minus sign.)		Tax correction
6.	Wages, tips, and other compensation (Form 941, line 2)] –		=			in Column 1 when you ms W-2 or Forms W-2c.
7.	Federal income tax withheld from wages, tips, and other compensation (Form 941, line 3)		_		=		Copy Column 3 here ►	
8.	Taxable social security wages (Form 941 or 941-SS, line 5a, Column 1)		_		=	If you're correcting your emp	$\times 0.124^* =$	
9.	Qualified sick leave wages (Form 941 or 941-SS, line 5a(i), Column 1)] –		=		× 0.062 =	
10.	Qualified family leave wages (Form 941 or 941-SS, line 5a(ii), Column 1)] –		=		× 0.062 =	
11.	Taxable social security tips (Form 941 or 941-SS, line 5b, Column 1)] –		=		× 0.124* =	
12.	Taxable Medicare wages & tips (Form		1			If you're correcting your emp	bloyer share only, u	use 0.062. See instructions.
	941 or 941-SS, line 5c, Column 1)				= * I1	you're correcting your emp	× 0.029* =	se 0.0145. See instructions.
13.	Taxable wages & tips subject to Additional Medicare Tax withholding (Form 941 or 941-SS, line 5d)			* Certain wa	= ages and tip	s reported in Column 3 shou	$\times 0.009^* =$	by 0.009. See instructions.
14.	Section 3121(q) Notice and Demand – Tax due on unreported tips (Form 941 or 941-SS, line 5f)] –		=		Copy Column 3 here ►	
15.	Tax adjustments (Form 941 or 941-SS, lines 7 through 9)] –		=		Copy Column 3 here ►	
16.	Qualified small business payroll tax credit for increasing				=		See instructions	
	research activities (Form 941 or 941-SS, line 11a; you must attach Form 8974)							
17.	Nonrefundable portion of credit for qualified sick and family leave wages (Form 941 or 941-SS, line 11b)				=		See instructions	
18.	Nonrefundable portion of employee retention credit (Form 941 or 941-SS, line 11c)] –		=		See instructions	
19.	Special addition to wages for federal income tax] –		=		See instructions	
20.	Special addition to wages for social security taxes] –		=		See instructions	
21.	Special addition to wages for Medicare taxes] –		=		See instructions	
22.	Special addition to wages for Additional Medicare Tax] –		=		See instructions	
23.	Combine the amounts on lines 7 th	rough 22 of Column /	1					
23. 24.	Deferred amount of social		· ·				See	··
	security tax* (Form 941 or 941-SS, line 13b) * Use this line	to correct the employer defe] rral for	the second quarter of 2		employer and employee de	instructions	and fourth quarters of 2020.
25.	Refundable portion of credit for qualified sick and family leave wages (Form 941 or 941-SS, line 13c)] –		=		See instructions	

