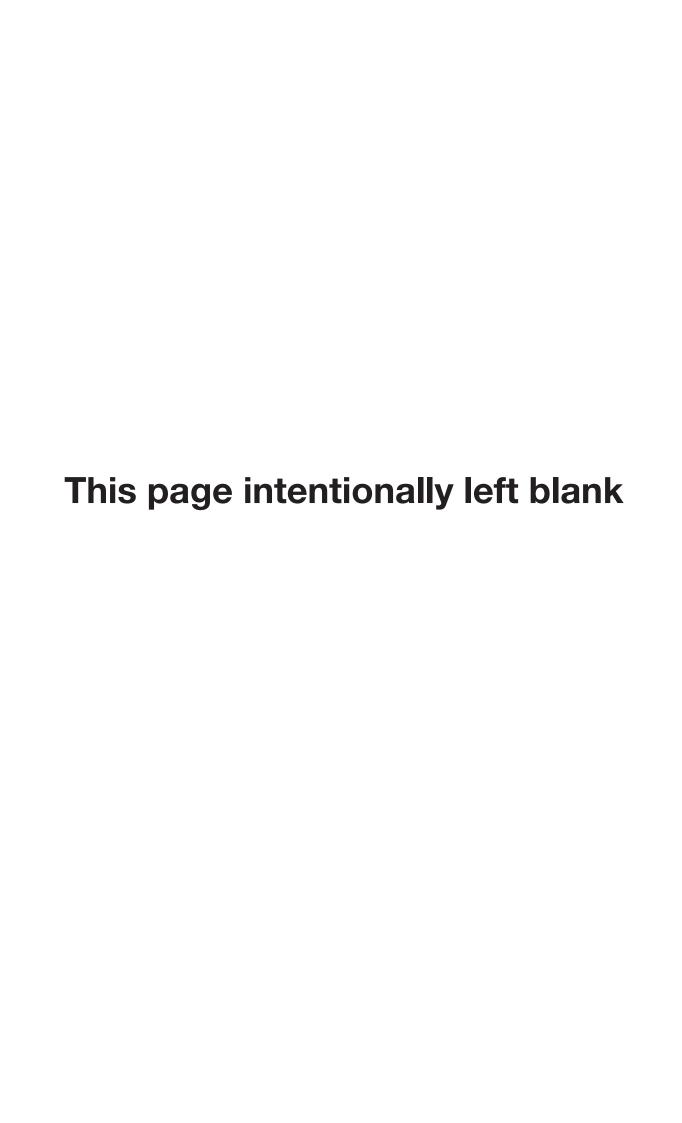
Form **944 for 2020:** Employer's ANNUAL Federal Tax Return

| | Department of | the Treasury — Internal Reven | ue Service | | | OMB No. 1545-2007 |
|--------|--|-------------------------------|----------------|-----------------------|--------------------|--|
| Emplo | yer identification number (EIN) | | | | 1 | Who Must File Form 944 |
| Name | (not your trade name) | | | | inst onl | umust file annual Form 944 ead of filing quarterly Forms 941 y if the IRS notified you in ting. |
| Trade | name (if any) | | | | Go | to www.irs.gov/Form944 for |
| Addre | S Number Street Suite or room number | | | | | ructions and the latest rmation. |
| | | | | | | |
| | City | | State | ZIP code | | |
| | Foreign country name | Foreign provir | nce/county | Foreign postal code | | |
| Read t | he separate instructions before you con | nplete Form 944. Type or | print within t | the boxes. | | |
| Part | Answer these questions for this Mariana Islands, the U.S. Virgin subject to U.S. income tax withh | Islands, and Puerto Ri | | | | |
| 1 | Wages, tips, and other compensation | 1 | | | 1 | |
| 2 | Federal income tax withheld from wa | nges, tips, and other cor | npensation | | 2 | |
| 3 | If no wages, tips, and other compens | sation are subject to so | cial security | or Medicare tax | 3 | Check and go to line 5. |
| 4 | Taxable social security and Medicard | e wages and tips: Column 1 | | Column 2 | | |
| | 4a Taxable social security wages | |]× 0.124 = | | | |
| | 4a (i) Qualified sick leave wages | • | × 0.062 = | | | |
| | 4a (ii) Qualified family leave wages | = | × 0.062 = | | | |
| | 4b Taxable social security tips | | × 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 Medicare to | axes. Add Column 2 from lir | | a(ii), 4b, 4c, and 4d | 4e | • |
| 5 | Total taxes before adjustments. Add | lines 2 and 4e | | | 5 | |
| 6 | Current year's adjustments (see instr | uctions) | | | 6 | |
| 7 | Total taxes after adjustments. Comb | ne lines 5 and 6 | | | 7 | |
| 8a | Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 | | | | | |
| 8b | Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1 | | | | | |
| 8c | Nonrefundable portion of employee | retention credit from Wo | orksheet 1 | | 8c | |
| 8d | Total nonrefundable credits. Add line | s 8a, 8b, and 8c | | | 8d | |
| | ► You MUST complete all three page | CIO | A 1 24 | | | Next - |

