

Form **944 for 2016: 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.** Instructions and prior-year forms are available at www.irs.gov/form944

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.

1	Wages, tips, and other compensation	1	<input type="text" value="9315.00"/>
2	Federal income tax withheld from wages, tips, and other compensation	2	<input type="text" value="2249.00"/>
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="9374.00"/>	x .124 = <input type="text" value="1162.38"/>
4b	Taxable social security tips	<input type="text" value="4.00"/>	x .124 = <input type="text" value="0.50"/>
4c	Taxable Medicare wages & tips	<input type="text" value="9378.00"/>	x .029 = <input type="text" value="271.96"/>
4d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	x .009 = <input type="text"/>
4e	Add Column 2 from lines 4a, 4b, 4c, and 4d		<input type="text" value="1434.84"/>
5	Total taxes before adjustments. Add lines 2 and 4e	5	<input type="text" value="3683.84"/>
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="3683.84"/>
8	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)	8	<input type="text" value="0.00"/>
9a	Reserved		
9b	Reserved		
10	Reserved		
11	Balance due. If line 7 is more than line 10, enter the difference and see instructions	11	<input type="text" value="3683.84"/>
12	Overpayment. If line 10 is more than line 7, enter the difference	<input type="text"/>	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

Next >>

Name (not your trade name)
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Employer Identification Number (EIN)
012345678

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

13 Check one: Line 7 is less than \$2,500. Go to Part 3.

Line 7 is \$2,500 or more. Enter your tax liability for each month. If you are a semiweekly depositor or you accumulate \$100,000 or more of liability on any day during a deposit period, you must complete Form 943-A instead of the boxes below.

	Jan.		Apr.		Jul.		Oct.
13a	<input type="text"/>	13d	<input type="text"/>	13g	<input type="text"/>	13j	<input type="text"/>
	Feb.		May.		Aug.		Nov.
13b	<input type="text"/>	13e	<input type="text"/>	13h	<input type="text"/>	13k	<input type="text"/>
	Mar.		Jun.		Sep.		Dec.
13c	<input type="text"/>	13f	<input type="text"/>	13i	<input type="text"/>	13l	<input type="text"/>

Total liability for year. Add lines 13a through 13l. Total must equal line 7.

13m

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.

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

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

No.

Part 5: Sign Here. You MUST complete both 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

PTIN

Preparer's signature

Date

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

EIN

Address

Phone

City

State

ZIP code

(Rev. February 2015)
 Department of the Treasury
 Internal Revenue Service

2016

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

Employer Identification Number (EIN)

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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		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		

G Total for month >>			H Total for month >>			I Total for month >>		
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	3683.84	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		

J Total for month >>			K Total for month >>			L Total for month >>		
			3683.84					

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.)

3683.84

944-V**Payment Voucher**

OMB No. 1545-2007

Do not staple or attach this voucher or your payment to Tax Form**2016**

01-2345678

Enter the amount of your payment >>

3683.84

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PO BOX 10372

NAPA CA 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**