Form 940 Department of the Treasury	Unemployment (FUTA	Employer's Annual Federal employment (FUTA) Tax Return								
Internal Revenue Service (99)	See the separate Instructions for Form 940 for in	nformation on completing this	form.	<u> </u>						
	Name (as distinguished from trade name)	Onlaw day warm		T						
	Name (as distinguished from trade name)	Calendar year	I	FF						
You must	Trade name, if any	Employer identification number	(FINI)	FD FP						
complete		Employor administration namber	(2114)							
this section.	Address (number and street)	City, state, and ZIP code		Т						
				L	I					
A Are you require	d to pay unemployment contributions to only one sta	ate? (If "No," skip questions	B and C.) 🗌 Yes	s 🗌 No					
 tax when due, c experience rate C Were all wages D Did you pay all If you answered questions, you Special credit 	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.)									
If you will not h complete and s If this is an Am	nave to file returns in the future, check here (see W sign the return nended Return, check here (see Amended Returns	/ho Must File in the separat		· · ·						
	ation of Taxable Wages									
	(including payments shown on lines 2 and 3) during t	he calendar year for	1							
sheets if necess	Exempt payments. (Explain all exempt payments, attaching additional sheets if necessary.) ► 2									
3 Payments of more t paid to each empl payments from line base may be different										
4 Add lines 2 and			4							
6 Additional tax re Enter the wages	vages (subtract line 4 from line 1)	o the State of New York. 3. (See the separate d in Part II, line 5:	6							
Be sure to complete b	oth sides of this form, and sign in the space provided or	the back.								
For Privacy Act and Pape	rwork Reduction Act Notice, see separate instructions.	DETACH HERE ▼ Cat. I	No. 11234O	Form	940 (2004)					
Form 940-V Department of the Treasury Internal Revenue Service		OMB No. 1	1545-0028 04							
	and 3. Do not send cash, and do not staple your payment				able to the					
	 2 Enter the amount of 	your payment. 🕨		nent. Ilars	Cents					
	3 Enter your business name (individ	iual name for sole proprietors).								

3	Enter your	business	name	(individual	name	for so	le pro	prietors
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Enter your address.

Enter your city, state, and ZIP code.

Name

Employer identification number (EIN)

Par			r Refund	- form Deat L		000				4	1		
(a) Name of state	(b) State reporting nu as shown on emp state contribution	oloyer's	(c) Taxable payroll (as defined in state	act) From	(d) erience r	ate period To	(e) State ex- perience rate	(f) Contributions rate had been 5. (col. (c) x .054	4% pavable at ex	perience	(h) Additional credit (col. (f) minus col.(g)) If 0 or less, enter -0	(i) Contribut paid to sta 940 due	ate by
3a	Totals · ·	. 🕨											
3b	Total tentati	ve cr	edit (add line 3 t II, line 4)				•	•		3b			
5	Enter the amo	ount fr	rom Part I, line 6							5			
6	Credit allowa	able (s	subtract line 5 fro	om line 4). If ze	ro or l	ess, enter	"-0-"						
		``	btract line 6 fro	,						7			
			osited for the ye		•					8			
	Balance due (subtract line 8 from line 7). Pay to the "United States Treasury." If you owe more than \$100, see Depositing FUTA Tax on page 3 of the separate instructions												
10			otract line 7 fro							10			
Par	Reco	rd of	Quarterly Fee ver \$100. See	deral Unemp	loyme	ent Tax L	iability.	/ (Do not ii	nclude state	e liab	ility.) Comple	te only	y if
	Quarter	Firs	t (Jan. 1-Mar. 31)	Second (Apr. 1-Ju	une 30)	Third (July	1-Sept. 3	30) Fourth	(Oct. 1-Dec. 3	1)	Total for y	ear	
Liabili	ty for quarter												
Third		ou war	t to allow another pe	rson to discuss this	s return	with the IRS	(see sepa	rate instruction	s)? 🗌 Yes. Co	mplete	the following.	No	
Party Desi	gnee Desi					Phone no. ▶ ()				Personal identification number (PIN)			
	orrect, and comp		clare that I have exa Id that no part of an										

Signature ►

Title (Owner, etc.) ►

Date 🕨

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