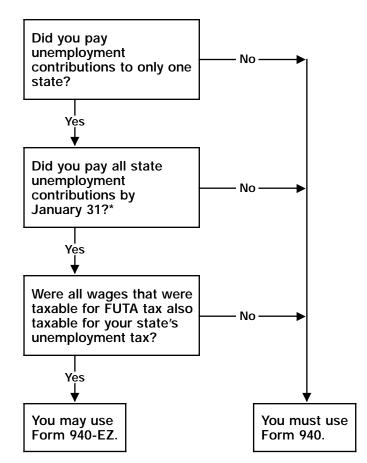
Form	940-E	EZ		ι	Employer's Annual Federal Jnemployment (FUTA) Tax Return							OMB No. 1545-1110				
	tment of the Treasury	(00)	<b>N</b> Can an										99	9		
Intern	al Revenue Service	(99)	e (as distinguished f		ade name) Calen					_		T FF				
Trade name, if any											I	FD FP				
Address and ZIP code				Employer				oyer identification nu	er identification number							
A B If yo	Enter the amount (1) Enter the national (2) Enter your set of the	nt of co ame of <u>state re</u> <b>to file</b>	the state where year to porting number a returns in the fu	your : you ha as sho	Form 940-EZ on state unemployment ve to pay contributi wn on your state ur check here (see W	fund. (See separ ions nemployment ta	ate instru x return	uctior	ns.) ►	\$				_  .▶□		
			urn, check here ages and FU		· · · · · ·						<u></u> .	<u> </u>	<u> </u>			
га 1			9		I lines 2 and 3) during	g the calendar y	ear for se	ervice	es of employees	1						
2	Exempt payme	ents. (E	xplain all exempt	paym	ents, attaching add	litional sheets	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 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		-				• •			4							
5								5								
6 7			-		enter here. (If the result is over \$100, also complete Part II. any overpayment applied from a prior year				7							
8		-	-		the "United States			-		8						
				5	FUTA tax in separa											
9					ck if it is to be:				Refunded ►	9						
Pa	Quarter		Quarterly Fe Jan. 1 – Mar. 31)		Distance of the second	Third (July 1 -			clude state liability.) Fourth (Oct. 1 – Dec	1	ete onl	-		er \$100.		
Liahi	ity for quarter	FIISU (J	Jan. 1 – Iviar. 31)	Seco	nu (Apr. 1 – June 30)		- Sept. 30	<i>"</i>	Fourth (Oct. 1 - Dec	5. 31)		Total fo	i yeai			
Unde	r penalties of perj				d this return, including nt made to a state uner											
Sign	ature 🕨				Title (Owner	, etc.) ►				Date	•					
For F	Privacy Act and Pa	aperwo	rk Reduction Act N	Notice,	see separate instructions.				Cat. No. 10983G Form <b>940-EZ</b>					<b>Z</b> (1999)		
					Di	ETACH HERE										
Form 940-EZ(V) Form 940-EZ Payment Voucher											F	OMB No. 1545-1110				
Department of the Treasury				s voucher only when making a payment with your return.							1999					
					n, and do not staple nployer identification							y order p	payable	e to the		
1 Enter the amount of the payment you are making						2 Enter the first four letters of your last name (business name if partnership or corporation) 3 Enter your employer ident							tification number			
▶\$.																
Instructions for Box 2					4 Enter your name	4 Enter your name (individual 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, s	Enter your city, state, and ZIP code										

## Who May Use Form 940-EZ

The following chart will lead you to the right form to use. However, **do not** file Form 940-EZ if you have already filed Form 940 for 1999.



\*If you deposited all FUTA tax when due, you may answer "Yes" if you paid all state unemployment contributions by February 10.

Also, do not file Form 940-EZ if-

• You owe FUTA tax only for household work in a private home. See Schedule H (Form 1040).

• You are a **successor employer** claiming a credit for state unemployment contributions paid by a prior employer. File Form 940.