## 941-X: Adjusted Employer's QUARTERLY Federal Tax Return or Claim for Refund Department of the Treasury — Internal Revenue Service OMB No. 1545-0029 (EIN) Return You Are Correcting ... Employer identification number Check the type of return you are correcting: 941 Name (not your trade name) 941-SS Trade name (if any) Check the ONE quarter you are correcting: Address 1: January, February, March Number Street Suite or room number 2: April, May, June ZIP code 3: July, August, September Use this form to correct errors you made on Form 941 or 941-SS for one quarter only. Type or print within the boxes. You MUST complete all three pages. Read the 4: October, November, December instructions before completing this form. Do not attach this form to Form 941 or 941-SS. Enter the calendar year of the quarter Part 1: Select ONLY one process. you are correcting: (YYYY) 1. Adjusted employment tax return. Check this box if you underreported amounts. Also check this box if you overreported amounts and you would like to use the adjustment process to correct the errors. You must check this box if you are correcting both underreported and overreported amounts on this form. The amount shown on line 18, if Enter the date you discovered errors: less than 0, may only be applied as a credit to your Form 941, Form 941-SS, Form 944, or Form 944-SS for the tax period in which you are filing this form. (MM / DD / YYYY) 2. Claim. Check this box if you overreported amounts only and you would like to use the claim process to ask for a refund or abatement of the amount shown on line 18. Do not check this box if you are correcting ANY underreported amounts on this form. Part 2: Complete the certifications. 3. I certify that I have filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, as required. Note. If you are correcting underreported amounts only, go to Part 3 on page 2 and skip lines 4 and 5. 4. If you checked line 1 because you are adjusting overreported amounts, check all that apply. You must check at least one box. I certify that: a. I repaid or reimbursed each affected employee for the overcollected federal income tax for the current year and the overcollected social security and Medicare tax for current and prior years. For adjustments of employee social security and Medicare tax overcollected in prior years, I have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection. b. The adjustment of social security tax and Medicare tax is for the employer's share only. I could not find the affected employees or each employee did not give me a written statement that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection. c. The adjustment is for federal income tax, social security tax, and Medicare tax that I did not withhold from employee wages. 5. If you checked line 2 because you are claiming a refund or abatement of overreported employment taxes, check all that apply. You must check at least one box. I certify that: a. I repaid or reimbursed each affected employee for the overcollected social security and Medicare tax. For claims of employee social security and Medicare tax overcollected in prior years, I have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection. b. I have a written consent from each affected employee stating that I may file this claim for the employee's share of social security and Medicare tax. For refunds of employee social security and Medicare tax overcollected in prior years, I also have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection. c. The claim for social security tax and Medicare tax is for the employer's share only. I could not find the affected employees; or each employee did not give me a written consent to file a claim for the employee's share of social security and Medicare tax; or each employee did not give me a written statement that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection. d. The claim is for federal income tax, social security tax, and Medicare tax that I did not withhold from employee wages.

(1, 2, 3, 4)

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Correcting calendar year (YYYY)

P	art 3: Enter the corrections for t	his quarter. If any	line	does not apply, le	ave	e it blank.		
		Column 1		Column 2		Column 3		Column 4
		Total corrected amount (for ALL employees)	_	Amount originally reported or as previously corrected (for ALL employees)	=	Difference (If this amount is a negative number, use a minus sign.)		Tax correction
6.	Wages, tips and other compensation (from line 2 of Form 941)		]-[		=			t in Column 1 when ur Forms W-2 or
7.	Income tax withheld from wages, tips, and other compensation (from line 3 of Form 941)		]-[	·	=		Copy Column 3 here ▶	
8.	<b>Taxable social security wages</b> (from line 5a, Column 1 of Form 941 or Form 941-SS)		] – [		= *If <u>y</u>	you are correcting your employ	$\times$ .124* = er share only, use	.062. See instructions.
9.	Taxable social security tips (from line 5b, Column 1 of Form 941 or Form 941-SS)		] – [		= *If y	you are correcting your employ	$\times$ .124* = er share only, use	.062. See instructions.
10.	<b>Taxable Medicare wages and tips</b> (from line 5c, Column 1 of Form 941 or Form 941-SS)		] – [		= *If v	you are correcting your employ	$\times$ .029* =	.0145. See instructions.
11.	<b>Tax adjustments</b> (from lines 7a through 7c of Form 941 or Form 941-SS)		]-[		=		Copy Column 3 here ▶	
12.	Special addition to wages for federal income tax		] – [		=		See instructions	
13.	Special addition to wages for social security taxes		_[		=		See instructions	
14.	Special addition to wages for Medicare taxes		]-[		=		See instructions	
15.	Combine the amounts on lines 7-1	4 of Column 4 .						
16.	Advance earned income credit (EIC) payments made to employees (from Form 941, line 9)		]-[		=		See instructions	
17a.	COBRA premium assistance payments (from line 12a of Form 941 or 941-SS)		_[		=		See instructions	
17b.	Number of individuals provided COBRA premium assistance (from line 12b of Form 941 or 941-SS)		-[		=			
18.	<b>Total.</b> Combine the amounts in line	es 15, 16, and 17a of	Col	umn 4				
	If line 18 is less than 0:							
	<ul> <li>If you checked line 1, this is the amount you want applied as a credit to your Form 941 or Form 941-SS for the tax period in which you are filing this form. (If you are currently filing a Form 944 or Form 944-SS, Employer's ANNUAL Federal Tax Return, see the instructions.)</li> </ul>							
	• If you checked line 2, this is the amount you want refunded or abated.							
	If line 18 is more than 0, this is the amount you owe. Pay this amount when you file this return. For information on how to pay, see Amount You Owe in the instructions.							

