## Form **940**

## Employer's Annual Federal Unemployment (FUTA) Tax Return

OMB No. 1545-0028

2015

Depart Interna	ment of the Treasury Il Revenue Service (99)	► See the separate Instructions for Form	n 940 for information on completing this t	form.	<u> </u>	<b>.</b>
		Name (as distinguished from trade name)	Calendar year	7	T FF	-
	n must nplete section.	Trade name, if any	Employer identification number (E	EIN)	FD FP	
		Address (number and street)	City, state, and ZIP code		T	<u></u>
A	Are you required	to pay unemployment contributions to or	ly one state? (If "No," skip questions	B and C.)	☐ Yes	☐ No
В	Did you pay all s tax when due, ch experience rate is Were all wages t	tate unemployment contributions by Janua neck "Yes" if you paid all state unemployme s granted, check "Yes." (3) If "No," skip qu hat were taxable for FUTA tax also taxable	ry 31, 2006? ((1) If you deposited your ent contributions by February 10, 2006. estion C.)	total FUTA (2) If a 0%	☐ Yes ☐ Yes	☐ No
D	If you answered "Yes" to question 940. (Successor	wages in New York? "No" to questions A, B, or C, or "Yes" to questions A-C and "No" to question D you may file lemployers, see Special credit for successore by calling 1-800-TAX-FORM (1-800-82)	Form 940-EZ, which is a simplified versions of the separate instructions.	answered ion of Form tions.) You	) 	∐ No
	complete and si	ave to file returns in the future, check he ign the return ended Return, check here (see Amended			▶	
Par	t I Computa	tion of Taxable Wages				
1		including payments shown on lines 2 and 3 oyees		1		
2		s. (Explain all exempt payments, attaching aary.) ▶				
3	paid to each emplo	nan \$7,000 for services. Enter only amounts over the figure (see separate instructions). Do not include an 2. The \$7,000 amount is the federal wage base. Your sent. <b>Do not use your state wage limitation</b>	ny exempt state wage			
4	Add lines 2 and	3		4		
5	Total taxable w	ages (subtract line 4 from line 1)		5		
6		for unrepaid advances to the states listed. the rate shown. (See separate Instructions				
_	(b) XX	x .nnn =	(c) XX x	.nnn =		
	Add credit reducti	on amounts from lines 6(a) through 6(c) and e	nter the total here and in Part II, line 5.	7		
	•	oth sides of this form, and sign in the space p			- 0	40
ror P	rivacy Act and Paper	work Reduction Act Notice, see separate instruction	ns. ▼ DETACH HERE ▼ Cat. No.	o. 11234O	Form <b>9</b> 4	<b>40</b> (2005)
<b>-</b>	940-V	Pavme	nt Voucher	L	OMB No. 154	15-0028
Form	TO TO	. ayınıcı			900	5

Use this voucher only when making a payment with your return.

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 "2005" on your payment.

1	Enter your employer identification number (EIN).	2	Dollars	Cents
		Enter the amount of your payment. ▶		
		3 Enter your business name (individual name for sole proprietors).		
		Enter your address.		
		Enter your city, state, and ZIP code.		

Form 9	40 (2005)										Pag	ge <b>2</b>
Name									Employe	er identification nu	ımber (E	IN)
Part	II Tax Du	e or Ro	efund									
										T		
				from Part I, line					. 1			
			<del> </del>	from Part I, line		. 2						
		tentati	ve credit (Note	: All taxpayers m	nust complete	<del></del>	plicable colum	ns.)				
(a) Name	(b) State reporting number(s) as shown on employer's	per(s)	(c) Taxable payroll (as defined in state act)	(d) State experience rate period		(e) State ex-	(f) Contributions if	(g) Contributions		(h) Additional credit	(i) Contributi	ions
of		yer's l		1	· · · · · · · · · · · · · · · · · · ·	perience	rate had been 5.4% (col. (c) x .054)	payable at experience rate (col. (c) x col. (e)		(col. (f) minus col.(g))		
state	state contribution re	turns		From	То	rate	(001. (0) X .00 1)	rate (coi. (c)	x coi. (e))	11 0 01 1000, 01101 0 .	010 000	
3a	Totals		t (add line Oc	columns (h) and	d (i) only fo	v loto n	oumonto alac	ann tha				
												—
				ount from Part II	•							
	•	_	· ·	instructions .								
	Enter the amou		,									
		•		n line 4). If zero					. 7			
				line 1). If the res			•		. 8			
		•		r, including any					. —			
				ne 7). Pay to the								
		-	-	x on page 3 of the line 8). Check	•							
	or Refunde	`-						_	10			
	Record			eral Unemploy						ility ) Comple	te onl	v if
Part			•	age 7 of the se		-		ado ota		yı, Gönipio		<b>,</b>
	Quarter		<del></del>	Second (Apr. 1-June			1	ct. 1-Dec.	31)	Total for y	ear	
Liabili	ty for quarter	•	,							-		
Third	l- Do voi	want to	allow another pers	on to discuss this ret	urn with the IRS	see sepa	rate instructions)?	Yes. C	omplete	the following.	No	
Party	,					(	,					
Desi							Personal identification number (PIN)					
	orrect, and complet			ned this return, included as to a second								
Signat	ure ▶			Title (Ow	ner, etc.) ▶				Date	<b>&gt;</b>		
9				(011	, 0.0., -					•		