940 Form

Department of the Treasury Internal Revenue Service

Employer's Annual Federal Unemployment (FUTA) Tax Return

_	For Paperwork	Doduction	Act	Notico	200	congrato	inctructions
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OMB No. 1545-0028

1995

		i Name (as distinguished	from trade name)		Calendar year	FF			
						FD			
		Trade name, if any				FP .			
		Add 71D		Faralassa idaadi	£!!				
		Address and ZIP code		Employer identi	Tication number .	Т			
				<u> </u>					
	Are you required	t to pay unomployment	contributions to only one sta	to2 (If no. skin	augetions P and C)	🗆 Yes 🗆	No		
							NO		
			ntributions by January 31, 19				No		
			JTA tax also taxable for your				No		
	If you answered questions, you r	d "No" to any of these	questions, you must file Formula file Formula file Formula file Formula file Formula file file file for the file file file file file file file fil	m 940. If you	answered "Yes" to all	the			
	If you will not ha	ave to file returns in the	future, check here, complete	and sign the	return	> []		
Par		ation of Taxable Waç							
1	Total payments	(including exempt paym	ents) during the calendar yea	ar for services	of employees. 1				
2	Exempt paymen	nts. (Explain each exemp	tion shown, attach additional	Amo	ount paid				
				2					
			ces. Enter only amounts over						
			e. Do not include payments						
			ederal wage base. Your state	9					
			e the state wage limitation		4				
			om line 1)						
Be su	ire to complete b	oth sides of this return ar	nd sign in the space provided o	on the back.	Cat. No. 112340	Form 940	(1995)		
			DETACH HER	!E					
	0.40.14	1	5 040 B			I OMB No. 1545-00	020		
Form 940-V			Form 940 Paymer	700	020				
Department of the Treasury			erwork Reduction Act Notice, s	1 1995					
Comp		· · · · · · · · · · · · · · · · · · ·	money order payable to the Inte			ployer identification number	mber		
1 Ent	er the amount of the	payment you are making	2 Enter the first four characters of	your	3 Enter your employer ide	ntification number			
			business name						
	\$								
			4 Enter your name						
Do not staple your check or money order			Enter your address						
			Litter your address						
	the voucher or the			ada					
			Enter your city, state, and ZIP c	ode					

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Part	Tax Due or	Refund									
		lultiply the wages in fultiply the wages in				· · · · ·		1			
3	Computation of te	entative credit (Not	e: All taxpayers	s must compl	ete the	applicable colu	ımns.)				
(a) Name of state	(b) State reporting number(s) as shown on employer's state contribution returns	(as defined in state act)	State experien	d) nce rate period To	(e) State ex- perience rate	(f) Contributions if rate had been 5.4% (col. (c) x .054)	Contribution payable at exprate (col. (c) x	erience (col. (f) minus col.(g)). actually p			y paid
3a	Totals · · · ▶										
3b	Total tentative credi	t (add line 3a, columns	s (h) and (i) only-	-see instruction	ns for lim	nitations on late	payments)	<u> </u>			
4 5											
6	Credit: Enter the s	maller of the amoun	t in Part II, line	2, or line 3b				6			
7	Total FUTA tax (su	btract line 6 from lin	ne 1)					7			
8	Total FUTA tax dep	osited for the year,	including any o	overpayment a	applied	from a prior ye	ear	8			
	Balance due (subtract line 8 from line 7). This should be \$100 or less. Pay to the Internal Revenue Service. See page 3 of the Instructions for Form 940 for details										
	Overpayment (subtract line 7 from line 8). Check if it is to be: ☐ Applied to next return, or ☐ Refunded										
Part	III Record of	Quarterly Federa						iabilit	ty)		
	Quarter	First	Second	Т	hird	i i	Fourth		Total for y	ear	
Liabilit	y for quarter										
Under p true, co	penalties of perjury, I de rrect, and complete, and	clare that I have examined that no part of any payme	d this return, includ nt made to a state	ding accompanyir unemployment fu	ng schedu nd claimed	les and statement d as a credit was o	s, and to the r is to be dedu	best of cted fr	f my knowledge ar om the payments t	d belie o emplo	f, it is yees.
Signatu	ıre ▶		Title (Ow	/ner, etc.) ▶				Date	>		

Form **940**

Department of the Treasury Internal Revenue Service

Employer's Annual Federal Unemployment (FUTA) Tax Return

► For Paperwork Reduction Act Notice, see separate instructions.

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1995

OMB No. 1545-0028

EMPLOYER'S

COPY

	A B	Are you required to pay unemployment contributions to only one state? (If no, skip questions B and C.) Yes								☐ No	,
		check "Yes.") (If no, skip question C.)						🗆	Yes	□ No	
_	С	Were all wages that were taxable for FUTA tax also taxable for your s 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 I calling 1-800-TAX-FORM (1-800-829-3676).	940.	If you an	swered	"Yes"	to all	the	Yes	∐ No	1
_		If you will not have to file returns in the future, check here, complete, If this is an Amended Return, check here \dots	and s	sign the re	turn .	 		 	•		_
	Par										
	1	Total payments (including exempt payments) during the calendar year	for s	ervices of	employe	es.	1				
	2	Exempt payments. (Explain each exemption shown, attach additional sheets if necessary.) ▶	_	Amoun	t paid						
			2								
	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	4	Total exempt payments (add lines 2 and 3)					4				_
	5	Total taxable wages (subtract line 4 from line 1)				. ▶	5				_

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Form 940 (1995) Page 4 Part II Tax Due or Refund 1 Gross FUTA tax. Multiply the wages in Part I, line 5, by .062. 1 Maximum credit. Multiply the wages in Part I, line 5, by .054. 2 2 3 Computation of tentative credit (Note: All taxpayers must complete the applicable columns.) (a) (g) Contributions (c) Additional credit State ex-Contributions if Name State reporting number(s) Contributions State experience rate period Taxable payroll (col. (f) minus col.(g)). If 0 or less, enter -0-. ate had been 5.4% as shown on employer's perience payable at experience actually paid of (as defined in state act) (col. (c) x .054) to state rate (col. (c) x col. (e)) state contribution returns From To state rate Total tentative credit (add line 3a, columns (h) and (i) only—see instructions for limitations on late payments) 3b 4 5 6 6 Credit: Enter the smaller of the amount in Part II, line 2, or line 3b. . . 7 7 8 8 Total FUTA tax deposited for the year, including any overpayment applied from a prior year . Balance due (subtract line 8 from line 7). This should be \$100 or less. Pay to the Internal Revenue 9 Service. See page 3 of the Instructions for Form 940 for details Overpayment (subtract line 7 from line 8). Check if it is to be:

Applied to next return, 10 Refunded Part III Record of Quarterly Federal Unemployment Tax Liability (Do not include state liability)

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.

Third

Fourth

Total for year

Signature ► Title (Owner, etc.) ► Date ►

Second

First

Quarter

Liability for quarter

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. 15-A**, Employer's Supplemental Tax Guide, for more information. Household employers should see **Schedule H (Form 1040)** and its related instructions.



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