

**Form 944**

Department of the Treasury  
Internal Revenue Service

# Employer's ANNUAL Federal Tax Return

Go to [www.irs.gov/Form944](https://www.irs.gov/Form944) for instructions and the latest information.

OMB No. 1545-0029

**2025**



Form 944 (Rev. 2025) Catalog Number 734780  
Department of the Treasury **Internal Revenue Service** [www.irs.gov](https://www.irs.gov)



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Form **944 for 2025: Employer's ANNUAL Federal Tax Return**

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)	<div></div> <div></div> – <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>		
Name <i>(not your trade name)</i>	<div></div>		
Trade name <i>(if any)</i>	<div></div>		
Address	<div></div>		
	Number	Street	Suite or room number
	<div></div>	<div></div>	<div></div>
	City	State	ZIP code
	<div></div>	<div></div>	<div></div>
	Foreign country name	Foreign province/county	Foreign postal code

Read the separate instructions before you complete Form 944.

Who Must File Form 944

You must file annual Form 944 instead of filing quarterly Forms 941 **only if the IRS notified you in writing.**

Go to [www.irs.gov/Form944](http://www.irs.gov/Form944) for instructions and the latest information.

Part 1:

Answer these questions for this year. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico must skip lines 1 and 2, unless you have employees who are subject to U.S. income tax withholding.

1

Wages, tips, and other compensation . . . . .

1

■

2

Federal income tax withheld from wages, tips, and other compensation . . . . .

2

■

3

If no wages, tips, and other compensation are subject to social security or Medicare tax

3

☐ Check here and go to line 5.

4

Taxable social security and Medicare wages and tips:

Column 1

Column 2

4a

Taxable social security wages

■

× 0.124 =

■

4b

Taxable social security tips

■

× 0.124 =

■

4c

Taxable Medicare wages & tips

■

× 0.029 =

■

4d

Taxable wages & tips subject to Additional Medicare Tax withholding . . . . .

■

× 0.009 =

■

4e

Total social security and Medicare taxes. Add Column 2 from lines 4a, 4b, 4c, and 4d .

4e

■

5	Total taxes before adjustments. Add lines 2 and 4e . . . . .	5	<div></div>
6	Current year's adjustments (see instructions) . . . . .	6	<div></div>
7	Total taxes after adjustments. Combine lines 5 and 6 . . . . .	7	<div></div>
8	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	8	<div></div>
9	Total taxes after adjustments and nonrefundable credits. Subtract line 8 from line 7 . . . .	9	<div></div>
10	Total deposits for this year, including overpayment applied from a prior year and overpayments applied from Form 944-X, 941-X, or 941-X (PR) . . . . .	10	<div></div>
11	Balance due. If line 9 is more than line 10, enter the difference and see instructions . . . . .	11	<div></div>

12a	Overpayment. If line 10 is more than line 9, enter the difference	<div></div>	12b	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.
12c	Routing number	<div></div>	12d	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
12e	Account number	<div></div>		

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

Name (not your trade name)	Employer identification number (EIN)
	—

**Part 2: Tell us about your deposit schedule and tax liability for this year.**

- 13 Check one: ☐ Line 9 is less than \$2,500. Go to Part 3.
- ☐ 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, you must complete Form 945-A instead of the boxes below.

	Jan.		Apr.		July		Oct.
13a	<div>■</div>	13d	<div>■</div>	13g	<div>■</div>	13j	<div>■</div>
	Feb.		May		Aug.		Nov.
13b	<div>■</div>	13e	<div>■</div>	13h	<div>■</div>	13k	<div>■</div>
	Mar.		June		Sept.		Dec.
13c	<div>■</div>	13f	<div>■</div>	13i	<div>■</div>	13l	<div>■</div>
Total liability for year. Add lines 13a through 13l. Total must equal line 9.						13m	<div>■</div>

**Part 3: Tell us about your business. If question 14 does NOT apply to your business, leave it blank.**

- 14 If your business has closed or you stopped paying wages . . . . . ☐ Check here, and
- enter the final date you paid wages 

/ /

 ; also attach a statement to your return. See instructions.

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**Part 4: May we speak with your third-party designee?**

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Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

☐ No.

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**Part 5: Sign here. You MUST complete both pages of Form 944 and SIGN it.**

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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign your  
name here**

Print your  
name here

Print your  
title here

Date

Best daytime phone

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**Paid Preparer Use Only**

Check if you're self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours  
if self-employed)

EIN

Address

Phone

City

State

ZIP code

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