

Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City

State

ZIP code

Foreign country name

Foreign province/county

Foreign postal code

Return You're Correcting...

Check the type of return you're correcting.

941

941-SS

Check the ONE quarter you're correcting.

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Enter the calendar year of the quarter you're correcting.

(YYYY)

Read the separate instructions before completing this form. Use this form to correct errors you made on Form 941 or 941-SS. Use a separate Form 941-X for each quarter that needs correction. Type or print within the boxes. You MUST complete all five pages. Don't attach this form to Form 941 unless you're reclassifying workers; see the instructions for line 42.

Part 1: Select ONLY one process. See page 6 for additional guidance, including information on how to treat employment tax credits.

Enter the date you discovered errors.

/ /
 (MM / DD / YYYY)

- 1. Adjusted employment tax return.** Check this box if you underreported tax amounts. Also check this box if you overreported tax amounts and you would like to use the adjustment process to correct the errors. You must check this box if you're correcting both underreported and overreported tax amounts on this form. The amount shown on line 27, if less than zero, may only be applied as a credit to your Form 941 or Form 944 for the tax period in which you're filing this form.
- 2. Claim.** Check this box if you overreported tax amounts only and you would like to use the claim process to ask for a refund or abatement of the amount shown on line 27. Don't check this box if you're correcting ANY underreported tax amounts on this form.

Part 2: Complete the certifications.

- 3. I certify that I've 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're correcting underreported tax amounts only, go to Part 3 on page 2 and skip lines 4 and 5. If you're correcting overreported tax amounts, for purposes of the certifications on lines 4 and 5, Medicare tax doesn't include Additional Medicare Tax. Form 941-X can't be used to correct overreported amounts of Additional Medicare Tax unless the amounts weren't withheld from employee wages or an adjustment is being made for the current year.
 - a.** If you checked line 1 because you're adjusting overreported federal income tax, social security tax, Medicare tax, or Additional Medicare Tax, check all that apply. You must check at least one box. I certify that:
 - I repaid or reimbursed each affected employee for the overcollected federal income tax or Additional Medicare Tax for the current year and the overcollected social security tax and Medicare tax for current and prior years. For adjustments of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
 - The adjustments of social security tax and Medicare tax are for the employer's share only. I couldn't find the affected employees or each affected employee didn't give me a written statement that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
 - The adjustment is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.
 - b.** The adjustments of social security tax and Medicare tax are for the employer's share only. I couldn't find the affected employees or each affected employee didn't give me a written statement that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
 - c.** The adjustment is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.
- 5. If you checked line 2 because you're claiming a refund or abatement of overreported federal income tax, social security tax, Medicare tax, or Additional Medicare Tax, 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 tax and Medicare tax. For claims of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that they haven't claimed (or the claim was rejected) and won't 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 tax and Medicare tax. For refunds of employee social security tax and Medicare tax overcollected in prior years, I also have a written statement from each affected employee stating that they haven't claimed (or the claim was rejected) and won't 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 couldn't find the affected employees, or each affected employee didn't give me a written consent to file a claim for the employee's share of social security tax and Medicare tax, or each affected employee didn't give me a written statement that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
 - d.** The claim is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.

Name (not your trade name) Orchid Incorporated	Employer identification number (EIN)	Correcting quarter 1 (1, 2, 3, 4)
	00 - 3000004	Correcting calendar year (YYYY) 2025

Part 3: Enter the corrections for this quarter. If any line doesn't apply, leave it blank.

	Column 1 Total corrected amount (for ALL employees)	Column 2 Amount originally reported or as previously corrected (for ALL employees)	Column 3 Difference (If this amount is a negative number, use a minus sign.)	Column 4 Tax correction
6. Wages, tips, and other compensation (Form 941, line 2)	2,500.00	1,000.00	1,500.00	Use the amount in Column 1 when you prepare your Forms W-2 or Forms W-2c.
7. Federal income tax withheld from wages, tips, and other compensation (Form 941, line 3)	250.00	100.00	150.00	Copy Column 3 here . . . 150.00
8. Taxable social security wages (Form 941 or 941-SS, line 5a, Column 1)	2,500.00	1,000.00	1,500.00	$\times 0.124^* = 186.00$ * If you're correcting your employer share only, use 0.062. See instructions.
9. Qualified sick leave wages* (Form 941 or 941-SS, line 5a(i), Column 1)	.	.	.	$\times 0.062 = .$ * Use line 9 only for qualified sick leave wages paid after March 31, 2020, for leave taken before April 1, 2021.
10. Qualified family leave wages* (Form 941 or 941-SS, line 5a(ii), Column 1)	.	.	.	$\times 0.062 = .$ * Use line 10 only for qualified family leave wages paid after March 31, 2020, for leave taken before April 1, 2021.
11. Taxable social security tips (Form 941 or 941-SS, line 5b, Column 1)	.	.	.	$\times 0.124^* = .$ * If you're correcting your employer share only, use 0.062. See instructions.
12. Taxable Medicare wages & tips (Form 941 or 941-SS, line 5c, Column 1)	2,500.00	1,000.00	1,500.00	$\times 0.029^* = 43.50$ * If you're correcting your employer share only, use 0.0145. See instructions.
13. Taxable wages & tips subject to Additional Medicare Tax withholding (Form 941 or 941-SS, line 5d)	.	.	.	$\times 0.009^* = .$ * Certain wages and tips reported in Column 3 shouldn't be multiplied by 0.009. See instructions.
14. Section 3121(q) Notice and Demand—Tax due on unreported tips (Form 941 or 941-SS, line 5f)	.	.	.	Copy Column 3 here
15. Tax adjustments (Form 941 or 941-SS, lines 7 through 9)	.	.	.	Copy Column 3 here
16. Qualified small business payroll tax credit for increasing research activities (See instructions; you must attach Form 8974.)	.	.	.	See instructions
17. Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 941 or 941-SS, line 11b)	.	.	.	See instructions
18a. Nonrefundable portion of employee retention credit* (Form 941 or 941-SS, line 11c)	.	.	.	See instructions * Use line 18a only for corrections to quarters beginning after March 31, 2020, and before January 1, 2022.
18b. Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 11d)	.	.	.	See instructions
18c. Nonrefundable portion of COBRA premium assistance credit (Form 941 or 941-SS, line 11e)	.	.	.	See instructions
18d. Number of individuals provided COBRA premium assistance (Form 941 or 941-SS, line 11f)	.	.	.	
19. Special addition to wages for federal income tax	.	.	.	See instructions
20. Special addition to wages for social security taxes	.	.	.	See instructions
21. Special addition to wages for Medicare taxes	.	.	.	See instructions

