

Form **944 for 2020: Employer's ANNUAL Federal Tax Return**

Department of the Treasury - Internal Revenue Service

OMB No. 1545-2007

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

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 for instructions and the latest information.

Read the separate instructions before you complete this form. Type or print within the boxes.

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 can 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	<input type="text" value="45500.00"/>
2	Federal income tax withheld from wages, tips, and other compensation	2	<input type="text" value="4964.00"/>
3	If no wages, tips, and other compensation are subject to social security or Medicare tax	3	<input type="checkbox"/> Check and go to line 5.
4	Taxable social security and Medicare wages and tips		
		Column 1	Column 2
4a	Taxable social security wages	<input type="text" value="45000.00"/>	x 0.124 = <input type="text" value="5580.00"/>
4a (i)	Qualified sick leave wages	<input type="text" value="500.00"/>	x 0.062 = <input type="text" value="31.00"/>
4a (i)	Qualified family leave wages	<input type="text"/>	x 0.062 = <input type="text"/>
4b	Taxable social security tips	<input type="text"/>	x 0.124 = <input type="text"/>
4c	Taxable Medicare wages & tips	<input type="text" value="45500.00"/>	x 0.029 = <input type="text" value="1319.50"/>
4d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	x 0.009 = <input type="text"/>
4e	Total social security and Medicare taxes. Add Column 2 from lines 4a, 4a(i), 4a(ii), 4b, 4c, and 4d	4e	<input type="text" value="6930.50"/>
5	Total taxes before adjustments. Add lines 2 and 4e	5	<input type="text" value="11894.50"/>
6	Current year's adjustments (see instructions)	6	<input type="text"/>
7	Total taxes after adjustments. Combine lines 5 and 6	7	<input type="text" value="11894.50"/>
8a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974.	8a	<input type="text"/>
8b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	8b	<input type="text" value="507.25"/>
8c	Nonrefundable portion of employee retention credit from Worksheet 1	8c	<input type="text"/>
8d	Total nonrefundable credits. Add lines 8a, 8b, and 8c	8d	<input type="text" value="507.25"/>

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

Next >>

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 944 (2020)

Name (not your trade name)
MEDLIN SOFTWARE INC

Employer Identification Number (EIN)
012345678

Part 1: Answer these questions for this year. (continued)

9	Total taxes after adjustments and credits. Subtract line 8d from line 7	9	11387.25
10a	Total deposits for this year, including overpayment applied from a prior year and overpayments applied from Form 944-X, 944-X (PR), 944-X (SP), 941-X, or 941-X (PR)	10a	0.00
10b	Deferred amount of the employer share of social security tax	10b	
10c	Deferred amount of the employee share of social security tax	10c	
10d	Refundable portion of credit for qualified sick and family leave wages from Worksheet 1	10d	
10e	Refundable portion of employee retention credit from Worksheet 1	10e	
10f	Total deposits, deferrals, and refundable credits. Add lines 10a, 10b, 10c, 10d, and 10e.	10f	0.00
10g	Total advances received from filing Form(s) 7200 for the year	10g	
10h	Total deposits, deferrals, and refundable credits less advances. Subtract line 10g from line 10f	10h	0.00
11	Balance due. If line 9 is more than line 10h, enter the difference and see instructions	11	11387.25
12	Overpayment. If line 10h is more than line 9, enter the difference		Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

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 are a semiweekly 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.		Jul.		Oct.
13a		13d		13g		13j	
	Feb.		May.		Aug.		Nov.
13b		13e		13h		13k	
	Mar.		Jun.		Sep.		Dec.
13c		13f		13i		13l	

Total liability for year. Add lines 13a through 13l. Total must equal line 9. 13m

You MUST complete all three pages of Form 944 and SIGN it.

Next >>

Name (not your trade name)
MEDLIN SOFTWARE INC

Employer Identification Number (EIN)
012345678

Part 3: Tell us about your business. If any question 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.
- 15 Qualified health plan expenses allocable to qualified sick leave wages 15
- 16 Qualified health plan expenses allocable to qualified family leave wages 16
- 17 Qualified wages for the employee retention credit 17
- 18 Qualified health plan expenses allocable to wages reported on line 17 18
- 19 Credit from Form 5884-C, line 11, for the year 19

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

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 Phone

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

No.

