Form 940 Department of the Treasury Internal Revenue Service (99)		Employer's Annual Federal Unemployment (FUTA) Tax Return See separate Instructions for Form 940 for information on completing this form.					OMB No. 1545-0028	
							2002	
		Name (as distinguished fi			Calendar year		T FF FD	
	must plete	Trade name, if any					FD FP	
this	section.	Address and ZIP code		Employe	er identification number		T	
A B C	Are you required to pay unemployment contributions to only one state? (If "No," skip questions B and C.). Did you pay all state unemployment contributions by January 31, 2003? ((1) If you deposited your total FUTA tax when due, check "Yes" if you paid all state unemployment contributions by February 10, 2003. (2) If a 0% experience rate is granted, check "Yes." (3) If "No," skip question C.)							
	1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at www.irs.gov. If you will not have to file returns in the future, check here (see Who Must File in separate instructions) and							
	complete and sign the return							
Par		ation of Taxable Wag		enne en page				
1		including payments sho	•	uring the caler	ndar year for	. 1		
2		ts. (Explain all exempt pa ary.) ►						
3	Payments of more than \$7,000 for services. Enter only amounts over the first \$7,000 paid to each employee. (see separate instructions) 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							
4 5	Add lines 2 and					. 4		
5 Total taxable wages (subtract line 4 from line 1)								
Be s	ure to complete bo	oth sides of this form, and	sign in the space provid	ded on the bac	k.			
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. V DETACH HERE Cat. No. 112340 Form 940 (2002)								
Form	940-V		Form 940 Pay	ment Vou	Icher		OMB No. 1545-0028	
Department of the Treasury Internal Revenue Service Use this voucher only when making a payment with your return. ZUU						2002		
Complete boxes 1, 2, and 3. Do not send cash, and do not staple your payment to this voucher. Make your check or money order payable to the "United States Treasury." Be sure to enter your employer identification number, "Form 940," and "2002" on your payment.								
	Enter your employer id		² Enter the amou			Dol	lars Cents	
3 Enter your business name (individual name for sole proprietors).								
			Enter your address.					
			Enter your city, state, and ZIP code.					

Form	940	(2002)
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Part		Tax Due o	r Refund								
1 2	Gross F Maximu	UTA tax. (N um credit. (N	fultiply the wages Aultiply the wage	s from Part I, line s from Part I, line	5, by .054)		· · · · ·		1		
3	Compu	tation of ter	ntative credit (No	te: All taxpayers r	must complete		plicable colum	ns.)			
(a) Name of	as show	(b) orting number(s) n on employer's	(c) Taxable payroll (as defined in state a	State experier	d) nce rate period	(e) State ex- perience	(f) Contributions if rate had been 5.4% (col. (c) x .054)	(g) Contributio payable at expe rate (col. (c) x c	erience	(h) Additional credit (col. (f) minus col.(g)) If 0 or less, enter -0	(i) Contributions paid to state by 940 due date
state	state cor	tribution returns		From	То	rate			,01. (e))		
3a	Totals	🕨									
			*//////////////////////////////////////	columns (h) and (i	i) only—for lat	e navme	ents also see	the	///////		
•••		ions for Par						►	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 on page 5 of the separate instructions										
7	Total FUTA tax (subtract line 6 from line 1). If the result is over \$100, also complete Part III										
8	Total FUTA tax deposited for the year, including any overpayment applied from a prior year										
9	Balance due (subtract line 8 from line 7). Pay to the "United States Treasury." If you owe more										
				ax on page 3 of t					9		
10		i yment (sub Refunded		n line 8). Check		•	•	return	10		
Part		Record of	Quarterly Fed	leral Unemploy	ment Tax L	iability	(Do not incl	ude state		lity.) Comple	te only if
	Quarter	Firs	st (Jan. 1–Mar. 31)	Second (Apr. 1–June	30) Third (July	1-Sept. 3	0) Fourth (O	ct. 1-Dec. 31)		Total for y	ear
Liability for qu		arter									
Third		Do you want to allow another per		son to discuss this return with the IRS (see instruction		ictions page 6)?	Yes. Com	plete	the following.	No	
Party Desig		Designee's name ▶			Phone no. ► ()		Personal number (F		ication	
				nined this return, inclue Iment made to a state							

Signature 🕨

Title (Owner, etc.) ►

Date 🕨

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