Form 944 for 2010: Employer's ANNUAL Federal Tax Return

	Department of the Treasury -	Internal Revenu	e Service		OMB No. 1545-2007		
					Who Must File Form 944		
Employer identification number (Ell	V)				You must file annual		
Name (not your trade name)					Form 944 instead of filing		
- 1 ((quarterly Forms 941 only if the IRS notified		
Trade name (if any)					you in writing.		
Address	Street			Suite or room number			
Tumbor	<u> </u>						
City			State	ZIP code			
Read the separate instruction	ons before you complete	Form 944. 1	Type or print	within the boxes.	_		
Part 1: Answer these que		10111101111	уро от рино	THE STATE OF THE S			
				. [_		
1 Wages, tips, and other c	ompensation			1 L	<u> </u>		
2 Income tax withheld from	m wages, tips, and other o	compensation	1	2			
•	her compensation are sub	-	I security or	Medicare tax 3	Check and go to line 5d.		
4 Taxable social security a	and Medicare wages and t Column			Column 2			
					*Report wages/tips for this year,		
4a Taxable social securi	ty wages*	×.	124 =	•	including those paid to qualified new employees, on lines 4a–4c.		
4b Taxable social securi	ty tips*	×.	124 =	•	The social security tax exemption on wages/tips will be figured on		
4c Taxable Medicare wag	es & tips*	×.	029 =	=	lines 5b and 5c and will reduce the tax on line 5d.		
4d Add Column 2 line 4a	a, Column 2 line 4b, and C	column 2 line	4c	4d			
5a Number of qualified emp		s/tips			See instructions for definitions of qualified employees and exempt wages/tips.		
Eh Everent wegges/time neid	to gualified ampleyees						
after March 31				× .062 = 5c	•		
5d Total taxes before adjust	tments (lines 2 + 4d - line 5	5c = line 5d).		5d			
6 Current veer's adjustmen	nts (see instructions)			6	_		
	·				•		
7 Total taxes after adjustn	nents. Combine lines 5d and	d 6		7 [•		
8 Advance earned income	8 Advance earned income credit (EIC) payments made to employees						
9 Total taxes after adjustn	nent for advance EIC (line	7 – line 8 = lir	ne 9)	9	•		
	year, including overpay m Form 944-X or Form 94		d from a p		_		
overpayment applied fro	III FOIIII 944-X OF FOIIII 94	· I-A		10 L	-		
11a COBRA premium assista	ince payments (see instruct	tions)		11a			
11b Number of individuals pr	ovided COBRA premium a	ssistance					
11c Number of qualified employ	ees paid exempt wages/tips M	March 19-31					
11d Exempt wages/tips paid March 19–31	to qualified employees		•	× .062 = 11e			
12 Add lines 10, 11a, and 1	1e			12 L	<u> </u>		
13 Balance due. If line 9 is n	nore than line 12, enter the	difference and	d see instructi	ions 13			
14 Overpayment. If line 12 is mo	re than line 9, enter the difference	ce		Check one:	Apply to next return. Send a refund		

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

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

Cat. No. 39316N

Form **944** (2010)

Name (not your trade name)				Employer ide	entification numbe	r (EIN)
Part 2: Tell us ab	out your tax liability fo	or 2010.					
15 Check one:	Line 9 is less than \$2	•					
	Line 9 is \$2,500 or more \$100,000 or more of liab						
	Jan.		Apr.		Jul.		Oct.
15a		15d		15g		15j	_
	Feb.		May		Aug.		Nov.
15b		15e	may	15h	, lagi	15k	1101.
100		100	li un	1011	Con	lok	Doo
45-	Mar.		Jun.	[Sep.	— [Dec.
15c	•	15f	-	15i		151	
Tot	al liability for year. Add	l lines 15a thro	ugh 15l. Total n	nust equal li	ne 9. 15m		-
If yo	ou made deposits of tax	ces reported or	n this form, write	the state at	breviation for	the state where	
16 mad	de your deposits OR wr	ite <i>MÜ</i> if you m	ade your depos	its in <i>multipl</i> e	e states.		
Part 3: Tell us ab	out your business. If	question 17 de	oes NOT apply	to your bus	siness, leave it	blank.	
17 If your business	has closed or you stop	ned naving wa	ges				
ii your buomeoo	nas siosea or you stop	ped paying wa	.900				
Check here	e and enter the final date	you paid wage	es. /	/			
		, , ,					
Part 4: May we s	peak with your third-p	party designee	; ·				
Do you want to a for details.	allow an employee, a pai	id tax preparer,	or another person	on to discuss	this return with	the IRS? See th	ne instructions
Ves Designa	ee's name and phone nu	ımber				()	_
res. Designe	se s name and phone no					L	
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	of Form 944 and	d SIGN it.			
	ury, I declare that I have exa						
and bollot, it to true, cor	Toot, and complete. Boolaid	enorror properor (c	The than taxpayor,			non proparor riac	any miowicago.
Sign yo	our l				nt your me here		
name h				Dri	nt your		
					e here		
	Date / /			Be	st daytime phor	ne ()	_
Paid preparer use	e only				Ch	eck if you are s	elf-employed
Preparer's name					PTIN		
					PIIN		
Preparer's signature					Date	/ /	
Firm's name (or yours					EIN		
if self-employed)							
Address					Phone	()	-
City			State		ZIP code		

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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 2010 Form 944 **only if** one of the following applies.

- Your net taxes for the year (line 9 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 2010, and the tax you owe for the fourth quarter of 2010 is less than \$2,500, and you are paying, in full, the tax you owe for the fourth quarter of 2010 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 deposit your payment by using the Electronic Federal Tax Payment System (EFTPS).

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, apply for one on Form SS-4, Application for Employer Identification Number, and 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 "2010" 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.

<u></u>			X		- %
E 944-V Department of the Treasury Internal Revenue Service		Payment Voucher Do not staple this voucher or your payment to Form 944.		OMB No. 15	
Enter your employer ider number (EIN).	ntification	Enter the amount of your payment. ▶	Dollars		Cents
		3 Enter your business name (individual name if sole proprietor). Enter your address. Enter 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:

Recordkeeping	12 hrs., 12 min.
Learning about the law or the form	40 min.
Preparing the form	1 hr., 49 min.
Copying, assembling, and sending	
the form to the IRS	16 min.

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 or write to us at: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 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.