Form **941-X:** Adjusted Employer's QUARTERLY Federal Tax Return or Claim for Refund

(Rev. Octobe	er 2020)	Department of th	ne Treasury - Ir	nternal Rever	ue Service	OMB No. 1545-0029
Employer (EIN)	identificatio	on number				Return You're Correcting Check the type of return you're correcting.
Name (not	t your trade i	name)				941
Trade nar	ne (if any)					941-SS
Address						Check the ONE quarter you're correcting.
	Number	Street		[]	Suite or room number	1: January, February, March
						2: April, May, June
	City			State	ZIP code	3: July, August, September
	Foreign c	country name	Foreign prov	ince/county	Foreign postal code	4: October, November, December
made on correction. form to Fo	Form 941 Type or p rm 941 or	nstructions before completing or 941-SS. Use a separat print within the boxes. You MU 941-SS unless you're reclass NLY one process. See pag	e Form 941- JST complete ifying workers	-X for eac e all four pa s; see the ir	h quarter that need ages. Don't attach this astructions for line 36	(YYYY)
		employment tax return. Chec		•		Enter the date you discovered errors.
L I.	check this process to underrepo less than	s box if you overreported amou o correct the errors. You must o orted and overreported amount zero, may only be applied as a for the tax period in which you	nts and you w check this box s on this form credit to your	ould like to if you're co . The amou Form 941,	use the adjustment prrecting both nt shown on line 27, if	// (MM / DD / YYYY)
	claim pro	heck this box if you overreporte cess to ask for a refund or abat s box if you're correcting ANY u	ement of the a	amount sho	wn on line 27. Don't	
Part 2:	Complet	e the certifications.				
am use adj	ounts, for ed to corre ustment is If you che	re correcting underreported an purposes of the certifications ect overreported amounts of being made for the current yea ecked line 1 because you're a e Tax, check all that apply. Yo	on lines 4 and Additional Me r. adjusting ove	d 5, Medica edicare Tax erreported	are tax doesn't include unless the amounts federal income tax, s	lines 4 and 5. If you're correcting overreported Additional Medicare Tax. Form 941-X can't be weren't withheld from employee wages or an ocial security tax, Medicare tax, or Additional
	1		od omplovco f	or the over	collected federal incom	e tax or Additional Medicare Tax for the current
	yea sec	ir and the overcollected social s	ecurity tax an collected in p	d Medicare rior years, l	tax for current and pri have a written stateme	or years. For adjustments of employee social entry from each affected employee stating that he
	. eac		e me a written			are only. I couldn't find the affected employees or aimed (or the claim was rejected) and won't
		e adjustment is for federal incon ployee wages.	ne tax, social s	security tax	, Medicare tax, or Add	tional Medicare Tax that I didn't withhold from
5.		e tax, or Additional Medicare				ed federal income tax, social security tax, ast one box.
	soc		ax overcollecte	ed in prior y	ears, I have a written s	y tax and Medicare tax. For claims of employee tatement from each affected employee stating or credit for the overcollection.
	tax writ	and Medicare tax. For refunds	of employee s ed employee s	social secur	ity tax and Medicare ta	aim for the employee's share of social security x overcollected in prior years, I also have a ed (or the claim was rejected) and won't claim a
	affe or e	ected employee didn't give me a	a written cons give me a writt	ent to file a	claim for the employed	I couldn't find the affected employees, or each s's share of social security tax and Medicare tax, t claimed (or the claim was rejected) and won't
		e claim is for federal income tax ployee wages.	, social securi	ty tax, Med	care tax, or Additional	Medicare Tax that I didn't withhold from

Name	(not your trade name)			Employer ide	ntificat	tion number (EIN)	Correcting of	juarter (1, 2, 3, 4)
							calendar year (YYYY)	
Part	3: Enter the corrections for the	nis quarter. If any	ine d	doesn't apply. lea	ve it l	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 (Form 941, line 2)		-] =			in Column 1 when you ms W-2 or Forms W-2c.
7.	Federal income tax withheld from wages, tips, and other compensation (Form 941, line 3)		_] =		Copy Column 3 here ►	
8.	Taxable social security wages (Form 941 or 941-SS, line 5a, Column 1)		_] =	If you're correcting your emp	$\times 0.124^* =$	re 0.062. See instructions
9.	Qualified sick leave wages (Form 941 or 941-SS, line 5a(i), Column 1)		_] =		× 0.062 =	
10.	Qualified family leave wages (Form 941 or 941-SS, line 5a(ii), Column 1)		_] =		× 0.062 =	
11.	Taxable social security tips (Form 941 or 941-SS, line 5b, Column 1)		-] =		× 0.124* =	
12.	Taxable Medicare wages & tips (Form 941 or 941-SS, line 5c, Column 1)		-] =	If you're correcting your emp	× 0.029* =	
13.	Taxable wages & tips subject to Additional Medicare Tax withholding (Form 941 or 941-SS, line 5d)		_	· Certain wages] =	you're correcting your empl	× 0.009* =	
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 (Form 941 or 941-SS, line 11a; you must attach Form 8974)		_] =		See instructions	
17.	Nonrefundable portion of credit for qualified sick and family leave wages (Form 941 or 941-SS, line 11b)		-] =		See instructions	
18.	Nonrefundable portion of employee retention credit (Form 941 or 941-SS, line 11c)		_] =		See instructions	
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	-
22.	Special addition to wages for Additional Medicare Tax		_] =		See instructions	
23.	Combine the amounts on lines 7 th	rough 22 of Column 4	Ι.					
24.	Deferred amount of social security tax* (Form 941 or		_] =		See	
	$0/1_{-}$ QC line 13h	to correct the employer defe	l rral for	the second quarter of 2020	」 and the	employer and employee det	instructions ferral for the third a	L and fourth quarters of 2020.
25.	Refundable portion of credit for qualified sick and family leave wages (Form 941 or 941-SS, line 13c)		–] =		See instructions	

