Adjusted Annual Return of Withheld Federal Income Tax or Claim for Refund Department of the Treasury - Internal Revenue Service OMB No. 1545-1430 **Employer identification number** Return You Are Correcting ... (EIN) Enter the calendar year of the return you are correcting: Name (not your trade name) (YYYY) Trade name (if any) Address Enter the date you discovered errors: Number Street Suite or room number ZIP code (MM / DD / YYYY) Use this form to correct errors made on Form 945, Annual Return of Withheld Federal Income Tax, for one year only. Please type or print within the boxes. Do not attach this form to Form 945. You MUST complete both pages. Read the instructions before you complete this form. Part 1: Select ONLY one process. 1. Adjusted return of withheld federal income tax. 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 5, if less than 0, may only be applied as a credit to your Form 945 for the tax period in which you are filing this form. 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 5. Do not check this box if you are correcting ANY underreported amounts on this form. Part 2: Enter the corrections for this year. If any line does not apply, leave it blank. Column 2 Column 3 Column 1 Amount originally Difference Total corrected (If this amount is a reported or as amount previously corrected = negative number, (for ALL payees) (for ALL payees) use a minus sign.) Federal income tax withheld (from line 1 of Form 945) . Backup withholding (from line 2 of Form 945) . Total. Combine the amounts in lines 3 and 4 of Column 3. If line 5 is less than 0: • If you checked line 1, this is the amount you want applied as a credit to your Form 945 for the tax period in which you are filing this form. • If you checked line 2, this is the amount you want refunded or abated. If line 5 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 for line 5.

Employer identification number (EIN)

Calendar Year (YYYY)

Name (not your trade name)

Address

City

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State

Phone

ZIP code