Form 943-X: Adjusted Employer's Annual Federal Tax Return for Agricultural

(Rev. March 20	010)	mplo	yees Depar	or (Clain of the Tre	n for	Re'	fund al Reven	ue Ser	vice								OMB No	. 1545-003
Employer id	dentification	number												R	eturn Y	ou A	re Co	rrectin	g
(EIN)													4						e return
Name (not y	your trade na	me)												уо	u are co	orrecti	ing:		
Trade Name	e (if anv)																(YYY)	()	
Trado Name	(11 (11))												7						
Address	Number				Street					Sui	ite or roo	om num	nber						
													$\neg \bot$	En		date y	ou dis	covered	d errors:
	City							State			ZIP co	de			/ M / DD	/ / yyy	Υ)		
Use this for														(IV		/ 111	1)		
for Agricultu attach this				ear o	niy. Pi	ease ty	pe or	print w	/itnin	tne	boxe	es. Do	o not						
You MUST						e instru	uction	s befo	ore y	ou (comp	lete	this f	orm.					
Part 1:	Select O	NLY o	ne pro	cess.	-														
yor and for	djusted em bu would like and overrepor r the tax pe	e to use ted amo riod in w	the adjus unts on t hich you	stment this for are fili	process m. The ng this	s to corr amount form.	rect the showi	e errors n on lin	. You e 16,	mu: if les	st che ss thar	ck thi n 0, m	s box i nay onl	f you a y be a	are corre	ecting l s a cre	both uredit to	nderrepo your For	orted rm 943
	laim. Check the amoun																	d or aba	itement
Part 2:	Complet	e the c	ertific	ation	s.														
as	certify that required.													?c, Coı	rected \	Wage	and T	ax State	ement,
,	ou are cor	J				• •	Ü		` '			,		nnly (Check a	at laast	t one)		
	certify that:	ou iiiie i	becaus	c you	are au	usting	OVEITE	ported	anio	unc	s, ciic	ok ali	tilat c	ippiy.	Oncok a	it icasi	0110.)		
	a. I repaid written s refund o	tatement	from ea	ch em	ployee	nployee stating t	for the	e socia e or she	l secu has r	irity not (and M claime	1edica ed (or	re tax the cla	overce aim wa	ollected s rejecte	in prio ed) and	r years d will n	s. I have ot claim	a a
	b. the adjueach emrefund o	ployee d	id not giv	ve me	a writte														
	c. the adju	stment is	for fede	ral inc	ome ta	x, social	l secur	ity tax,	and N	Иedi	icare t	ax tha	at I did	l not w	ithhold 1	from e	mploye	ee wage	s.
(Ci	you check heck at least certify that:		becaus	e you	are cla	iming a	refun	id or al	oatem	nent	of ov	errep	orted	emplo	yment t	axes,	check	all that	t apply.
	a. I repaid statement credit fo	nt from e	ach emp	oloyee s															
	b. I have a security has not	and Med	licare tax	overc	ollected	d in prio	r years	s. I also	have	a w	ritten	state	ment fr	rom ea	ch empl	loyee s			
	c. the clain employe each em refund o	e did no ployee d	give me id not giv	e a writ ve me	tten cor a writte	nsent to	file a	refund	claim	for t	the em	nploye	e's sh	are of	social s	ecurity	and N	/ledicare	tax; or

d. the claim is for federal income tax, social security tax, and Medicare tax that I did not withhold from employee wages.

