

Note: The draft you are looking for begins on the next page.

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Form **8974:** Qualified Small Business Payroll Tax Credit for Increasing Research Activities

Rev. D	ecember 2024) Department of the Treasury — Internal Revenue Service	OMB No. 1545-0029
	ployer identification	Report for this quarter Check only one box.
Nar (not	me t your trade name)	1: January, February, March
	e credit from Part 2, line 12 or, if applicable, e 17, will be reported on (check only one box): Form 941 (all 941 series) Form 944 (all 944 series)	2: April, May, June 3: July, August, September 4: October, November, December
Calendar year You must select a quarter if you file Form 941.		
Part 1: Tell us about your income tax return.		
	(a) (b) Income tax period Income tax return filed that included Form 6765 (b) Income tax return filed that included Form 6765 (c) Date income tax return was filed (d) (e) Amount from Form 6765 (or, if applicable, the amount that wa allocated to your E	taken on a `´ from column (e)) ´ s previous period(s)
1	, , , , , , , , , , , , , , , , , , ,	
2	, , , , , , , , , , , , , , , , , , , ,	
3	, , , , , , , , , , , , , , , , , , , ,	
4 5	epiember 16	12024
6	Add lines 1(g) through 5(g) and enter the total here	
Part 2: Determine the credit that you can use this period.		
7	Enter the amount from Part 1, line 6(g)	. 7
8	Enter the amount from Form 941, line 5a, column 2; Form 943, line 3; or Form 944, line 4a, column 2 8	H
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 pacheck this box if you received a Section 3121(q) Notice and Demand. See the instruct before completing line 11	
12	Credit against the employer share of social security tax. Enter the smaller of line	•
	11, but not more than \$250,000. See the instructions before entering an amount if you Form 943 or Form 944. If you entered the amount from line 7, stop here and also enter amount on Form 941, line 11; Form 943, line 12; or Form 944, line 8	ı file this
13	Subtract line 12 from line 7	
14	Enter the amount from Form 941, line 5c, column 2; Form 943, line 5; or Form 944, line 4c, column 2 14	
15	Multiply line 14 by 50% (0.50). If you're a third-party payer of sick pay or you received a Section 3121(q) Notice and Demand, see the instructions before completing line 15	
16	Credit against the employer share of Medicare tax. Enter the smaller of line 13 or 15	. 16
17	Total credit. Add lines 12 and 16. Also, enter this amount on Form 941, line 11; Form	943,