Form **940**

Employer's Annual Federal Unemployment (FUTA) Tax Return

OMB No. 1545-0028

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	nent of the Treasury Revenue Service (99	See the separate	e Instructions for Form 9	40 for info	ormation on completi	ng this form.		<u> 200</u>	14
						_	,		-
		Name (as distinguished	from trade name)		Calendar year		FF		-
You r	nust 🗼	Trade name if any			Employer identification	number (EINI)	FD		
complete Trade name, if any		rrade name, ir any			Limployer identification	number (LIN)	FP I		-
this s	section.	Address (number and s	street)		City, state, and ZIP cod	le	<u> '</u>		_
		1	,		, , ,				
						_	J		
Α	Are you require	ed to pay unemploymer	t contributions to only	one state	e? (If "No," skip que	estions B an	d C.)	Yes	☐ No
	Did you pay all state unemployment contributions by January 31, 2005? ((1) If you deposited your total FUTA tax when due, check "Yes" if you paid all state unemployment contributions by February 10, 2005. (2) If a 0% experience rate is granted, check "Yes." (3) If "No," skip question C.)								☐ No
		ere all wages that were taxable for FUTA tax also taxable for your state's unemployment tax?						Yes	☐ No
D	Did you pay al	olid you pay all wages in a state other than New York?							☐ No
	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 separate instructions.) You can get Form 940-EZ by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS website at www.irs.gov.								
	complete and	have to file returns in t sign the return nended Return, check						▶	
Part	Compu	tation of Taxable Wa	ges						
		s (including payments sh ployees				1			
	sheets if neces	nts. (Explain all exempt p ssary.) ▶			2				
4	Payments of more paid to each empayments from lin base may be differ Add lines 2 and	than \$7,000 for services. Enterpolyee (see separate instructive 2. The \$7,000 amount is the erent. Do not use your state d 3	er only amounts over the first ions). Do not include any effederal wage base. Your statewage limitation	\$7,000 exempt e wage	3	4			
		• ,	om line 1)						
	Enter the wage	resulting from credit red es included on line 5 for r Form 940.) Enter the cr es x	New York and multiply	by .003. here and	(See the separate in Part II, line 5:	ork. ▶ 6			
Be su	re to complete	both sides of this form, a							
For Pri	ivacy Act and Pap	erwork Reduction Act Notice	see separate instructions.	▼ DE	TACH HERE ▼	Cat. No. 112	340	Form 94	40 (2004)
	940-V	llas abi	Payment				ОМ	1B No. 154	5-0028
Comp		and 3. Do not send cash,		payment to	this voucher. Make y	our check or		er payab	le to the
		ry." Be sure to enter your	employer identification nu	mber (EIN)	, "Form 940," and "20	004" on your	. ,		Combi
1 E	nter your employer	identification number (EIN).	Enter the amou	unt of y	our payment.	•	Dollars		Cents
			3 Enter your business nam	ne (individua	I name for sole proprietor	s).			
			Enter your address.						

Enter your city, state, and ZIP code.

Form 9	940 (2004)									Page 2
Name								Employe	er identification nu	ımber (EIN)
Par	Tax Due o	or Refund								
1	Gross FUTA tax. (Multiply the wage	s from Part I, line 5	5, by .062) .				1		
2	Maximum credit. (Multiply the wages from Part I, line 5, by .054) 2									
3	Computation of te	omputation of tentative credit (Note: All taxpayers must complete the applicable columns.)								
(a)	(b) State reporting number(s) as shown on employer's state contribution returns	(c)		(d)		(f) Contributions if	(g)		(h) Additional credit	(i) Contributions
of state		Tayable payroll	State experienc	e rate period	State ex- perience	rate had been 5.4% (col. (c) x .054)	Contributions payable at experience rate (col. (c) x col. (e))		(col. (f) minus col.(g))	paid to state by
		s (as defined in state a	From	То	rate				If 0 or less, enter -0	940 due date
20	Totals >									
3a 3h	1010.0	redit (add line 3a	columns (h) and	l (i) only—for	late n	avments also	see the			
		tive credit (add line 3a, columns (h) and (i) only—for late payments, also see the for Part II, line 4)								
								3b		
	Credit: Enter the smaller of the amount from Part II, line 2 or line 3b; or the amount from the worksheet on page 7 of the separate instructions									
	Enter the amount from Part I, line 6							_		
	Credit allowable (subtract line 5 from line 4). If zero or less, enter "-0-"							- 1		
								7		
8	Total FUTA tax deposited for the year, including any overpayment applied from a prior year 8									
9	Balance due (sub	tract line 8 from	ine 7). Pay to the	"United State	es Trea	sury." If you o	we more			
	than \$100, see Depositing FUTA Tax on page 3 of the separate instructions									
	Overpayment (subtract line 7 from line 8). Check if it is to be: Applied to next return									
								10		
Par		•	leral Unemployr		_		lude stat	е пар	ility.) Comple	te only it
	Quarter First (Jan. 1–Mar. 31)		age 7 of the separate instruction Second (Apr. 1-June 30) Third (July 1-Se					. 31) Total for		ear
 Liabili	ty for quarter	ist (ban. 1 War. 01)	Occord (Apr. 1 durie o	io) Illia (baly	1 Ocpt. C	7 outil (C	701. 1 DC0. 0	1)	Total for y	Cai
Third		ant to allow another ne	rson to discuss this retu	ırn with the IRS (see sena	rate instructions)?	Ves Co	molete	the following	No
Party								·		
Desi	nnoo Designee s						Personal identification			
	orrect, and complete, a		nined this return, including payment made to a st							
Signat	ure ▶		Title (Own	ner, etc.) ►				Date	•	