characters of your business name (omit "The" if

followed by more than one word).

Employer's Annual Federal Unemployment (FUTA) Tax Return

1997

OMB No. 1545-0028

Department of the Treasury Internal Revenue Service (99) ► For Paperwork Reduction Act Notice, see separate instructions. Name (as distinguished from trade name) Calendar year FF FD FΡ Trade name, if any Address and ZIP code Employer identification number Are you required to pay unemployment contributions to only one state? (If "No," skip questions B and C.) . Yes Did you pay all state unemployment contributions by February 2, 1998? ((1) If you deposited your total FUTA tax when due, check "Yes" if you paid all state unemployment contributions by February 10. (2) If a 0% Yes Were all wages that were taxable for FUTA tax also taxable for your state's unemployment tax? Yes 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. (Successor employers see Special credit for successor employers in the Instructions for Form 940.) You can get Form 940-EZ by calling 1-800-TAX-FORM (1-800-829-3676). If you will not have to file returns in the future, check here, and complete and sign the return . . . If this is an Amended Return, check here Part I Computation of Taxable Wages Total payments (including payments shown on lines 2 and 3) during the calendar year for 1 Amount paid Exempt payments. (Explain all exempt payments, attaching additional sheets if necessary.) ▶ 2 Payments for services of more than \$7,000. Enter only amounts over the first \$7,000 paid to each employee. Do not include any exempt payments from line 2. The \$7,000 amount is the Federal wage base. Your state wage base may be different. Do not use your state wage limitation . Total exempt payments (add lines 2 and 3) Total taxable wages (subtract line 4 from line 1). 5 Be sure to complete both sides of this return, and sign in the space provided on the back. Form **940** (1997) Cat. No. 11234O **DETACH HERE** Form 940 Payment Voucher 940-V Department of the Treasury Use this voucher only when making a payment with your return. Complete boxes 1, 2, 3, and 4. Do not send cash, and do not staple your payment to this voucher. Make your check or money order payable to the Internal Revenue Service. Be sure to enter your employer identification number, "Form 940," and "1997" on your payment. 1 Enter the amount of the payment you are making Enter the first four letters of your last name 3 Enter your employer identification number (business name if partnership or corporation) 4 Enter your business name (individual name for sole proprietors) Instructions for Box 2 —Individuals (sole proprietors, trusts, and estates)— Enter your address Enter the first four letters of your last name -Corporations and partnerships—Enter the first four

Enter your city, state, and ZIP code

Form 940 (1997) Page **2**

Part	Tax Due or	Refund									
			in Part I, line 5, by .in Part I, line 5, by .				1				
3	Computation of to	entative credit (No	ote: All taxpayers m	ust complete 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 as	State experience r.	ate period (e) State experience rate	Contributions if rate had been 5.4% (col. (c) x .054)	Contribution payable at experiment (col. (c) x	erience	(h) Additional credit (col. (f) minus col.(g)). If 0 or less, enter -0	Contributions actually paid to state		
3a	Totals · · · ▶										
3b	Total tentative credit (add line 3a, columns (h) and (i) only—see instructions for limitations 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 dep	osited for the yea	r, including any over	payment 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 4 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	Decord of	Quarterly Fede	eral Unemployme	ent Tax Liability	(Do not inc	clude state	e liak	oility.) Comple	ete or	nly i	
	Quarter Fire	st (Jan. 1-Mar. 31)	Second (Apr. 1-June 30)	Third (July 1-Sept.	30) Fourth (C	Fourth (Oct. 1-Dec. 31)		Total for year		ar	
Liabilit	y for quarter										
			ed this return, including ac It made to a state unempl								
Signatu	ıre ▶		Title (Owner,	etc.) ▶			Date	<u> </u>			

Department of the Treasury Internal Revenue Service

Employer's Annual Federal Unemployment (FUTA) Tax Return

► For Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-0028

1997

EMPLOYER'S

Are you required to pay unemployment contributions to only one state? (If "No," skip questions B and C.). . ☐ Yes Did you pay all state unemployment contributions by February 2, 1998? ((1) If you deposited your total FUTA

С	tax when due, check "Yes" if you paid all state unemployment contributions by February 10. (2) If a 0% experience rate is granted, check "Yes." (3) If "No," skip question C.)									
	If you will not have to file returns in the future, check here, and comp If this is an Amended Return, check here									
Paı	t I Computation of Taxable Wages									
1	Total payments (including payments shown on lines 2 and 3) during the calendar year for services of employees									
2	Exempt payments. (Explain all exempt payments, attaching additional sheets if necessary.)	2	Am	ount paid						
3	Payments for services of more than \$7,000. Enter only amounts over the first \$7,000 paid to each employee. Do not include any exempt payments from line 2. The \$7,000 amount is the Federal wage base. Your state wage base may be different. Do not use your state wage limitation	3								
4 5	Total exempt payments (add lines 2 and 3)					5				

Form **940** (1997)

Form 940 (1997) Page **4**

Part		or Refund							1		
			es in Part I, line 5, t					1			
3	Maximum credit. Multiply the wages in Part I, line 5, by .054 2 Computation of tentative credit (Note: All taxpayers must complete the applicable columns.)										
(a)	(b) State reporting number as shown on employe	r(s) (c) Taxable payrol	State experier	d) nce rate period	(e) (f) State experience rate had been 5.4%		(g) Contributions payable at experience		(h) Additional credit (col. (f) minus col.(g)).	(i) Contributions actually paid	
state	state contribution retu	e contribution returns	From	То	rate	(col. (c) x .054)	rate (col. (c) x	col. (e))	If 0 or less, enter -0	to state	
					1						
3a	Totals	>									
3b	Total tentative cre	edit (add line 3a, col	umns (h) and (i) only-	-see instructio	ns for lim	nitations on late	payments)	>			
4											
5											
	Credit: Enter the smaller of the amount in Part II, line 2 or line 3b										
	Total FUTA tax (subtract line 6 from line 1)										
			ear, including any o					8			
			ine 7). This should					9			
	Service. See page 4 of the Instructions for Form 940 for details										
	or Refunded							10			
Part			deral Unemploy						oility.) Comple	ete or	nly if
	Quarter	First (Jan. 1-Mar. 31)	Second (Apr. 1–June	30) Third (July	1-Sept. 3	30) Fourth (C	Oct. 1-Dec. 3	1)	Total for y	ear	
iabilit	y for quarter										
			nined this return, includir nent made to a state und								

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.

Date ▶



Title (Owner, etc.) ▶

Signature ▶