Form 940 Ur			Employer's Annu nemployment (FU)	OMB No. 1545-0028					
Depart Interna	ment of the Treasury I Revenue Service (99)	m.	1977						
		Name (as distinguished	from trade name)		Calendar year		T FF		
		Trade name, if any					FD FP		
		Address and ZIP code		Employer id	entification number		T		
		L							
A B C	Did you pay all s tax when due, c experience rate Were all wages t If you answered questions, you r Special credit for	state unemployment col check "Yes" if you paid is granted, check "Yes. that were taxable for FL "No" to any of these may file Form 940-EZ, v or successor employe	contributions to only one sintributions by January 31, 2 d all state unemployment of " (3) If "No," skip question (JTA tax also taxable for you questions, you must file Fo which is a simplified version rs on page 3 of the instruct from the IRS's Internet Web	000? ((1) If yo contributions C.) r state's uner orm 940. If yo n of Form 944 ions.) You cal	bu deposited your to by February 10. (2 nployment tax? bu answered "Yes" 0. (Successor emplo n get Form 940-EZ	otal FUTA) If a 0% to all the oyers see	_ □ Yes □ No _ □ Yes □ No		
	If you will not h complete and s	ave to file returns in t ign the return	he future, check here (see here	Who Must F	ile in separate instr		🕨 🔲		
Par	t I Computa	ation of Taxable Wag	ges						
1	Total payments services of empl		own on lines 2 and 3) during	g the calenda	r year for	1			
2	sheets if necess	ary.) 🕨	ayments, attaching additiona	-					
3 4 5	first \$7,000 paid t from line 2. The wage base may b Total exempt pa	o each employee. Do not \$7,000 amount is the Fe be different. Do not use	s. Enter only amounts over th include any exempt payment ederal wage base. Your stat your state wage limitation d 3)	s e . 3		4 5			
	•		d sign in the space provided Notice, see separate instructi DETACH HE	ons.	Cat. No. 11	2340	Form 940 (1999		
Form	940-V		Form 940 Payme	ent Voucl	ner		OMB No. 1545-0028		
Department of the Treasury Internal Revenue Service Use this			s voucher only when making		1999				
			and do not staple your payme nployer identification number, "				order payable to the		
	Ş	payment you are making	2 Enter the first four letters of y (business name if partnership		ation number				
►	▶\$.								
In	structions for Bo	ox 2	4 Enter your business name (inc	lividual name for	sole proprietors)				
—Individuals (sole proprietors, trusts, and estates)— Enter the first four letters of your last name.			Enter your address						
—Corporations and partnerships—Enter the first four characters of your business name (omit "The" if followed by more than one word).			Enter your city, state, and ZIP code						

Part	II Tax Due o	r Refund									
1 2	Gross FUTA tax. M Maximum credit. M							1			
3	Computation of ter	ntative credit (No	te: All taxpayers m	ust complete	e the ap	plicable colum	ns.)				
(a) Name of state	(b) State reporting number(s) as shown on employer's state contribution returns	(c) Taxable payroll (as defined in state act)		(d) State experience rate period		(f) Contributions if rate had been 5.4%	(g) Contributions payable at experience		(h) Additional credit (col. (f) minus col.(g)).	(i) Contributions paid to state by	
			ct) From	То	perience rate	(col. (c) x .054)	rate (col. (c) x	col. (e))	If 0 or less, enter -0	940 due date	
3a	Totals · · · ►										
3b	Total tentative cre instructions for Par		columns (h) and (i)	5				3b			
4 5											
6	Credit: Enter the smaller of the amount from Part II, line 2 or line 3b; or the amount from the worksheet in the Part II, line 6 instructions										
7	Total FUTA tax (subtract line 6 from line 1). If the result is over \$100, also complete Part III 7										
8	Total FUTA tax dep	osited for the yea	ar, including any ov	verpayment a	applied	from a prior ye	ear	8			
9	Balance due (subtract line 8 from line 7). Pay to the "United States Treasury". If you owe more than \$100, see Depositing FUTA Tax on page 3 of the separate instructions										
10	Overpayment (sub or Refunded		line 8). Check if		-	-		10			
Part		Quarterly Fed	eral Unemployn bage 6 of the sep	nent Tax L	iability	(Do not incl		liabi	ility.) Comple	te only if	
		st (Jan. 1–Mar. 31)	Second (Apr. 1–June 30				ct. 1-Dec. 31)	Total for y	ear	
Liabilit	y for quarter										
Under	penalties of periury. I dec	lare that I have exam	ined this return includir		na schedu	les and statement	s and to the	hest c	of my knowledge a	nd helief it is	

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 🕨

Form 940 (1999)

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