Form 940	U	Employer's Annual Federal nemployment (FUTA) Tax Return				OMB No. 1545-0028			
Department of the Treasury Internal Revenue Service (99)	► See se	parate instructions for in		I %70					
	Name (as distinguished	from trade name)	Calendar year		T FF FD				
	Trade name, if any			ntification number					
	Address and ZIP code		er identification number						
 B Did you pay all tax when due, experience rate C Were all wages If you answered questions, you Special credit field. 	d to pay unemployment state unemployment co check "Yes" if you pai is granted, check "Yes. that were taxable for Fl d "No" to any of these may file Form 940-EZ, for successor employe RM (1-800-829-3676) or	ntributions by February d all state unemployme " (3) If "No," skip quest JTA tax also taxable for questions, you must fil which is a simplified ve rs on page 3 of the inst	1, 1999? ((1) I ent contribution ion C.) your state's u le Form 940. If ersion of Form tructions.) You	f you deposited your t ns by February 10. (2 nemployment tax? you answered "Yes" 940. (Successor empl can get Form 940-EZ	otal FUTA) If a 0% · · · · to all the oyers see	A . □ Yes □ . □ Yes □	No No		
If you will not h	ave to file returns in the ended Return, check he	future, check here, and	d complete and	sign the return					
	ation of Taxable Wa		<u></u>	<u></u>	<u></u>	• 🗖			
	(including payments sh		•	•					
2 Exempt paymer sheets if necess	nts. (Explain all exempt p sary.) ►	ayments, attaching addi	tional 2	<u> </u>	1				
first \$7,000 paid from line 2. The wage base may	rvices of more than \$7,00 to each employee. Do not \$7,000 amount is the F be different. Do not use ayments (add lines 2 an	include any exempt payr ederal wage base. Your your state wage limitat	er the ments state ion . 3		4				
Be sure to complete b	vages (subtract line 4 fro ooth sides of this return, a aperwork Reduction Act I	ind sign in the space pro	wided on the ba		2340	Form 940 (1998		
		DETACH	1 HERE						
Form 940-V Department of the Treasury		Form 940 Pay				омв №. 1545-002 П© 98	<u>28</u>		
Internal Revenue Service	Use thi	s voucher only when mak and do not staple your pa			or monev	order payable to th	e		
	". Be sure to enter your er		per, "Form 940", s of your last name	and "1998" on your pays	ment.	1.5			
▶ \$									
Instructions for Be	ox 2	4 Enter your business name (individual name for sole proprietors)							
	—Individuals (sole proprietors, trusts, and estates)— Enter the first four letters of your last name.		Enter your address						
—Corporations and partnerships—Enter the first four characters of your business name (omit "The" if followed by more than one word).		Enter your city, state, and ZIP code							

Part	II Tax Due o	r Refund								
1 2	Gross FUTA tax. M Maximum credit. N						· · ·	1		
3	Computation of te	entative credit (N	ote: All taxpayers r	nust comple	ete the a	applicable colu	umns.)			
(a) Name of	(b) State reporting number(s) as shown on employer's	s (as defined in state act)		(d) State experience rate period		(f) Contributions if rate had been 5.4%	(g) Contributions		(h) Additional credit nce (col. (f) minus col.(g)).	(i) Contributions paid to state by
state	state contribution returns		ct) From	То	perience rate	(col. (c) x .054)	rate (col. (c) x col. (e)		lf 0 or less, enter -0	940 due date
	Totals · · · ►									
3b	Total tentative cred Part II, line 6	•	., .,	, i	2					
4										
5	One dit. Ender the ex		unt in Dent II, line 2	an line Ole						
6	Credit: Enter the smaller of the amount in Part II, line 2 or line 3b; or amount from the worksheet in the line 6 instructions 6									
7	Total FUTA tax (subtract line 6 from line 1). If the result is over \$100, also complete Part III									
8	Total FUTA tax deposited for the year, including any overpayment applied from a prior year 8									
9	Balance due (subtract line 8 from line 7). Pay to the "United States Treasury". If you owe more									
	than \$100, see "De							9		
10	Overpayment (sub or Refunded					·	🕨	10		
Part	Record of	Quarterly Fed	eral Unemploym age 6 of the instru	ent Tax L	iability	(Do not inc	clude state	e liak	<i>bility.)</i> Comple	ete only if
			Second (Apr. 1–June 30)		1-Sept. 3	pt. 30) Fourth (Oct. 1–Dec. 31)		Total for y	Total for year	
Liabilit	y for quarter									

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, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Signature 🕨

Title (Owner, etc.) ►

Date 🕨

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