Name	(not your trade name)				Employer ider	ntifica	tion number (EIN)	Correcting	
								Correcting	calendar year (YYYY)
Part	3: Enter the corrections for th	nis quarter. If any l	ine d	doesn	t apply, leav	ve it	blank. (continued)		
		Column 1 Total corrected amount (for ALL employees)	_	Amour report previo	lumn 2 nt originally ed or as usly corrected L employees)	=	Column 3 Difference (If this amount is a negative number, use a minus sign.)		Column 4
26.	Refundable portion of employee retention credit (Form 941 or 941-SS, line 13d)		_] =		See instructions	
27.	Total. Combine the amounts on line If line 27 is less than zero: • If you checked line 1, this is th	-				 Form			
	filing this form. (If you're curre		•••					•	I which you le
	 If you checked line 2, this is the second sec	2							
	If line 27 is more than zero, th pay, see Amount you owe in the		I OW6	e. Pay t	his amount by	the t	time you file this return	. For informa	tion on how to
28.	Qualified health plan expenses allocable to qualified sick leave wages (Form 941 or 941-SS, line 19)		_] =			
29.	Qualified health plan expenses allocable to qualified family leave wages (Form 941 or 941-SS, line 20)		_] =			
30.	Qualified wages for the employee retention credit (Form 941 or 941-SS, line 21)		_] =			
31.	Qualified health plan expenses allocable to wages reported on Form 941 or 941-SS, line 21 (Form 941 or 941-SS, line 22)		_] =			
32.	Credit from Form 5884-C, line 11, for this quarter (Form 941 or 941-SS, line 23)		_] =			
33a.	Qualified wages paid March 13 through March 31, 2020, for the employee retention credit (use this line to correct only the second quarter of 2020) (Form 941 or 941-SS, line 24)		_] =			
33b.	Deferred amount of the employee share of social security tax included on Form 941 or 941-SS, line 13b (use this line to correct only the third and fourth quarters of 2020) (Form 941 or 941-SS, line 24)		_] =			
34.	Qualified health plan expenses allocable to wages reported on Form 941 or 941-SS, line 24 (use this line to correct only the second quarter of 2020) (Form 941 or 941-SS, line 25)		-] =			Next ■
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e (not y	/our trade name)	Employer identification number (EIN)	Correcting quarter (1, 2, 3, 4		
			Correcting calendar y	ear (YYYY)	
rt 4:	Explain your corrections for this quarter.				
35.	Check here if any corrections you entered on a line include your underreported and overreported amounts on line 37.	both underreported and overreported	amounts. Explain bot	h	
36.	Check here if any corrections involve reclassified workers. E	Explain on line 37.			
37.	You must give us a detailed explanation of how you determine	ned your corrections. See the instructio	ns.		

Part 5: Sign here. You must complete all four pages of this form and sign it.

Under penalties of perjury, I declare that I have filed an original Form 941 or Form 941-SS and that I have examined this adjusted return or claim, 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.

Sign your name here		nar Prir	nt your me here nt your e here	
Date / /		Bes	st daytime ph	one
Paid Preparer Use Only			Check if yo	u're self-employed
Preparer's name			PTIN	
Preparer's signature			Date	/ /
Firm's name (or yours			EIN	
Address			Phone	
City	State		ZIP code	

Type of errors you're correcting	Form 94	41-X: Which proce	ess should you use?						
Underreported amounts ONLY	 Use the adjustment process to correct underreported amounts. Check the box on line 1. Pay the amount you owe from line 27 by the time you file Form 941-X. 								
Overreported amounts ONLY	The process you use depends on when you file Form 941-X.	If you're filing Form 941-X MORE THAN 90 days before the period of limitations on credit or refund for Form 941 or Form 941-SS expires	Choose either the adjustment process or the claim process to correct the overreported amounts. Choose the adjustment process if you want the amount shown on line 27 credited to your Form 941, Form 941-SS, or Form 944 for the period in which you file Form 941-X. Check the box on line 1. OR Choose the claim process if you want the amount shown on line 27 refunded to you or abated. Check the box on line 2.						
		If you're filing Form 941-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 941 or Form 941-SS	You must use the claim process to correct the overreported amounts. Check the box on line 2.						
BOTH underreported and overreported amounts	The process you use depends on when you file Form 941-X.	If you're filing Form 941-X MORE THAN 90 days before the period of limitations on credit or refund for Form 941 or Form 941-SS expires	 Choose either the adjustment process or both the adjustment process and the claim process when you correct both underreported and overreported amounts. Choose the adjustment process if combining your underreported amounts and overreported amounts results in a balance due or creates a credit that you want applied to Form 941, Form 941-SS, or Form 944. File one Form 941-X, and Check the box on line 1 and follow the instructions on line 27. OR Choose both the adjustment process and the claim process if you want the overreported amount refunded to you or abated. File two separate forms. For the adjustment process, file one Form 941-X to correct the underreported amounts. Check the box on line 1. Pay the amount you owe from line 27 by the time you file Form 941-X. For the claim process, file a second Form 941-X to correct the overreported amounts. Check the box on line 2. 						
		If you're filing Form 941-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 941 or Form 941-SS	 You must use both the adjustment process and the claim process. File two separate forms. 1. For the adjustment process, file one Form 941-X to correct the underreported amounts. Check the box on line 1. Pay the amount you owe from line 27 by the time you file Form 941-X. 2. For the claim process, file a second Form 941-X to correct the overreported amounts. Check the box on line 2. 						