P	art 3: Enter the corrections for t	his year. If any line	e do	es not apply, leave	e it	blank.		
		Column 1 Total corrected	Column 2 Amount originally reported or as			Column 3 Difference (If this amount is a		Column 4
		amount (for ALL employees)	-	previously corrected (for ALL employees)	=	negative number, use a minus sign.)	•	Tax correction
6.	Total wages subject to social security tax (from line 2 of Form 943)		_		=		× .124* =	
7	·		1		1	If you are correcting your emp	noyer snare only, us	se .uoz. See instructions.
7.	Total wages subject to Medicare tax (from line 4 of Form 943)		_		= *If	you are correcting your employ	$\times .029^* =$	e .0145. See instructions.
8.	Federal income tax withheld (from line 6 of Form 943)] _		=		Copy Column 3 here ▶	
9.	Tax adjustments (from line 8 of Form 943)		_		=		See instructions	
10.	Special addition to wages for federal income tax]_		=		See instructions	
11.	Special addition to wages for social security taxes		_		=		See instructions	
12.	Special addition to wages for Medicare taxes] –		=		See instructions	
13.	Subtotal: Combine the amounts in	lines 6-12 of Column	า 4					
14.	Advance earned income credit (EIC) payments made to employees (from line 10 of Form 943)] _		=		See instructions	
15a.	COBRA premium assistance payments (from line 13a of Form 943)] –		=		See instructions	
15b.	Number of individuals provided COBRA premium assistance (from line 13b of Form 943)	_		=				
16.	Total: Combine the amounts in line	s 13, 14, and 15a of	Col	umn 4				
	If line 16 is less than 0:							
	• If you checked line 1, this is the a this form.			•	orm	n 943 for the tax perion	od in which y	ou are filing
	• If you checked line 2, this is the	amount you want ref	unde	ed or abated.				
	If line 16 is more than 0, this is the see Amount you owe in the instruction		Pay	this amount when y	ou f	file this return. For inf	formation on I	how to pay,
	300 Amount you owe in the instruct	ions for lifte 10.						Next →

Part 4	4: Explain your	corrections for this year.			
17.		any corrections you entered on our underreported and overreported		nderreported and overr	reported amounts.
<u> </u>	Check here if	any corrections involve reclass	sified workers. Explain	n on line 19.	
19.	You must give	e us a detailed explanation for	how you determined	your corrections. See	the instructions.
Part !	5: Sign here. Yo	u must complete all three page	es of this form and si	gn it.	
stateme	nts that are attached	declare that I have filed an original Form d, and to the best of my knowledge and I f which preparer has any knowledge.			
V	Sign your			Print your name here	
A	name here	•		Print your title here	
	Dete			Best daytime phone	() –
	Date				
	oreparer's use	only	Check	if you are self-employed Preparer's	·
Prepare	er's name			SSN/PTIN L	
	er's signature			Date	
self-em				EIN	
	Address			Phone	
	City		State	ZIP code	

Employer Identification Number (EIN)

Calendar Year (YYYY)

Name (not your trade name)

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Type of errors you are correcting	Form 9	43-X: Which proc	ess should you use?						
Underreported amounts ONLY	 Use the adjustment process to correct underreported amounts. Check the box on line 1. Pay the amount you owe from line 16 when you file Form 943-X. 								
Overreported amounts ONLY	The process you use depends on when you file Form 943-X.	If you are filing Form 943-X MORE THAN 90 days before the period of limitations on credit or refund for Form 943 expires	Choose either process to correct the overreported amounts. Choose the adjustment process if you want the amount shown on line 16 credited to your Form 943 for the period in which you file Form 943-X. Check the box on line 1. OR Choose the claim process if you want the amount shown on line 16 refunded to you or abated. Check the box on line 2.						
		If you are filing Form 943-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 943	You must use the claim process to correct the overreported amounts. Check the box on line 2.						
BOTH underreported and overreported amounts	The process you use depends on when you file Form 943-X.	If you are filing Form 943-X MORE THAN 90 days before the period of limitations on credit or refund for Form 943 expires	Choose either the adjustment process or both the adjustment process and the claim process when you correct both underreported and overreported amounts. Choose the adjustment process if you want to						
			 offset your underreported amounts with your overreported amounts. File one Form 943-X, and Check the box on line 1 and follow the instructions on line 16. 						
			OR						
			Choose both the adjustment process and claim process if you want the overreported amount refunded to you.						
			File two separate forms. 1. For the adjustment process, file one Form 943-X to correct the underreported amounts. Check the box on line 1. Pay the amount you owe from line 16 when you file Form 943-X.						
			2. For the claim process , file a second Form 943-X to correct the overreported amounts. Check the box on line 2.						
		If you are filing Form 943-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 943	1. For the adjustment process , file one Form 943-X to correct the underreported amounts. Check the box on line 1. Pay the amount you owe from line 16 when you file Form 943-X.						
			2. For the claim process, file a second Form 943-X to correct the overreported amounts. Check the box on line 2.						