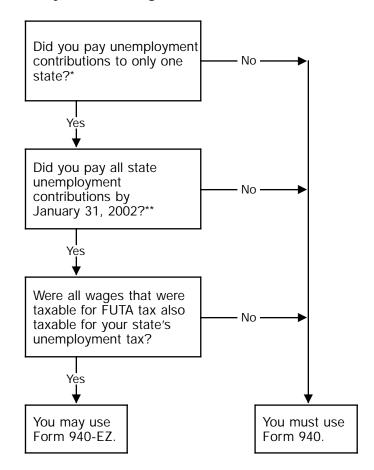
Form 940)-EZ	Employer's Annual Federal Unemployment (FUTA) Tax Return						OMB No	OMB No. 1545-1110		
Department of the Tr Internal Revenue Ser		► See sep		Instructions for Form 940-EZ for information on completing this form.					2001		
	Nam	ne (as distinguished f				Calenda		T FF FD			
You must complete this section.	Trad	le name, if any						FP			
this section. 7	Add	ress and ZIP code		Er			mployer identification number				
A Enter the a B (1) Enter t (2) Enter y If you will not h	amount of c he name o <u>our state r</u> have to file	ontributions paid to f the state where y eporting number a e returns in the fu	Use Form 940-EZ on poyour state unemployment you have to pay contributing shown on your state un sture, check here (see Wi	fund. (see separa ons hemployment ta ho Must File in	ate instructi x return ► separate i	nstructions), ►	\$	sign the re	turn. 🕨		
		turn, check here lages and FU	<u></u>				<u></u>				
		9	own on lines 2 and 3) during	the calendar v	ear for serv	ices of employees	1				
2 Exempt pair of the second s	2 Exempt payments. (Explain all exempt payments, attaching additional sheets if necessary.) ►2										
 4 Add lines 5 Total taxa 6 FUTA tax. 7 Total FUT. 	2 and 3 able wages Multiply the A tax depo	s (subtract line 4 fi e wages on line 5 b sited for the year,	rom line 1) y .008 and enter here. (If th including any overpayme	ne result is over nt applied from	\$100, also a prior yea	complete Part II.)	4 5 6 7				
If you owe 9 Overpaym	e more thai ient (subtrad	n \$100, see Depo ct line 6 from line 7	Pay to the "United States siting FUTA tax in separa). Check if it is to be: deral Unemploymer	te instructions. Applied to next	return or	Refunded ►	8 9) Complete o	nly if line 6 i	s over s	\$100.	
Quarter	First	(Jan. 1 – Mar. 31)	Second (Apr. 1 – June 30)	Third (July 1 -	Sept. 30)	Fourth (Oct. 1 – De	c. 31)	Total for y	/ear		
Liability for quarte Third Party Designee				with the IRS (see Phone no. ► (instructions	Perso	Complete the t nal identification er (PIN)		No		
			kamined this return, including payment made to a state uner								
Signature Signature			Title (Owner,	, etc.) ►			Date 🕨				
For Privacy Act and Form 940-I Department of the Tr	E Z(V)	eduction Act Notice, s	ee separate instructions. Form 940-E	▼ DETACH			83G	Form 94			
Internal Revenue Ser Complete boxes	vice s 1, 2, and	3. Do not send ca	se this voucher only whe sh, and do not staple your ployer identification numb	payment to this	s voucher.	Make your check or		er payable to	the "L	Jnited	
I Enter your employer identification number.			2					Illars	Ce	ents	
			3 Enter your busine Enter your addre		ual name for	sole proprietors).					

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-



* 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.

**If you deposited all FUTA tax when due, you may answer "Yes" if you paid all state unemployment contributions by February 11, 2002.