

Form 944 for 2024; Employer's ANNUAL Federal Tax Return

You MUST complete both pages of Form 944 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Department of the Treasury - Internal Revenue Service OMB No. 1545-0029 Who Must File Form 944 89 4321 Employer identification number (EIN) You must file annual Form 944 instead of filing quarterly Forms 941 **Employer Name** Name (not your trade name) only if the IRS notified you in writing. **Trade Name** Trade name (if any) Go to www.irs.gov/Form944 for instructions and the latest 123 Main St Address information Number Street Suite or room number San Francisco CA 94106 City State ZIP code CA 94106 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: Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 1 and 2, unless you have employees who are subject to U.S. income tax withholding. \$1-\$12,345.67 1 Wages, tips, and other compensation \$4-\$12,345,67 2 Federal income tax withheld from wages, tips, and other compensation . . . 3 X Check here and go to line 5. 3 If no wages, tips, and other compensation are subject to social security or Medicare tax 5. Taxable social security and Medicare wages and tips: 67 Column 1 Column 2 \$1-\$12,345,67 \$12,345,67 4a Taxable social security wages × 0.124 = **\$4** \$4-\$12,345.67 \$12,345.67 4b Taxable social security tips 0.124 =9. **B**4-\$12,345.67 \$12,345.67 0.029 =4c Taxable Medicare wages & tips 9 9. 4d Taxable wages & tips subject **B**4 **B**4to Additional Medicare Tax **\$**.1 \$1-\$12,345.67 \$12,345.67 × 0.009 = withholding <u>87</u> 34 \$1-\$12,345.67 **4e Total social security and Medicare taxes.** Add Column 2 from lines 4a, 4b, 4c, and 4d 4ĕ \$4-\$12,345,67 5 Total taxes before adjustments. Add lines 2 and 4e 9. **\$4**-\$12,345.67 6 Current year's adjustments (see instructions) 2. **B4**-\$12,345.67 7 Total taxes after adjustments. Combine lines 5 and 6 9 **B4**-\$12,345.67 8 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 9, **B4**-\$12,345.67 9 **Total taxes after adjustments and nonrefundable credits.** Subtract line 8 from line 7. 9 10 Total deposits for this year, including overpayment applied from a prior year and \$12,345.67 overpayments applied from Form 944-X, 941-X, or 941-X (PR) <u>84</u>-\$12,345.67 11 Balance due. If line 9 is more than line 10, enter the difference and see instructions. 9. **B4**-\$12,345.67 Check one: X Apply to next return. Send a refund₅. 12 Overpayment. If line 10 is more than line 9, enter the difference 34-67

Form **944** (2024)

Cat. No. 39316N

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Name (not your trade name)						Employer identification number (EIN)						
Robin W. Smith						89 – 76	54321					
Part 2: Tell us al	oout	your deposit schedule and	I tax liability for	this year	•				—			
13 Check one:	X	ine 9 is less than \$2,500. Go	to Part 3.									
Γ	ı [Line 9 is \$2,500 or more. Enter your tax liability for each month. If you're a semiweekly schedule depositor or										
		you became one because you accumulated \$100,000 or more of liability on any day during a deposit period,										
		ou must complete Form 945		e boxes b	elow.	L. L.		0-4				
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		liability for year. Add lines 13		WI-			tor	.07	j∐			
Part 3: Tell us al	oout	your business. in uestion	14 does NOT a	pplyto yo	ur bus	siness, leave it l	olank.	b	1 -			
14 If your busin	ess	has closed or you stopped p	aying wages	in- tor			r ça []	Check here, and)IF			
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enter the fina	ıl dat	e you paid wages tor 12/25/2	; also	attach a s	stateme	ent to your return.	See instruct	ions.	j- . y -			
Part 4: May we s	spea	k with your third party des	ignee?				in-	ģ	8- 8-			
Do you want to allo	w an	employee, a paid tax prepare	r, or another per	son to disc	cuss thi	is return with the	IRS? See the	instructions for deta	ÍŠ.			
X Yes. Designe	00'0	name and phone number	Robin W. Smit	:h		(-са- 5 [55 5) 444-3	222	a- or			
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Preparer's name						PTIN			٦			
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Preparer's signature						Date						
Firm's name (or your if self-employed)	s	Robin W. Smith	EIN	Preparer's PTIN								
Address						Phone]			
		irm's name (ar yours if			90	_ 	122 1/1-:	n Ct Can	ا ا			
City		Firm's name (or yours if self-employed)		State	89- 7654-	ZIP code		n St, San o CA, 94106 				

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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 2024 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 2024; 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 2024 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. 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 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.

Specific Instructions

Box 1—Employer identification number (EIN). If you don't have an EIN, you may apply for one online by going to 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 "2024" 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	Dor	Payment Voucher Don't staple this voucher or your payment to Form 944.				
1 Enter your employer identifinumber (EIN). 12, _ 12,345	fication	Enter the amount of your payment. Make your check or money order payable to "United States Treasury."	Dolla \$12,345.67	rs	Cents 12,345	
5		Business name (individual name if sole proprietor). Business Name Enter your address. 123 Main St Enter your city, state, and ZIP code; or your city, foreign country name, f San Francisco CA, 94106	oreign province/cou	nty, and foreign po	ostal code.	