Form **940-B**

Department of the Treasury - Internal Revenue Service Request for Verification of

(Rev. May 2010)	Credit Information Shown on Form 940									
Name and address of e	Date	Date								
						Calendar year				
						Employer identific	ation number			
The Form 940 filed with	the IRS by	the employe	er named above indica	tes the following	information for	the calendar year sh	own.			
State in Which Employees Performed Services	State Repo as Sho Employe Contributio	wn on r's State	Taxable Payroll (as defined in State Ac		xperience Rate Period	Experience Rate	Contributions Actually Paid to State			
(1)	(2)	(3)	From-	То-	(5)	(6)			
State Agency: Please o	complete the	certificatio	n below and fax or mai	l it back to us. S	Show any differe	nces between the inf	ormation shown above			
and your records in the	space below	v. Also shov	v any contributions paid	d after February	1.					
Fax Number: OR			Mail to: Director, Internal Re	evenue Service	Other (remarks, etc):					
Attention:										
(FUTA Lia	ison)									
State Reporting No. as Shown on Employer's State Contribution Returns	Experience Rate Period		State Taxable Wages	Experience Rate	Contributions Paid Before February 1	through	Contributions Paid After February 10			
	From-	То-			. cordary .	February 10	. 531441, 10			
I certify that, except as scontributions were paid			ds of this office agree v	with the entries	shown in columr	ns (2), (3), (4), (5), ar	nd (6), and that all			
Name of State			Name of State Officer			Date				

Form **940-B** (Rev. May 2010)

Department of the Treasury - Internal Revenue Service

Request for Verification of Credit Information Shown on Form 940

(NOV. IVIAY 2010)			Credit Inforr	nation Sno	own on Fori	m 940	
Name and address of e	mployer					Date	
						Calendar year	
				Employer identific	ation number		
The Form 940 filed with	the IRS by	the employe	er named above indica	tes the following	information for th	ne calendar year sh	own.
State in Which Employees Performed Services	Contribution Returns		Taxable Payroll (as defined in State Ac		Experience Rate Period (4)		Contributions Actually Paid to State
(1)	(2)	(3)	From-	То-	(5)	(6)
State Agency: Please of and your records in the	complete the space below	certification . Also show	n below and fax or mai v any contributions paid	l it back to us. S d after February	thow any different 1.	ces between the inf	ormation shown above
Fax Number: OR			Mail to:	0	Other (remarks, etc):		
Attention:			Director, Internal Re	evenue Service	Center		
(FUTA Lia	ison)						
State Reporting No. as Shown on Employer's State Contribution Returns	Experience Rate Period From- To-		State Taxable Wages	Experience Rate	Contributions Paid Before February 1	Contributions Paid February 1 through February 10	Contributions Paid After February 10
	7.00						
I certify that, except as contributions were paid			ds of this office agree v	vith the entries s	shown in columns	s (2), (3), (4), (5), ar	d (6), and that all
Name of State			Name of State Officer		Date		