Form 940 Department of the Treasury Internal Revenue Service	Employer's Annual Federal Unemployment (FUTA) Tax Return Go to www.irs.gov/Form940 for instructions and the latest information.	2024

Employer Identification Number (EIN)

Name (sole proprietor, provide first, middle initial, last name)

Trade Name (if any)

Address (number, street, and room or suite no.)

City or town

State

ZIP code

Foreign Country Name, Province/State, Postal Code

Type of Return (Check all that apply):

- ☐ Amended
- ☐ Successor employer
- ☐ No payments to employees in 2024
- ☐ Final: Business closed/stopped 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, insurance)	
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	Credit reduction. Enter amount from Schedule A (Form 940)	

PART 4: DETERMINE YOUR FUTA TAX KIT AND BALANCE DUE OR OVERPAYMENT

12	Total FUTA tax after adjustments (add lines 8, 9, 10, and 11)	
13	FUTA tax deposited for the year, including any overpayment applied from a 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

16a	Quarter 1 (liability for Jan 1 - Mar 31)	
16b	Quarter 2 (liability for Apr 1 - Jun 30)	
16c	Quarter 3 (liability for Jul 1 - Sep 30)	
16d	Quarter 4 (liability for Oct 1 - Dec 31)	
17	**Total tax liability for the year** (add lines 16a through 16d)	

PART 6: THIRD-PARTY DESIGNEE

Designee's name

Phone number

Personal identification number (PIN)

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.

Signature

Date

Title

Print Your Name

Best Daytime Phone