| | e (not your trade name) | | | | | Linployer iden | Employer identification number (EIN) | | | |
|-----|--|--|---------------|----------------------|---------------|--------------------|--------------------------------------|-----------------|--|--|
| art | 1: Answer thes | e questions for this | year. (contin | ued) | | | | | | |
| 9 | Total taxes after | r adjustments and no | e7 9 | | | | | | | |
|)a | • | for this year, included pplied from Form 944 | rear and | | | | | | | |
| b | Deferred amount of the employer share of social security tax | | | | | | | | | |
| С | Deferred amount of the employee share of social security tax | | | | | | | | | |
| d | Refundable port | tion of credit for quali | fied sick and | family leave wag | jes from Work | sheet 1 10d | | | | |
| е | Refundable portion of employee retention credit from Worksheet 1 | | | | | | | | | |
| f | Total deposits, deferrals, and refundable credits. Add lines 10a, 10b, 10c, 10d, and 10e . 10f | | | | | | | | | |
| g | g Total advances received from filing Form(s) 7200 for the year | | | | | | | | | |
| h | Total deposits, deferrals, and refundable credits less advances. Subtract line 10g from line 10f | | | | | | | | | |
| | Balance due. If line 9 is more than line 10h, enter the difference and see instructions 11 | | | | | | | | | |
| | Overpayment. If line 10h is more than line 9, enter the difference Check one: Apply to next return. Send a refund. | | | | | | | | | |
| rt | 2: Tell us about | t your deposit sched | ule and tax | liability for this y | ear. | | | | | |
| (| | Line 9 is less than \$2 Line 9 is \$2,500 or mo | ore. Enter yo | ur tax liability for | | • | - | • | | |
| | | you became one bec you must complete F | | | | liability on any d | lay during a | deposit period, | | |
| | | lon | | Apr. | | July | | Oct. | | |
| | | Jan. | | | 1 1 | | | | | |
| | 13a | Jan. | 13d | | 13g | | 13j | | | |
| | | Feb. | 13d | ■ May | 13g | ■ Aug. | 13j | Nov. | | |
| | | | 13d | May | 13g | Aug. | 13j 13k | Nov. | | |
| | 13 a | Feb. | | • |] [| <u> </u> | _ · _ | Nov. | | |

| Name (not your trade name) | | | | | Employer identification number (EIN) | | | |
|--|---|------------------|-------------|--------------|--------------------------------------|-----------------------|--|--|
| Part 3: Tell us about your business. If any question does NOT apply to your business, leave it blank. | | | | | | | | |
| 14 If your busines | ss has closed or you stopped paying wages | | | | | | | |
| enter the final o | date you paid wages / / ; also attach a statement to your return. See instructions. | | | | | | | |
| 15 Qualified healt | th plan expenses allocable to qualified sick leave wages | | | | | | | |
| 16 Qualified healt | th plan expenses allocable to | qualified family | 16 | | | | | |
| 17 Qualified wage | d wages for the employee retention credit | | | | | | | |
| 18 Qualified healt | Qualified health plan expenses allocable to wages reported on line 17 | | | | | | | |
| 19 Credit from Fo | orm 5884-C, line 11, for the ye | ar | | | 19 | | | |
| Part 4: May we sp | eak with your third-party de | esignee? | | | | | | |
| Do you want to instructions for d | allow an employee, a paid tax etails. | preparer, or a | nother pers | on to disc | cuss this return | with the IRS? See the | | |
| Yes. Designee's name and phone number | | | | | | | | |
| | | | | | | | | |
| Select a | a 5-digit personal identification | number (PIN) to | use when to | alking to th | ne IRS. | | | |
| | You MUST complete all thre | ee pages of Fo | rm 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. | | | | | | | | |
| | | | Print your | | | | | |
| name h | | | | 1 | Print your | | | |
| • | | | | | title here | | | |
| Date Best daytime phone | | | | | | | | |
| Paid Preparer Use Only Check if you're self-employed | | | | | | | | |
| Preparer's name | | | | | PTIN | | | |
| Preparer's signature | parer's signature | | | | Date | | | |
| Firm's name (or yours if self-employed) | | | | | EIN | | | |
| Address | | | | | Phone | | | |
| City | | | State | | ZIP code | | | |

Page **3** Form **944** (2020)



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 2020 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 2020; 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 2020 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, section 8 of Pub. 80, or section 11 of Pub. 179 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, section 8 of Pub. 80, or section 11 of Pub. 179 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, section 8 of Pub. 80, or section 11 of Pub. 179 for details.

Specific Instructions

Box 1—Employer identification number (EIN). If you don't have an EIN, you may apply for one online by visiting the IRS website at 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 "2020" 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.

| <u> </u> | | | — | | → |
|--|--------|--|------------------------|--------------------|----------------|
| 5944-V | | Payment Voucher | OMB No. 1545-2007 | | |
| Department of the Treasury Internal Revenue Service | ►D | on't staple this voucher or your payment to Form 944. | | 2020 | |
| Enter your employer identified number (EIN). | cation | Enter the amount of your payment. ► Make your check or money order payable to "United States Treasury" | Dolla | irs | Cents |
| | | 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. | ie, foreign province/c | ounty, and foreign | n postal code. |

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 and provides for 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.

You're 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:

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 send us comments from www.irs.gov/FormComments. Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Don't send Form 944 to this address. Instead, see Where Should You File? in the Instructions for Form 944.