## Form **940-EZ**

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

OMB No. 1545-1110

| Internal Revenue S                                    |   | (99)                 | ► See sep  | arate Ir                          | structions for Fo  | rm 940-EZ for                        | informati         | on on completing th                                   | is form. |          |                   |                    |
|---|---|----------------------|--|-----------------------------------|--|--------------------------------------|-------------------|---|----------|----------|-------------------|--------------------|
|   |   | Nam                  | e (as distinguished f  |                                   | rade name)   |                                      |                   | <br>Calendar year                                     |          |          | T<br>FF           |                    |
|   |   | '                    |  |                                   |  |                                      |                   | '   |          |          | FD                |                    |
| You must complete this section.                       |   | Trade name, if any   |  |                                   |  |                                      |                   |   |          |          | FP                |                    |
|   |   | •                    |  |                                   |  |                                      |                   |   |          |          | i i               |                    |
|   |   | Address and ZIP code |  |                                   |  |                                      | Eı                | nployer identification number                         |          |          | T                 |                    |
|   |   |                      |  |                                   |  |                                      |                   |   |          |          | '                 |                    |
|   |   |                      |  |                                   |  |                                      |                   |   |          |          |                   |                    |
| Answer the  | nuocti  | one II               | nder Who May   | IIco E                            | orm 940 F7 on  | nago 2 If you                        | cannot            | use Form 940-EZ,                                      | vou mi   | ict iici | . Form 010        |                    |
|   |   |                      | -  |                                   |  |                                      |                   | tions)  |          |          |                   | 1                  |
|   |   |                      |  | -                                 |  |                                      |                   |   |          |          |                   | :                  |
|   |   |                      | -  | •                                 | n on your state ur   |                                      |                   |   |          |          |                   |                    |
|   |   |                      |  |                                   |  |                                      |                   | instructions) and cor                                 | nnlete a | and sid  | nn the return     |                    |
|   |   |                      |  |                                   |  |                                      | -                 | instructions)   |          |          |                   |                    |
|   |   |                      | lages and FU   |                                   |  | n page 2 or the                      | o sopurato        | instructions)   | <u> </u> |          | <u> </u>          |                    |
|   |   |                      |  |                                   |  | n the calendar v                     | ear for ser       | vices of employees                                    | 1        |          |                   |                    |
| · -   | Total payments (including payments shown o<br>Exempt payments. (Explain all exempt payr       |                      |  |                                   |  |                                      |                   | vices of employees                                    | . 6      |          |                   |                    |
|   |   |                      |  |                                   | -  |                                      |                   |   |          |          |                   |                    |
|   | •   |                      |  |                                   |  |                                      |                   |   |          |          |                   |                    |
|   |   |                      |  |                                   |  |                                      | 2                 |   |          |          |                   |                    |
| ,   | ts of more than \$7,000 for services. Enter<br>each employee. <b>(see separate instructic</b> |                      |  |                                   |  |                                      |                   |   |          |          |                   |                    |
| · ·   |   |                      |  |                                   |  |                                      |                   |   | ///      |          |                   |                    |
| 4 Add lines   |   |                      |  |                                   |  |                                      |                   |   | 5        |          |                   |                    |
|   | =   |                      |  |                                   |  | e 1)                                 |                   |   |          |          |                   |                    |
| 6 FUTA tax  | <b>c.</b> Multi   | ply the              | wages on line 5 b  | y .008 a                          | nd enter here. (If the result is over \$100, also complete Part II.) |                                      |                   |   | 6        |          |                   |                    |
| 7 Total FU  | TA tax  | depo                 | sited for the year,  | includi                           | ng any overpayme   | verpayment applied from a prior year |                   |   | 7        |          |                   |                    |
| 8 Balance   | <b>due</b> (si  | ubtract              | l line 7 from line 6).   | . Pay to                          | the "United States   | Treasury." .                         |                   | •   | 8        |          |                   |                    |
| -   |   |                      | -  | _                                 | UTA tax in separa  |                                      |                   |   |          |          |                   |                    |
|   |   |                      |  |                                   | if it is to be:  |                                      |                   |   | 9        |          |                   |                    |
| Part II   | Reco  | rd of                | Quarterly Fe   | deral                             | Unemploymer  | nt Tax Liabil                        | <b>ity</b> (Do no | ot include state liability.)                          | Comple   | te only  | if line 6 is ov   | er \$100.          |
| Quarter   |   | First (              | Jan. 1 – Mar. 31)  | Secon                             | d (Apr. 1 – June 30)   | Third (July 1 -                      | - Sept. 30)       | Fourth (Oct. 1 – Dec                                  | :. 31)   |          | Total for year    |                    |
| Liability for quar                                    | ter   |                      |  |                                   |  |                                      |                   |   |          |          |                   |                    |
| Third   | Do  | you wa               | want to allow another person to discuss this return with the IRS (see instructions page 5)?   Yes. C |                                   |  |                                      |                   |   |          | the foll | owing.            | No                 |
| Party   | De  | signee'              | S  |                                   | Phone  |                                      |                   | Personal identification                               |          |          |                   |                    |
| Designee  | nar   | 0                    | <u> </u>   |                                   |  | no. ▶ (                              | )                 | numbe   |          |          | <u> </u>          |                    |
|   |   |                      |  |                                   |  |                                      |                   | nd statements, and, to to credit was, or is to be, do |          |          |                   |                    |
| Signature ►   |   |                      |  |                                   | Title (Owner   | , etc.) ▶                            |                   |   | Date I   | •        |                   |                    |
| For Privacy Act ar                                    | ıd Paper  | work R               | eduction Act Notice, s   | see separa                        | ate instructions.  | ▼ DETACH                             | HERE \            | Cat. No. 1098   | 33G      |          | Form <b>940-E</b> | <b>Z</b> (2002)    |
| Form <b>940-</b> Department of the Internal Revenue S | Treasury  | ~ I                  | U  |                                   | orm 940-E  | -                                    |                   |   |          | -        | OMB No. 154       | 5-1110<br><b>2</b> |
|   |   |                      |  |                                   |  |                                      |                   | r. Make your check or<br>2002" on your paymer         |          | order    | payable to the    | e "United          |
| Enter your employer identification number.            |   |                      |  |                                   | 2  |                                      |                   |   |          | Dollar   | s                 | Cents              |
|   |   |                      |  | Enter the amount of your payment. |  |                                      |                   |   |          |          |                   |                    |
|   |   |                      |  |                                   | 3 Enter your busine  | ess name (individ                    | ual name fo       | or sole proprietors).                                 |          |          |                   |                    |
|   |   |                      |  |                                   | Enter your addre   | SS.                                  |                   |   |          |          |                   |                    |

Enter your city, state, and ZIP code.