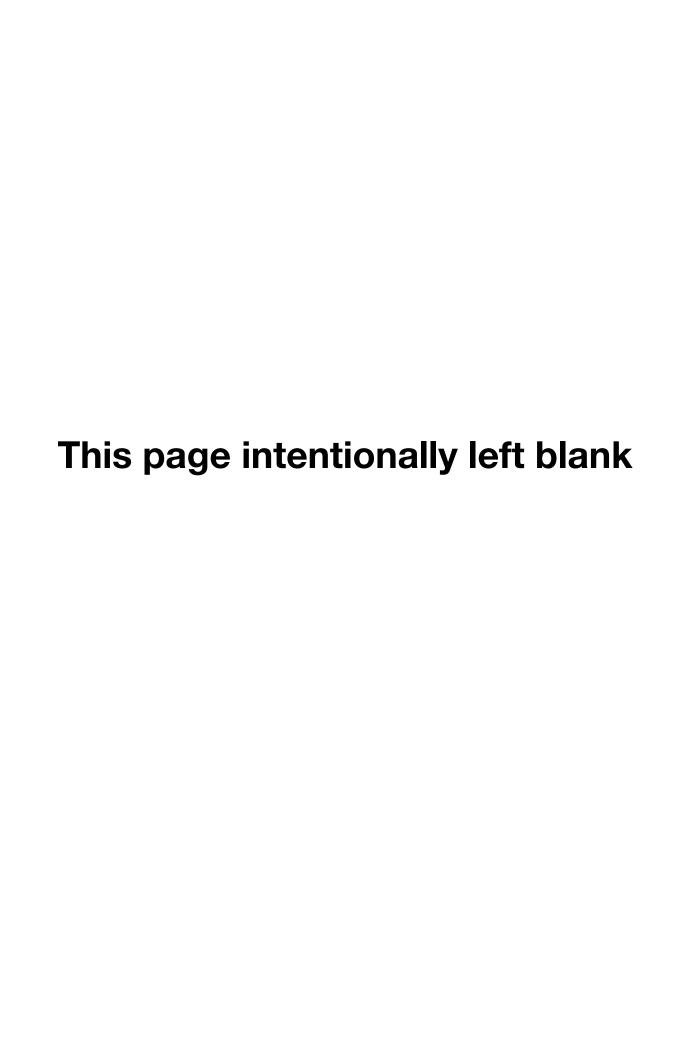
Form **944 for 2022:** Employer's ANNUAL Federal Tax Return Department of the Treasury — Internal Revenue Service

	Department of the Treasury Internal revenue service			OMB No. 1545-2007									
Emplo	yer identification number (EIN)			no Must File Form 944									
Name	(not your trade name)	You must file annual Form 944 instead of filing quarterly Forms 941 only if the IRS notified you in writing. Go to www.irs.gov/Form944 for											
Trade	name (if any)												
Addre	ss	ins	truc	tions and the latest									
	Number Street Suite or room number												
	City State ZIP code												
Pood t	Foreign country name Foreign province/county Foreign postal code												
Read the separate instructions before you complete Form 944. Type or print within the boxes. Answer these questions for this year. Employers in American Samoa, Guam, the Commonwealth of the Northern													
Part													
1	Wages, tips, and other compensation	1											
2	Federal 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* x 0.124 = x x 0.	•	╛╽	*Include taxable qualified sick and family leave wages paid in									
	4a (i) Qualified sick leave wages* × 0.062 =	•		2022 for leave taken after March 31, 2021, and before October 1, 2021, on line 4a. Use lines 4a(l)									
	4a (ii) Qualified family leave wages* × 0.062 =		4	and 4a(ii) only for taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2020, and									
	4b Taxable social security tips	•] -	before April 1, 2021.									
	4c Taxable Medicare wages & tips x 0.029 = x 0.029	•											
	4d Taxable wages & tips subject to Additional Medicare Tax withholding	•											
	4e Total social security and Medicare taxes. Add Column 2 from lines 4a, 4a(i), 4a(ii), 4b, 4c, and 4d	4e											
5	Total taxes before adjustments. Add lines 2 and 4e	5											
6	Current year's adjustments (see instructions)	6		•									
7	Total taxes after adjustments. Combine lines 5 and 6	7											
8a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	8a											
8b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	8b											
8c	Reserved for future use	8c											
8d	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	8d		•									
	You MUST complete all three pages of Form 944 and SIGN it.												

