## Form **945**

Department of the Treasury Internal Revenue Service

### **Annual Return of Withheld Federal Income Tax**

► For withholding reported on Forms 1099 and W-2G.

For more information on income tax withholding, see Pub. 15 and Pub. 15-A.
 ▶ Go to www.irs.gov/Form945 for instructions and the latest information.

OMB No. 1545-1430

2019

|               | Name (as distinguished from trade                                                                                                                                                                                                                                   |                             |                       | e name)          | me) Employer identification number (El          |                            |                                     |                                        |               |                          |     |  |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|------------------|-------------------------------------------------|----------------------------|-------------------------------------|----------------------------------------|---------------|--------------------------|-----|--|
| Туре          | Trade name, if any                                                                                                                                                                                                                                                  |                             |                       |                  |                                                 |                            |                                     | If address is different from prior     |               |                          |     |  |
| or<br>Print   | Add                                                                                                                                                                                                                                                                 | Address (number and street) |                       |                  |                                                 |                            |                                     |                                        |               | return, check<br>here. ▶ |     |  |
|               | City or town, state or province, country, and ZIP or foreign postal code                                                                                                                                                                                            |                             |                       |                  |                                                 |                            |                                     |                                        |               |                          |     |  |
| A If          | you c                                                                                                                                                                                                                                                               | lon't have                  | e to file returns     | in the future,   | check here ▶                                    | and enter date             | final payments                      | made. ▶                                |               |                          |     |  |
| <b>1</b> Fe   | Federal income tax withheld from pensions, annuities, IRAs, gambling winnings, etc                                                                                                                                                                                  |                             |                       |                  |                                                 |                            |                                     | 1                                      |               |                          | _   |  |
| <b>2</b> Ba   | Backup withholding                                                                                                                                                                                                                                                  |                             |                       |                  |                                                 |                            |                                     | 2                                      |               |                          |     |  |
| 3 To          | Total taxes. If \$2,500 or more, this must equal line 7M below or Form 945-A, line M                                                                                                                                                                                |                             |                       |                  |                                                 |                            |                                     |                                        |               |                          |     |  |
|               | Total deposits for 2019, including overpayment applied from a prior year and overpayment applied from Form 945-X                                                                                                                                                    |                             |                       |                  |                                                 |                            |                                     | 4                                      |               |                          |     |  |
| 5 B           | alanc                                                                                                                                                                                                                                                               | e due. If                   | line 3 is more t      | han line 4, en   | ter the difference                              | e and see the separate     | instructions .                      | 5                                      |               |                          |     |  |
| 6 O           | verpa                                                                                                                                                                                                                                                               | ayment.                     | If line 4 is more     | than line 3, er  | nter the differenc                              | se ▶ \$                    |                                     |                                        |               |                          |     |  |
|               |                                                                                                                                                                                                                                                                     |                             | Check one:            | : Apr            | oly to next return                              | . Send a refu              | nd.                                 |                                        |               |                          |     |  |
| All filon     | e. If li                                                                                                                                                                                                                                                            | ino 2 is la                 |                       |                  | ete line 7 or Forr                              |                            |                                     |                                        |               |                          |     |  |
| Semiw         | eekly                                                                                                                                                                                                                                                               | schedu                      | le depositors:        | Complete For     | m 945-A and ch                                  | eck here                   |                                     |                                        |               | . •                      |     |  |
| Monthl        | y sch                                                                                                                                                                                                                                                               | nedule de                   | <b>epositors:</b> Con | nplete line 7, e | entries A through                               | M, and check here .        |                                     |                                        |               | . •                      |     |  |
| 7 Mo          | nthly Summary of Federal Tax                                                                                                                                                                                                                                        |                             |                       | ax Liability. (I | iability. (Don't complete if you were a semiwee |                            |                                     | positor.)                              |               |                          |     |  |
|               |                                                                                                                                                                                                                                                                     |                             | Tax liability for m   |                  |                                                 | Tax liability for month    |                                     |                                        | Tax lia       | ability for mor          | nth |  |
| A Janua       | -                                                                                                                                                                                                                                                                   |                             |                       |                  | e                                               |                            | K November                          |                                        |               |                          |     |  |
| B Februa      | -                                                                                                                                                                                                                                                                   |                             |                       |                  | ′                                               |                            | <b>L</b> December                   |                                        |               |                          | _   |  |
| C March       |                                                                                                                                                                                                                                                                     |                             |                       |                  | just                                            |                            | M Total liability                   |                                        |               |                          |     |  |
| D April E May |                                                                                                                                                                                                                                                                     |                             |                       |                  | otember<br>ober                                 |                            | year (add lin<br>through <b>L</b> ) | es A                                   |               |                          | İ   |  |
| hird-         | Do y                                                                                                                                                                                                                                                                | ou want to                  | allow another perso   | •                |                                                 | See separate instructions. |                                     | omplete the                            | followir      | ng. 1                    | No. |  |
| arty          |                                                                                                                                                                                                                                                                     |                             |                       |                  |                                                 |                            |                                     |                                        |               |                          |     |  |
| Designee      | Designee's name ▶                                                                                                                                                                                                                                                   |                             |                       |                  | Phone no. ▶                                     |                            |                                     | Personal identification number (PIN) ▶ |               |                          |     |  |
| Sign          | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer |                             |                       |                  |                                                 |                            |                                     |                                        |               |                          | and |  |
| Here          | Signature ▶                                                                                                                                                                                                                                                         |                             |                       |                  | Print Your<br>Name and Title ▶                  |                            |                                     | Date                                   | : <b>&gt;</b> |                          |     |  |
| Paid          | or.                                                                                                                                                                                                                                                                 | Print/Type preparer's name  |                       |                  | Preparer's signature                            |                            | Date                                |                                        | eck if PTIN   |                          |     |  |
| Prepare       |                                                                                                                                                                                                                                                                     | Firm's name                 |                       |                  |                                                 |                            |                                     | Firm's EIN ►                           |               |                          |     |  |
| Jse Only      |                                                                                                                                                                                                                                                                     |                             |                       |                  |                                                 |                            |                                     | Phone no.                              |               |                          |     |  |

# Form 945-V, Payment Voucher

#### **Purpose of Form**

Complete Form 945-V if you're making a payment with Form 945. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

#### **Making Payments With Form 945**

To avoid a penalty, make your payment with your 2019 Form 945 **only if**:

- Your total taxes for the year (Form 945, line 3) are less than \$2,500 and you're paying in full with a timely filed return, or
- You're a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 for details. In this case, the amount of your payment may be \$2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 for deposit instructions. Don't use Form 945-V to make federal tax deposits.



Use Form 945-V when making any payment with Form 945. However, if you pay an amount with Form 945 that should've been deposited, you may be subject to a penalty. See Deposit

Penalties in section 11 of Pub. 15.

#### **Specific Instructions**

Box 1—Employer identification number (EIN). If you don't have an EIN, you may apply for one online by visiting the IRS website at <a href="www.irs.gov/EIN">www.irs.gov/EIN</a>. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 945, write "Applied For" and the date you applied in this entry space.

**Box 2—Amount paid.** Enter the amount paid with Form 945.

**Box 3—Name and address.** Enter your name and address as shown on Form 945.

- Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 945," and "2019" on your check or money order. Don't send cash. Don't staple Form 945-V or your payment to the return (or to each other).
- Detach Form 945-V and send it with your payment and Form 945 to the address provided in the Instructions for Form 945.

**Note:** You must also complete the entity information above line A on Form 945.

