Form 940 (Template)
Employer's Annual Federal Unemployment (FUTA) Tax Return

FUTA Return

Tax Year: 20___

Employer Identification Number (EIN) _____
Trade Name (if any) _____
Name (sole proprietor, provide first name, middle initial, last name) _____
Address (number, street, and room or suite number) _____
City, State, and ZIP Code _____
Foreign Country Name, Province/State, Postal Code _____

TYPE OF RETURN

☐ Amended ☐ Successor Employer ☐ No payments to employees in 20___ ☐ Final: Business closed or stopped paying wages

PART 1: STATE UNEMPLOYMENT TAX INFORMATION

1a	State abbreviation where you had to pay state unemployment tax	.....
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 (e.g., retirement, 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 FUTA TAX KIT 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	FUTA tax credit reduction (from applicable schedules)	.....

PART 4: DETERMINE YOUR FUTA TAX 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 overpayments 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	Total Year Liability

Quarter 1 Liability	Quarter 2 Liability	Quarter 3 Liability	Quarter 4 Liability	Total Year Liability

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 / Title

Date (MM/DD/YYYY)

Daytime Phone Number