Form <b>940</b>			OMB No. 1545-	OMB No. 1545-0028						
		Un	2003	2						
Department of the Treasury Internal Revenue Service (99)		► See separate I	rm.	<b>)</b>						
		Name (as distinguished to	from trade name)	Calendar ye						
com	must plete section.	Trade name, if any		Employer identification number (El	IN) FP					
this		Address (number and sti	reet)	City, state, and ZIP co	de T					
		L								
	Are you required	to pay unemployment	contributions to only one	state? (If "No," skip questions E	B and C.).   Yes	□ No				
В	Did you pay all state unemployment contributions by February 2, 2004? ((1) If you deposited your total FUTA tax when due, check "Yes" if you paid all state unemployment contributions by February 10, 2004. (2) If a 0% experience rate is granted, check "Yes." (3) If "No," skip question C.)									
С	•		•	ir state's unemployment tax? .		_ 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 <b>Special credit for successor employers</b> on page 3 of 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 <b>www.irs.gov.</b>									
If you will not have to file returns in the future, check here (see Who Must File in the separate instructions) and complete and sign the return										
Par		ntion of Taxable Wag								
1	Total payments ( services of empl		wn on lines 2 and 3) during		1					
2	Exempt payment sheets if necess									
3	Payments of more first \$7,000 paid include any exen Federal wage bas your state wage									
4 Add lines 2 and 3										
Be si	ure to complete bo	oth sides of this form, and	sign in the space provided	on the back.						
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. ▼ DETACH HERE ▼ Cat. No. 11234O Form 940 (2003)										
Form <b>940-V</b>			Payment Vo	OMB No. 1545-	OMB No. 1545-0028					
Department of the Treasury Internal Revenue Service  Use this voucher only when making a payment with your return.						<b>)</b>				
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 (EIN), "Form 940," and "2003" on your payment.										
		entification number (EIN).	2	of your payment.		Cents				
			dividual name for sole proprietors).							
			Enter your address.							
			Enter your city, state, and ZIF	code.						

Form 940 (2003) Page **2** 

Part	II Ta	x Due o	r Refund										
1	Gross FU	ITA tax. (M	fultiply the wage	s from Part I,	line 5, b	oy .062)				. 1	<u> </u>		
					om Part I, line 5, by .054) .   2								
3	to the state of th												
(a) Name of state	(b) State reporting number(s) as shown on employer's state contribution returns	ing number(s)	i axable payroli	State experience		ate period	d (e) State experience	1 1 11 5 40/	(g) Contributions payable at experience		(h) Additional credit (col. (f) minus col.(g))	(i) Contributions paid to state by	
			act) From		То	rate	(col. (c) x .054)	rate (col. (c) x col. (e))		If 0 or less, enter -0	940 due dat	.e′	
													_
3a	Totals ·	▶											_
			dit (add line 3a,	columns (h) a	nd (i) or	nly—for lat	e paym	ents, also see	the				
	instructio	ns for Par	t II, line 6)				 /////////////////////////////////		l	<b>▶</b> 3b			<i>777.</i>
4 5													
6													
		. •	5 of the separa										
7		•	btract line 6 fror	•				•		_			_
8		•	osited for the ye	•	•								—
			ract line 8 from  oositing FUTA T										
			otract line 7 from										
	or $\square$ Re			•			•			10			
Part			Quarterly Fedver \$100. See	deral Unemp	oloyme	ent Tax L	iability	(Do not incl	ude st	ate liab	ility.) Comple	te only	if
	Quarter	Firs	st (Jan. 1-Mar. 31)	Second (Apr. 1-	June 30)	Third (July	1-Sept. 3	30) Fourth (C	Oct. 1-De	c. 31)	Total for y	ear	
Liabilit	y for quarte	er											
Third										No			
Party Desig	nee		Phone no. ► ( )				Personal identification number (PIN) ▶						
			clare that I have exame that no part of any pa										
<b>C</b> :				<b></b>	. (0	-4				D-4			
Signatu	11 C F			11111	e (Owner,	, etc.) -				Date	_		

**③** 

Form **940** (2003)