Form 940

Department of the Treasury
Internal Revenue Service

Employer's Annual Federal Unemployment (FUTA) Tax Return

OMB No. 1545-0028

Employer Identification Number (EIN)

- -

Name (sole proprietor's first name, middle initial, last name)

Trade Name (if any)

Address (number and street)

City, State, and ZIP Code

Type of Return (Check all that apply)

- ☐ Amended
- ☐ Successor employer
- ☐ No payments to employees in this year
- ☐ Final return (business closed or ceased paying wages)

PART 1: TELL US ABOUT YOUR RETURN

1a	If you had to pay state unemployment tax in one state only, enter the state abbreviation.	
1b	If you had to pay state unemployment tax in more than one state (you are a multi-state employer)...	☐ Check here
2	If you paid wages in a state that is subject to credit reduction...	☐ Check here

PART 2: DETERMINE YOUR FUTA TAX BEFORE ADJUSTMENTS

3	Total payments to all employees	
4	Payments exempt from FUTA tax (such as fringe benefits, retirement/pension)	
5	Total of payments made to each employee in excess of $7,000	
6	Subtotal (add lines 4 and 5)	
7	Total taxable FUTA wages (subtract line 6 from line 3)	
8	FUTA tax before adjustments (multiply line 7 by 0.006)	

PART 3: DETERMINE YOUR ADJUSTMENTS

9	If all of the taxable FUTA wages were excluded from state unemployment tax...	
10	If some of the taxable FUTA wages were excluded from state unemployment tax...	
11	If you paid FUTA tax at a rate other than 5.4% due to credit reduction...	

PART 4: DETERMINE YOUR FUTA TAX FOR THE YEAR AND ANY BALANCE DUE OR OVERPAYMENT

12	Total FUTA tax after adjustments (combine lines 8, 9, 10, and 11)	
13	FUTA tax deposited for the year, including any overpayment applied from the prior year	
14	Balance due (if line 12 is more than line 13, enter the difference)	
15	Overpayment (if line 13 is more than line 12, enter the difference)	

PART 5: REPORT YOUR FUTA TAX LIABILITY BY QUARTER

If line 12 is more than $500, you must show your tax liability for each quarter.

Quarter 1 (Jan 1 – Mar 31)	Quarter 2 (Apr 1 – Jun 30)	Quarter 3 (Jul 1 – Sep 30)	Quarter 4 (Oct 1 – Dec 31)	Total Liability for Year

PART 6: MAY WE SPEAK WITH YOUR THIRD-PARTY DESIGNEE?

☐ Yes. Designee's name:		Phone No.	

PART 7: SIGN HERE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your Signature	**Date**	**Title**
Print Name Here	**Best Daytime Phone**	