Form	940	Employer's Annua	al Fede	eral			OME	3 No. 154	45-00	28
Form		Unemployment (FUTA) Tax	Return				100		
Depart	Department of the Treasury Internal Revenue Service For Paperwork Reduction Act Notice, see separate instructions.									
			<u>500 50pu</u>				Т			
		Name (as distinguished from trade name)		Calendar y	ear		FF			
							FD			
		Trade name, if any					FP		\rightarrow	
		Address and ZIP code	Employer	identification num	har				_	
			Employer	identification num	bei					
Α	Are you required	I to pay unemployment contributions to only one sta	te? (If no,	skip question	s B and	C.) .	. 🗆	Yes		No
в	Did you pay all	state unemployment contributions by January 31, 19	95? (If a C)% experience	e rate is	grante	ed,			
		no, skip question C.).						Yes		No
С	0	that were taxable for FUTA tax also taxable for your		1 3				Yes		No
	If you answered "No" to any of these questions, you must file Form 940. If you answered "Yes" to all the questions, you may file Form 940-EZ, which is a simplified version of Form 940. You can get Form 940-EZ by calling 1-800-TAX-FORM (1-800-829-3676).									
	If you will not ha	ave to file returns in the future, check here, complete	, and sign	the return .				. ►		
	If this is an Ame	nded Return, check here	<u> </u>					. 🕨		
Par	t I Computa	ation of Taxable Wages								
1	Total payments	(including exempt payments) during the calendar yea	r for servi	ces of employ	/ees.	1				
2	Exempt paymen	ts. (Explain each exemption shown, attach additional		Amount paid						
		ary.) 🕨								
			2							
3		re than \$7,000 for services. Enter only amounts over								
		paid to each employee. Do not include payments								
		\$7,000 amount is the Federal wage base. Your state be different. Do not use the state wage limitation	3							
4	0 ,	yments (add lines 2 and 3)				4				
5	Total taxable w	ages (subtract line 4 from line 1)			►	5				
Be si	ure to complete bo	oth sides of this return and sign in the space provided o	n the back	K. Ci	at. No. 112	2340		Form 9	40 ((1994)

DO NOT DETACH

Form 940-V Form 940 Payment Voucher									19 94									
Complete boxes 1, 2, 6, and 7. Do not send cash and do not staple your payment to this voucher. Make your check or money order payable to the Internal Revenue Servi If tax due is over \$100, make the deposit with Form 8109.										rvice.								
1 Your employer identificat	identification number2Enter the first four letters of your business name3MFT4Tax year							5 Transaction code			de							
									6	1	0							
6 Your business name and address 7						7 Amou	nount of payment											
													\$				•	
Do not staple your payment	7											Do not se	end ca	ish.				

	Form	940	(1994)
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Part	Part II Tax Due or Refund														
1	Gross FUTA tax. Mi	ultiply the wages in	Part I, line 5, k	су .062				1							
-	Maximum credit. M			•											
3	Computation of tentative credit (Note: All taxpayers must complete the applicable columns.)														
(a) Name of	(b) State reporting number(s) as shown on employer's	(c) Taxable payroll							State experience rate per		riod State ex- perience rate had been 5.4% pa		itions Additional credit		(i) Contributions actually paid
state	state contribution returns	(as defined in state act)	From	То	rate	(col. (c) x .054)	rate (col. (c) x	c) x col. (e)) If 0 or less, er		to state					
3a	a Totals · · · •														
3b	Total tentative credit	t (add line 3a, columns	(h) and (i) only-	-see instruction	ns for lim	nitations on late	payments)	•							
4															
5															
6	Credit: Enter the smaller of the amount in Part II, line 2, or line 3b														
7	Total FUTA tax (subtract line 6 from line 1)														
8	Total FUTA tax deposited for the year, including any overpayment applied from a prior year 8														
9	Balance due (subtra														
		3 of the Instructions						9							
10	Overpayment (sub or Refunded	tract line 7 from lir	•		•	•		10							

Part III Record of Quarterly Federal Unemployment Tax Liability (Do not include state liability)

Liability for quarter	

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, and that no part of any payment made to a state unemployment fund claimed as a credit was or is to be deducted from the payments to employees.

Signature ►

Title (Owner, etc.) ►

Date 🕨

19**94**

► For Paperwork Reduction Act Notice, see separate instructions.

			EM	$\mathbb{P}[$	LC)\[37S	
						C	\bigcirc	PY	
A B C	Are you required to pay unemployment contributions to only one state Did you pay all state unemployment contributions by January 31, 199 check "Yes.") (If no, skip question C.). Were all wages that were taxable for FUTA tax also taxable for your so If you answered "No" to any of these questions, you must file Form questions, you may file Form 940-EZ, which is a simplified version of	95? (II tate's n 940	a 0% experience unemployment ta If you answered	rate is x? "Yes"	grante	ed, . □ . □	Yes Yes Yes	NoNoNoNo	
	calling 1-800-TAX-FORM (1-800-829-3676). If you will not have to file returns in the future, check here, complete, and sign the return								
Pa	Computation of Taxable Wages				1 1				
1	Total payments (including exempt payments) during the calendar year	for s	ervices of employ	ees.	1				
2	Exempt payments. (Explain each exemption shown, attach additional sheets if necessary.)	2	Amount paid		-				
3	Payments of more than \$7,000 for services. Enter only amounts over the first \$7,000 paid to each employee. Do not include payments from line 2. The \$7,000 amount is the Federal wage base. Your state wage base may be different. Do not use the state wage limitation	3							
4	Total exempt payments (add lines 2 and 3)				4				
5	Total taxable wages (subtract line 4 from line 1)				5				

Form 940 (1994)

Form	940	(1994)
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Signature 🕨

Part	II Tax Due or	Refund									
1	Gross FUTA tax. Mi	ultiply the wages in	Part I, line 5, l	by .062				1			
2											
3	Computation of te	ntative credit (Note	e: All taxpayer	s must compl	ete the a	applicable colu	ımns.)				
(a) Name of	e State reporting number(s) (c) State experience rate period State experience rate period rate had been 5.4% payable at expe						State experience rate period State ex- Contributions if Contribution		(h) Additional credit (col. (f) minus col.(g)).	(i) Contributions actually paid	
state	state contribution returns	(as defined in state act)	From	То	rate	(col. (c) x .054)	rate (col. (c)	col. (e)) If 0 or less, enter -0		to state	
3a	Totals · · · 🕨										
3b	Total tentative credit	t (add line 3a, columns	(h) and (i) only-	-see instruction	ns for lim	itations on late	payments)	•			
4											
5											
6	Credit: Enter the smaller of the amount in Part II, line 2, or line 3b										
7											
8											
9	Balance due (subtra	act line 8 from line 7). This should	be \$100 or les	s. Pay t	o the Internal I	Revenue				
		3 of the Instructions						9			
10	Overpayment (sub		ne 8). Check	if it is to be:	🗌 Ар	plied to next	return,	10			

Part III Record of Quarterly Federal Unemployment Tax Liability (Do not include state liability)

Quarter	First	Second	Third	Fourth	Total for year
Liability for quarter					

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, and that no part of any payment made to a state unemployment fund claimed as a credit was or is to be deducted from the payments to employees.

Date 🕨

Note: You must keep this copy and a copy of each related schedule or statement for 4 years after the date the tax is due or paid, whichever is later. These copies must be available for inspection by the IRS. See **Circular E**, Employer's Tax Guide, and **Pub. 937**, Employment Taxes, for more information. Household employers should see **Pub. 926**, Employment Taxes for Household Employers.

Title (Owner, etc.) ►