Part 5: Sign Here. You MUST complete all three pages of Form 944 and SIGN it.

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, 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 are self-employed

Preparer's name	<input type="text" value="PREP NAME"/>	PTIN	<input type="text" value="PTIN"/>
Preparer's signature	<input type="text"/>	Date	<input type="text" value="10-06-2020"/>
Firm's name (or yours if self-employed)	<input type="text" value="FIRM NAME"/>	EIN	<input type="text" value="FIRM PTIN"/>
Address	<input type="text" value="ADDRESS"/>	Phone	<input type="text" value="PHONE"/>
City	<input type="text" value="CITY"/>	State	<input type="text" value="ST"/>
		ZIP code	<input type="text" value="ZIP"/>

Name (as shown on Form 945, 945-X, CT-1, CT-1 X, 944, or 944-X)

Employer Identification Number (EIN)

MEDLIN SOFTWARE INC

012345678

You must complete this form if you are required to deposit on a semiweekly schedule or if your tax liability during any month was \$100,000 or more. Show tax liability here, not deposits. (The IRS gets deposit data from electronic funds transfers.) DO NOT change your tax liability by adjustments reported on any Form 945-X, 944-X, or CT-1 X.

January Tax Liability			February Tax Liability			March Tax Liability		
1		17	1		17	1		17
2		18	2		18	2		18
3		19	3		19	3		19
4		20	4		20	4		20
5		21	5		21	5		21
6		22	6		22	6		22
7		23	7		23	7		23
8		24	8		24	8		24
9		25	9		25	9		25
10		26	10		26	10		26
11		27	11		27	11		27
12		28	12		28	12		28
13		29	13		29	13		29
14		30	14			14		30
15		31	15			15		31
16			16			16		
A Total for month >>			B Total for month >>			C Total for month >>		
April Tax Liability			May Tax Liability			June Tax Liability		
1		17	1		17	1		17
2		18	2		18	2		18
3		19	3		19	3		19
4		20	4		20	4		20
5		21	5		21	5		21
6		22	6		22	6		22
7		23	7		23	7		23
8		24	8		24	8		24
9		25	9		25	9		25
10		26	10		26	10		26
11		27	11		27	11		27
12		28	12		28	12		28
13		29	13		29	13		29
14		30	14		30	14		30
15			15		31	15		
16			16			16		
D Total for month >>			E Total for month >>			F Total for month >>		

July Tax Liability			August Tax Liability			September Tax Liability		
1		17	1		17	1		17
2		18	2		18	2		18
3		19	3		19	3		19
4		20	4		20	4		20
5		21	5		21	5		21
6		22	6		22	6		22
7		23	7		23	7		23
8		24	8		24	8		24
9		25	9		25	9		11387.25
10		26	10		26	10		26
11		27	11		27	11		27
12		28	12		28	12		28
13		29	13		29	13		29
14		30	14		30	14		30
15		31	15		31	15		
16			16			16		

G Total for month >> **H Total for month >>** **I Total for month >>** 11387.25

October Tax Liability			November Tax Liability			December Tax Liability		
1		17	1		17	1		17
2		18	2		18	2		18
3		19	3		19	3		19
4		20	4		20	4		20
5		21	5		21	5		21
6		22	6		22	6		22
7		23	7		23	7		23
8		24	8		24	8		24
9		25	9		25	9		25
10		26	10		26	10		26
11		27	11		27	11		27
12		28	12		28	12		28
13		29	13		29	13		29
14		30	14		30	14		30
15		31	15			15		31
16			16			16		

J Total for month >> **K Total for month >>** **L Total for month >>**

M Total tax liability for the year (add lines A through L). This should equal line 3 on Form 943 (line 13 on Form CT-1, Line 7 on Form 944.)

11387.25

944-V

Payment Voucher

OMB No. 1545-2007

2020

Do not staple or attach this voucher or your payment to Tax Form

012345678	Enter the amount of your payment >>	11894.50
	MEDLIN SOFTWARE INC PO BOX 10372 NAPA OR 94581	

Cut the page on this line and mail this voucher with your payment and Tax Form

Refer to the IRS web site for instructions