Name (not your trade name) Orchid Incorporated	Employer identification number (EIN) 00 - 3000004		Correcting quarter 1 (1, 2, 3, 4)
			Correcting calendar year (YYYY) 2025

Part 3: Enter the corrections for this quarter. If any line doesn't apply, leave it blank. (continued)

	Column 1 Total corrected amount (for ALL employees)	Column 2 Amount originally reported or as previously corrected (for ALL employees)	Column 3 Difference (If this amount is a negative number, use a minus sign.)	Column 4 Tax correction
22. Special addition to wages for Additional Medicare Tax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
23. Combine the amounts on lines 7 through 22 of Column 4				379 . 50
24. Reserved for future use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25. Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 941 or 941-SS, line 13c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26a. Refundable portion of employee retention credit* (Form 941 or 941-SS, line 13d)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26b. Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 13e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26c. Refundable portion of COBRA premium assistance credit (Form 941 or 941-SS, line 13f)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
27. Total. Combine the amounts on lines 23 through 26c of Column 4				379 . 50

If line 27 is less than zero:

- If you checked line 1, this is the amount you want applied as a credit to your Form 941 for the tax period in which you're filing this form. (If you're currently filing a Form 944, Employer's ANNUAL Federal Tax Return, see the instructions.)
- If you checked line 2, this is the amount you want refunded or abated.

If line 27 is more than zero, this is the amount you owe. Pay this amount by the time you file this return. For information on how to pay, see *Amount you owe* in the instructions.

28. Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 (Form 941 or 941-SS, line 19)	<input type="text"/>	<input type="text"/>	<input type="text"/>
29. Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 (Form 941 or 941-SS, line 20)	<input type="text"/>	<input type="text"/>	<input type="text"/>
30. Qualified wages for the employee retention credit* (Form 941 or 941-SS, line 21)	<input type="text"/>	<input type="text"/>	<input type="text"/>
31a. Qualified health plan expenses for the employee retention credit* (Form 941 or 941-SS, line 22)	<input type="text"/>	<input type="text"/>	<input type="text"/>
31b. Check here if you're eligible for the employee retention credit in the third or fourth quarter of 2021 solely because your business is a recovery startup business	<input type="checkbox"/>		
32. Credit from Form 5884-C, line 11, for this quarter* (Form 941 or 941-SS, line 23)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name (not your trade name) Orchid Incorporated	Employer identification number (EIN) 00 - 3000004	Correcting quarter 1 (1, 2, 3, 4)
		Correcting calendar year (YYYY) 2025

Part 3: Enter the corrections for this quarter. If any line doesn't apply, leave it blank. (continued)

	Column 1 <i>Total corrected amount (for ALL employees)</i>	–	Column 2 <i>Amount originally reported or as previously corrected (for ALL employees)</i>	=	Column 3 <i>Difference (If this amount is a negative number, use a minus sign.)</i>
33a. Reserved for future use	.	–	.	=	.
33b. Reserved for future use	.	–	.	=	.
34. Reserved for future use	.	–	.	=	.

Caution: Lines 35–40 apply only to quarters beginning after March 31, 2021.

35. Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 23)	.	–	.	=	.
36. Qualified health plan expenses allocable to qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 24)	.	–	.	=	.
37. Amounts under certain collectively bargained agreements allocable to qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 25)	.	–	.	=	.
38. Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 26)	.	–	.	=	.
39. Qualified health plan expenses allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 27)	.	–	.	=	.
40. Amounts under certain collectively bargained agreements allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 28)	.	–	.	=	.

Name (not your trade name)	Employer identification number (EIN)	Correcting quarter 1 (1, 2, 3, 4)
Orchid Incorporated	00 - 3000004	Correcting calendar year (YYYY) 2025

Part 4: Explain your corrections for this quarter.

41. Check here if any corrections you entered on a line include both underreported and overreported amounts. Explain both your underreported and overreported amounts on line 43.
42. Check here if any corrections involve reclassified workers. Explain on line 43.
43. You must give us a detailed explanation of how you determined your corrections. See the instructions.

Discovered that a total of \$1,500 in wages were not reported to employees due to a calculation error in our payroll software.

Part 5: Sign here. You must complete all five pages of this form and sign it.

Under penalties of perjury, I declare that I have filed an original Form 941 or Form 941-SS and that I have examined this adjusted return or claim, 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

Paid Preparer Use Only

Check if you're self-employed . . .

Preparer's name	<input type="text"/>	PTIN	<input type="text"/>		
Preparer's signature	<input type="text"/>	Date	<input type="text" value="/ /"/>		
Firm's name (or yours if self-employed)	<input type="text"/>	EIN	<input type="text"/>		
Address	<input type="text"/>		Phone	<input type="text"/>	
City	<input type="text"/>	State	<input type="text"/>	ZIP code	<input type="text"/>