					Correcting calendar year (YYYY)		
Part	t 4: Explain your	corrections for this quarter.					
<u> </u>		f any corrections you entered on a line inclu- your underreported and overreported amounts		lerreported and overr	reported amounts.		
20	0. Check here i	f any corrections involve reclassified worke	ers. Explain	on line 21.			
21. You must give us a detailed explanation of how you determined your corrections. See the instructions							
[							
Part	t 5: Sian here. Yo	ou must complete all three pages of this fo	rm and sign	n it.			
Under	penalties of perjury,	I declare that I have filed an original Form 941 or Form 9 and statements, and to the best of my knowledge and be all information of which preparer has any knowledge.	941-SS and tha	at I have examined this adju	usted return or claim, including Declaration of preparer (other		
				Print your			
	Sign your name her			name here Print your			
	•			title here			
	Dat	e/		Best daytime phone	( ) –		
Paid preparer's use only  Check if you are self-employed							
Prepa	arer's name			Preparer's SSN/PTIN			
Prepa	arer's signature			Date	/ /		
	name (or yours if mployed)			EIN			
Addre	ess			Phone	) –		
City		St	ate	ZIP code			

Employer identification number (EIN)

Correcting quarter

(1, 2, 3, 4)

Name (not your trade name)

Type of errors you are correcting	you are						
Underreported amounts ONLY	Use the adjustment process to correct underreported amounts.  • Check the box on line 1.  • Pay the amount you owe from line 18 when you file Form 941-X.						
Overreported amounts ONLY	The process you use depends on when you file Form 941-X.	If you are filing Form 941-X MORE THAN 90 days before the period of limitations on credit or refund for Form 941 or Form 941-SS expires	Choose either process to correct the overreported amounts.  Choose the adjustment process if you want the amount shown on line 18 credited to your Form 941, Form 941-SS, Form 944, or Form 944-SS for the period in which you file Form 941-X. Check the box on line 1.  OR  Choose the claim process if you want the amount shown on line 18 refunded to you or abated. Check the box on line 2.				
		If you are filing Form 941-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 941 or Form 941-SS	You must use the <b>claim process</b> to correct the overreported amounts. Check the box on line 2.				
BOTH underreported and overreported	when you file the period of limitations on credit or refund for Form 941-X.		Choose either the adjustment process or both the adjustment process and the claim process when you correct both underreported and overreported amounts.				
amounts		or Form 941-SS expires	Choose the adjustment process if combining your underreported amounts and overreported amounts results in a balance due or creates a credit that you want applied to Form 941, Form 941-SS, Form 944, or Form 944-SS.				
			<ul> <li>File one Form 941-X, and</li> <li>Check the box on line 1 and follow the instructions on line 18.</li> </ul>				
			Choose both the adjustment process and the claim process if you want the overreported amount refunded to you or abated.				
			File two separate forms.				
			1. For the adjustment process, file one Form 941-X to correct the underreported amounts. Check the box on line 1. Pay the amount you owe from line 18 when you file Form 941-X.				
			2. For the claim process, file a second Form 941-X to correct the overreported amounts. Check the box on line 2.				
		If you are filing Form 941-X WITHIN 90 days of the	You must use both the adjustment process and claim process.				
		expiration of the period of limitations on credit or	File two separate forms.				
		refund for Form 941 or Form 941-SS	1. For the adjustment process, file one Form 941-X to correct the underreported amounts. Check the box on line 1. Pay the amount you owe from line 18 when you file Form 941-X.				
			2. For the claim process, file a second Form 941-X to correct the overreported amounts. Check the box on line 2.				