Next

Name (ínot your trade name)				Employer ide	ntificat	tion number (EIN)	Correcting of	uarter (1, 2, 3, 4)
								Correcting	calendar year (YYYY)
Dart	3: Enter the corrections for th	is quarter. If any I	ine r	looen	t annly leav	it l	blank (continued)		
T al t		Column 1			lumn 2	ve it i	Column 3		Column 4
		Total corrected			nt originally		Difference		Column 4
		amount (for ALL employees)	_	report previo	ed or as usly corrected L employees)	=	(If this amount is a negative number, use a minus sign.)		Tax correction
26.	Refundable portion of employee retention credit (Form 941 or 941-SS, line 13d)		-] =		See instructions	
27.	Total. Combine the amounts on line	es 23 through 26 of C	olum	n4.					-
	If line 27 is less than zero:					_			
	 If you checked line 1, this is the filing this form. (If you're curre 		•••					•	i which you're
	 If you checked line 2, this is the 	ne amount you want r	efund	ded or a	abated.				
	If line 27 is more than zero, th pay, see Amount you owe in the	is is the amount you e instructions.	ı owe	e. Pay t	his amount by	the t	ime you file this return.	For informa	tion on how to
28.	Qualified health plan expenses		_		,] =			
	allocable to qualified sick leave wages (Form 941 or 941-SS, line 19)	· .] _	· .		
29.	Qualified health plan expenses				,,] =			
	allocable to qualified family leave wages (Form 941 or 941-SS, line 20)	· .] –	· .		
30.	Qualified wages for the employee retention credit (Form 941 or 941-SS, line 21)		-] =			
	(FORTH 941 OF 941-33, III e 21)					_			
31.	Qualified health plan expenses allocable to wages reported on Form 941 or 941-SS, line 21 (Form 941 or 941-SS, line 22)		-			=			
32.	Credit from Form 5884-C, line 11, for this quarter (Form 941 or		_] =			
	941-SS, line 23)								
33a.	Qualified wages paid March 13 through March 31, 2020, for the employee retention credit (use		_		•] =			
	this line to correct only the second quarter of 2020) (Form 941 or 941-SS, line 24)								
33b.	Deferred amount of the employee share of social		-		•] =			
	security tax included on Form 941 or 941-SS, line 13b (use this line to correct only the third and fourth quarters of 2020) (Form 941 or 941-SS, line 24)								
34.	Qualified health plan expenses allocable to wages reported on Form 941 or 941-SS, line 24 (use this line to correct only the second quarter of 2020) (Form		_] =			
	941 or 941-SS, line 25)								Next =

Name (not your trade name)		our trade name)	Employer identification number (EIN)	Correcting quarter (1, 2, 3, 4)		
				Correcting calendar year (YYYY)		
Part	: 4 :	Explain your corrections for this quarter.				
		Check here if any corrections you entered on a line include your underreported and overreported amounts on line 37.	both underreported and overreported	amounts. Explain both		
	36.	Check here if any corrections involve reclassified workers. E	xplain on line 37.			
	37.	You must give us a detailed explanation of how you determine	ned your corrections. See the instruction	S.		

Part 5: Sign here. You must complete all four 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 ph	one
Paid Preparer Use Only		Check if yo	ou'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	

Type of errors you're correcting	Form 941-X: Which process 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 27 by the time you file Form 941-X. 						
Overreported amounts ONLY	The process you use depends on when you file Form 941-X.	If you're 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 the adjustment process or the claim process to correct the overreported amounts. Choose the adjustment process if you want the amount shown on line 27 credited to your Form 941, Form 941-SS, or Form 944 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 amoun shown on line 27 refunded to you or abated. Check the box on line 2.				
		If you're 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 claim process to correct the overreported amounts. Check the box on line 2.				
BOTH underreported and overreported	The process you use depends on when you file Form 941-X.	If you're filing Form 941-X MORE THAN 90 days before the period of limitations on credit or refund for Form 941	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 result in a balance due or creates a credit that you want applied to Form 941, Form 941-SS, or Form 944.				
			 File one Form 941-X, and Check the box on line 1 and follow the instructions on line 27. OR 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-> to correct the underreported amounts. Check the box on line 1. Pay the amount you owe from line 27 by the time 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're 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 both the adjustment process and the claim process. 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 27 by the time 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. 				