Form 940
Department of the Treasury
Internal Revenue Service

Employer's Annual Federal Unemployment (FUTA) Tax Return

2024

Employer identification number (EIN)	**Name (sole proprietor, provide first name, middle initial, last name)**
	Trade name (if any)
Address (number, street, and room or suite number)	
City, town or post office, state, and ZIP code	**Foreign country name, province/state, and postal code**

Type of Return (Check all that apply.)

- ☐ Amended
- ☐ Successor employer
- ☐ No payments to employees in 2024
- ☐ Final: Business closed or 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, 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 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 FUTA credit is allowable (from Schedule A)	

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 and select option below)	○ Apply to next return ○ Send a refund

PART 5: REPORT YOUR FUTA TAX LIABILITY BY 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: 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 of Employer / Authorized Representative	Date (MM/DD/YYYY)
Print Title	**Best Daytime Phone**