name (not your trade name)					Employer ide	enuncauo	n number	(EIN)	
Part	1. Answer thes	se questions for this y	/ear. (cor	ntinued)						
8e	Nonrefundable	portion of COBRA pre	mium ass	sistance credit			8e			
8f	Number of indiv	viduals provided COBF	RA premiu	ım assistance						
8g	Total nonrefund	dable credits. Add lines	8a, 8b, 8	d, and 8e			8g			
9	Total taxes afte	r adjustments and nor	nrefundak	ole credits. Subtra	ct line 8g from	line 7	9			
10a		for this year, includ applied from Form 944				or year and	10a			
10b	Reserved for fu	ture use					10b			
10c	Reserved for fu	ture use					10c			
10d	Refundable por before April 1, 2	tion of credit for qua		k and family leav	-		10d			_
10e	Reserved for fu	ture use					10e			
10f	-	rtion of credit for qua 2021, and before Octo		_	ve wages for		10f			
10g	Refundable por	tion of COBRA premiu	m assista	ance credit			10g			
10h	Total deposits a	and refundable credits	. Add line	s 10a, 10d, 10f, an	ıd 10g		10h		•	
10i	Reserved for fu	ture use					10i			
10j	Reserved for fu	ture use					10j			
11	Balance due. If	line 9 is more than line	I0h, enter	the difference and	d see instructio	ns	11			
12	Overpayment. If lin	ne 10h is more than line 9, e	enter the dif	ference		Check one:	Apply t	to next retu	rn. Send a refund.	
Part	2: Tell us abou	t your deposit sched	ule and t	ax liability for th	is year.					
13 (Check one:	Line 9 is less than \$2, Line 9 is \$2,500 or mo you became one beca	re. Enter	your tax liability						i
		you must complete Fo				OI HADIIILY O	ii aiiy ua	ly during	a deposit period,	
		Jan.		Apr.		July		7 F	Oct.	
	13a		13d		13g			13j		
		Feb.	ı	May		Aug.		_ 	Nov.	
	13b		13e		13h			13k		
		Mar.	ı	June		Sept.		7 r	Dec.	
	13c		13f		13i			131		
	Total	l liability for year. Add	lines 13a	through 13L Tota	ıl must equal l	ine 9. 11	3m			_
		plete all three pages o		•	aos oquui i				-	_

Name (not your trade name)						Employer ide	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	14 If your business has closed or you stopped paying wages											
enter the final date you paid wages / / ; also attach a statement to your return. See instructions.												
15 Q	ualified health p	olan expenses alloca	ble to qualifie	ed sick leave wages	s for leave ta	ken before	April 1, 2021	15		-		
16 Q	ualified health p	olan expenses allocal	ble to qualifie	d family leave wage	s for leave ta	ken before	April 1, 2021	16				
17 R	leserved for f	uture use						17				
18 R	leserved for f	uture use						18				
19 Q	Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 19											
20 Q	20 Qualified health plan expenses allocable to qualified sick leave wages reported on line 19 20											
	21 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 19											
22 Q	ualified family	leave wages for le	eave taken a	after March 31, 20	21, and bef	ore Octob	er 1, 2021	22				
23 Q	ualified healt	h plan expenses a	allocable to	qualified family l	eave wage	s reporte	d on line 22	23				
		er certain collect		ined agreement	s allocable	to quali	fied family	24				
10	ave wages it									-		
25 R	Reserved for f	uture use						25				
26 R	leserved for f	uture use						26				
		eak with your th	ird-party d	esignee?				-				
		an employee, a pa	· · ·		erson to dis	cuss this	return with	the IRS? See	 e the instructior	ns for details.		
	es. Designee'	's name and phon	e number									
	Select a 5	5-digit personal ide	entification n	number (PIN) to us	se when talk	ing to the	PIRS.					
	lo.	You MUST comp	aloto all thr	roo pages of Fo	rm 044 and	I SIGN i+						
Under pe	enalties of perjui	ry, I declare that I ha	ave examined	this return, includir	ng accompan	ying sched	lules and state					
and belie	ef, it is true, corre	ect, and complete. D	eclaration of p	preparer (other than	taxpayer) is		II information on Print your	of which prepared	arer has any kno	wledge.		
Sign your					name here							
name here						1	Print your title here					
	С	Date]		_	Best daytime	e phone				
Paid Preparer Use Only Check if you're self-employed												
Preparer	r's name						PTIN					
Preparer	r's signature						Date					
Firm's na	ame (or yours [nployed)						EIN					
Address	. , , ,						Phone					
City	l [State] ZIP cod	de				
,]					

Page **3** Form **944** (2022)



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 2022 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 2022; 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 2022 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 "2022" 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.

E 944-V Department of the Treasury Internal Revenue Service		n't	Payment Voucher staple this voucher or your payment to Form 944.	OMB No. 15		
Enter your employer ident number (EIN). —	Enter your employer identification number (EIN).		Enter the amount of your payment. Make your check or money order payable to "United States Treasury."	rs	Cents	
		3	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,	foreign province/cou	nty, and foreign po	ostal 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.