

Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Annual Return of Withheld Federal Income Tax

Department of the Treasury
Internal Revenue Service (77)

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

▶ See separate instructions. For more information on income tax withholding, see Pub. 15 (Circ. E) and Pub. 15-A.

2008

Please type or print.

Enter state code for state in which deposits were made **only** if different from state in address to the right ▶ (see the instructions).

<input type="checkbox"/>	Name (as distinguished from trade name)	Calendar year	<input type="checkbox"/>	If address is different from prior return, check here. ▶
	Trade name, if any	Employer identification number (EIN)		
<input type="checkbox"/>	Address (number and street)	City, state, and ZIP code		

A If you **do not have to file** returns in the future, check here ▶ and enter date final payments made. ▶

1	Federal income tax withheld from pensions, annuities, IRAs, gambling winnings, etc.	1		
2	Backup withholding	2		
3	Adjustment to correct administrative errors (see the instructions)	3		
4	Total taxes. If \$2,500 or more, this must equal line 8M below or line M of Form 945-A	4		
5	Total deposits for 2008 from your records, including overpayment applied from 2007 return	5		
6	Balance due (subtract line 5 from line 4) (see the instructions)	6		

7 Overpayment. If line 4 is less than line 5, enter overpayment here ▶ \$ _____ and check if to be:

Applied to next return or Refunded.

- **All filers:** If line 4 is less than \$2,500, **do not** complete line 8 or Form 945-A.
- **Semiweekly schedule depositors:** Complete **Form 945-A** and check here ▶
- **Monthly schedule depositors:** Complete **line 8, entries A through M**, and check here ▶

8 Monthly Summary of Federal Tax Liability. (Do not complete if you were a semiweekly schedule depositor.)								
	Tax liability for month			Tax liability for month			Tax liability for month	
A January			F June			K November		
B February			G July			L December		
C March			H August			M Total liability for year (add lines A through L).		
D April			I September					
E May			J October					

Third-Party Designee Do you want to allow another person to discuss this return with the IRS (see the instructions)? Yes. Complete the following. No.

Designee's name ▶	Phone no. ▶ ()	Personal identification number (PIN) ▶	<input type="text"/>
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Sign Here 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, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature ▶	Print Your Name and Title ▶	Date ▶
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Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours, if self-employed), address, and ZIP code ▶	EIN ;	Phone no. ()	