## Form **8974:** Qualified Small Business Payroll Tax Credit for Increasing Research Activities (Rev. December 2024) Department of the Treasury – Internal Revenue Service

OMB No. 1545-0029

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(100.0	ecenibei 2024) Depart	inent of the freasury		6				
Employer identification number (EIN)							Report for this quarter Check only one box.	
Name (not your trade name)							<b>1:</b> January, February, March	
The credit from Part 2, line 12 or, if applicable, line 17, will be reported on (check only one box): Form 941 (all 941 series)						<b>2:</b> April, May, June		
<b>Form 943</b> (all <b>943</b> series)						<b>3:</b> July, August, September		
							<b>4:</b> October, November, December	
Form 944 (all 944 series)								
Calendar year  You must select a quarter if you file Form 941.								
Part 1: Tell us about your income tax return.								
	(a) Ending date of income tax period		(c) Date income tax return was filed	(d) EIN used on Form 6765	(e) Amount frou Form 6765, lin or, if applicat the amount tha allocated to you	e 36 ble, t was	(f) Amount of credit from column (e) taken on a previous period(s)	(g) Remaining credit (subtract column (f) from column (e))
1	/ /		/ /					•
2	/ /		/ /		-			
3	/ /		/ /					
4	/ /		/ /		-		-	
5	/ /		/ /		-		•	
6	Add lines 1(a) thr	ough 5(g) and er	nter the total here					
6  Add lines 1(g) through 5(g) and enter the total nere								
7 Enter the amount from Part 1, line 6(g)								
8	Enter the amount from Form 941, line 5a, column 2; Form 943, line 3; or Form 944, line 4a, column 2 8							
9	Enter the amount from Form 941, line 5b, column 2; or Form 944, line 4b, column 2							
10	Add lines 8 and 9							
11	Multiply line 10 by 50% (0.50). Check this box 🗌 if you're a third-party payer of sick pay or							
	check this box i if you received a Section 3121(q) Notice and Demand. See the instructions							
12	before completing line 11							
12	Credit against the employer share of social security tax. Enter the smaller of line 7 or 11, but not more than \$250,000. See the instructions before entering an amount if you file Form 943 or Form 944. If you entered the amount from line 7, stop here and also enter this amount on Form 941, line 11; Form 943, line 12; or Form 944, line 8							
13	Subtract line 12 f			13				•
			1, line 5c, column 2			-		
14			e 4c, column 2			•		
15	of sick pay or you	received a Section	u're a third-party payer on 3121(q) Notice and ore completing line 15	<u>ا _ ا</u>				
16	Credit against the employer share of Medicare tax. Enter the smaller of line 13 or 15 . 16							
17	Total credit. Add line 12; or Form 9		. Also, enter this amo				<sup>3,</sup> 17	
For P	aperwork Reductio		the separate instruction		gov/Form8974		at. No. 37797C Fo	orm 8974 (Rev. 12-2024)