Form **944 for 2011:** Employer's ANNUAL Federal Tax Return

Department of the Treasury — Internal Revenue Service

OMB No. 1545-2007

Emplo	oyer identification number (EIN)	Who Must File Form 944 You must file annual									
Name	(not your trade name)	F	Form 944 instead of filing juarterly Forms 941								
Trade	name (if any)	ii	only if the IRS notified you n writing.								
Addre	22		Prior-year forms are available at www.irs.gov/form944.								
Addic	Number Street Suite or room number										
	City State ZIP code	╛									
Read the separate instructions before you complete Form 944. Type or print within the boxes.											
Part	1: Answer these questions for this year.										
1	Wages, tips, and other compensation.	. 1									
2	Income tax withheld from wages, tips, and other compensation	. 2									
3	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 . 104 =		For 2011, the employee social security tax rate is 4.2% and the								
	4b Taxable social security tips × .104 =		Medicare tax rate is 1.45%. The employer social security tax rate is								
			6.2% and the Medicare tax rate is 1.45%.								
	4c Taxable Medicare wages & tips	.•									
	4d Add Column 2 line 4a, Column 2 line 4b, and Column 2 line 4c	. 4d									
_	-	_									
5	Total taxes before adjustments (add lines 2 and 4d)	. 5	•								
6	Current year's adjustments (see instructions)	. 6									
_	T. I. 6 1 1 1 1 2 1 3 1 3 1 3 3 3 3 3 3 3 3 3 3	_									
7	Total taxes after adjustments. Combine lines 5 and 6	. 1	•								
8	Total deposits for this year, including overpayment applied from a prior year an overpayment applied from Form 944-X or Form 941-X	d . 8	_								
	overpayment applied from 1 orni 344-2 or 1 orni 341-2	. 0	•								
9a	COBRA premium assistance payments (see instructions)	. 9a									
9b	Number of individuals provided COBRA premium assistance	7									
90	radiiber of individuals provided oobita prefitium assistance	_									
10	Add lines 8 and 9a	. 10									
11	Balance due. If line 7 is more than line 10, enter the difference and see instructions	. 11									
	Data list data in the 7 is there than the 10, onter the difference and see instructions.		•								
12	Overpayment. If line 10 is more than line 7, enter the difference Check one	: A	oply 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 abo	out your deposit schedule and tax liability	for this year.										
13 Check one:	Line 7 is less than \$2,500. Go to Part 3.											
	Line 7 is \$2,500 or more. Enter your tax liability											
	f \$100,000 or more of liability on any day during Jan. Ag		u must complete Jul.		tead of the boxes below. Oct.							
13a		■ 13g		■ 13j	_							
100	Feb M		Aug	 -	Nov.							
13b	13e	■ 13h		■ 13k								
	Mar. Ju	ın.	Sep		Dec.							
130	a 13f	- 13i		1 3l								
Tot	tal liability for year. Add lines 12a through 1	RI Total must oqua	allino 7 1	13m								
Total liability for year. Add lines 13a through 13l. Total must equal line 7. 13m 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	and enter the final date you paid wages.											
Part 4: May we sp	beak with your third-party designee?											
Do you want to a for details.	allow an employee, a paid tax preparer, or ano	ther person to disc	uss this return	with the IRS? Se	ee the instructions							
Yes Design	ee's name and phone number											
	20 0 114110 G114 P115110 114111201											
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 Forn	n 944 and SIGN it										
	ury, I declare that I have examined this return, include			stements and to t	he hest of my knowledge							
	rect, and complete. Declaration of preparer (other tha											
			Print your									
Sign yo			name here									
name h	lere		Print your title here									
	Date Best daytime phone											
			Best daytir									
Paid Preparer Us	e Only			Check if you a	are self-employed							
Preparer's name			PTIN									
Preparer's signature			Date									
Firm's name (or yours		FINI										
if self-employed)			EIN									
Address	Phone											
City		State	ZIP c	ode								

Page **2** Form **944** (2011)

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

Detach Here and Mail With Your Payment and Form 944.

E 944-V Department of the Treasury ► Do		Payment Voucher ple this voucher or your payment to Form 944.		OMB No. 1545	
Internal Revenue Service 1 Enter your employer identific number (EIN).		ter the amount of your payment. ▶	Dolla	rs	Cents
	Ente	er your business name (individual name if sole proprietor). er your address. er your city, state, and ZIP 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, 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:

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.