# Form 940

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

Department of the Treasury - Internal Revenue Service

## FUTA Tax Return

Read the separate instructions before completing this form.
Please type or print within the boxes.

OMB No. 1545-0028

**Employer Identification Number (EIN)**

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**Type of Return**

☐ Amended
☐ Successor employer
☐ No payments to employees
☐ Final (business closed)

**Name (sole proprietor, provide first and last name)**

**Trade Name (if any)**

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

**City or Town**

**State**

**ZIP Code**

### 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 (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, group-term life 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 .006)

## PART 3: DETERMINE YOUR ADJUSTMENTS

**9**
If some of the taxable FUTA wages were excluded from state unemployment tax

**10**
If any of your taxable FUTA wages were charged a state unemployment tax rate of less than 5.4%

**11**
Part-year adjustments / Credit reductions (from schedule)

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

**12**
Total FUTA tax after adjustments (combine lines 8 through 11)

**13**
FUTA tax deposited for the year, including any overpayment applied from prior year

**14**
Balance due (if line 12 is more than line 13, enter excess here)

**15**
Overpayment (if line 13 is more than line 12, enter excess here)

## PART 5: REPORT YOUR FUTA TAX LIABILITY BY QUARTER

**Quarter 1 liability**

**Quarter 2 liability**

**Quarter 3 liability**

**Quarter 4 liability**

## PART 6: 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 OF AUTHORIZED OFFICIAL / OWNER

DATE

TITLE

PRINT NAME

BEST DAYTIME PHONE