## **Employer's Annual Federal** OMB No. 1545-0028 **Unemployment (FUTA) Tax Return** 2003 Department of the Treasury Internal Revenue Service (99) ▶ See separate Instructions for Form 940 for information on completing this form. Name (as distinguished from trade name) Calendar year FF FD You must Trade name, if any Employer identification number (EIN) FP complete this section. Address (number and street) City, state, and ZIP code Are you required to pay unemployment contributions to only one state? (If "No," skip questions B and C.). Did you pay all state unemployment contributions by February 2, 2004? ((1) If you deposited your total FUTA tax when due, check "Yes" if you paid all state unemployment contributions by February 10, 2004. (2) If a 0% Yes No Were all wages that were taxable for FUTA tax also taxable for your state's unemployment tax? . . . . . Yes No If you answered "No" to any of these questions, you must file Form 940. If you answered "Yes" to all the questions, you may file Form 940-EZ, which is a simplified version of Form 940. (Successor employers, see Special credit for successor employers on page 3 of the separate instructions.) You can get Form 940-EZ by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS website at www.irs.gov. If you will not have to file returns in the future, check here (see Who Must File in the separate instructions) and If this is an Amended Return, check here (see Amended Returns in the separate instructions) **Computation of Taxable Wages** Total payments (including payments shown on lines 2 and 3) during the calendar year for Exempt payments. (Explain all exempt payments, attaching additional sheets if necessary.) ▶ 2 Payments of more than \$7,000 for services. Enter only amounts over the first \$7,000 paid to each employee (see separate instructions). Do not include any exempt payments from line 2. The \$7,000 amount is the Federal wage base. Your state wage base may be different. Do not use 3 your state wage limitation . . . . . . . . . . . . Add lines 2 and 3 **Total taxable wages** (subtract line 4 from line 1) Be sure to complete both sides of this form, and sign in the space provided on the back. ▼ DETACH HERE ▼ Form 940 (2003) For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat No. 112340 OMB No. 1545-0028 940-V **Payment Voucher** Department of the Treasury Use this voucher only when making a payment with your return. Internal Revenue Service Complete boxes 1, 2, and 3. Do not send cash, and do not staple your payment to this voucher. Make your check or money order payable to the "United States Treasury." Be sure to enter your employer identification number (EIN), "Form 940," and "2003" on your payment. Enter your employer identification number (EIN) Dollars Cents Enter the amount of your payment. 3 Enter your business name (individual name for sole proprietors). Enter your address. Enter your city, state, and ZIP code.

Form 940 (2003) Page **2** 

Part		Tax Due o	or Refund									
1	Gross F	FUTA tax. (Multiply the wages from Part I, line 5, by .062)							1			
2	Maximu	ım credit.	(Multiply the wage	es from Part I, line 5,	by .054)	.   2						
3	Compu	tation of te	entative credit (No	ote: All taxpayers mu	st complete	the ap	plicable colum	nns.)				
(a) Name of		(b) rting number(s) on employer's	(c) Taxable payroll		(d) State experience rate period		(f) Contributions if rate had been 5.4% (col. (c) x .054)	(g) Contributions payable at experience		(h) Additional credit (col. (f) minus col.(q))	(i) Contributions paid to state by	
state	state contribution re			act) From	То	perience rate		rate (col. (c) x	col. (e))	If 0 or less, enter -0	940 due	
3a	Totals		· ////////////////////////////////////									
	Total tentative credit (add line 3a, colinstructions for Part II, line 6)			columns (h) and (i) c	-		ents, also see	the ▶	3b			
4 5												
	Credit: Enter the smaller of the amount from Part II, line 2 or line 3b; or the amount from the worksheet on page 5 of the separate instructions											
	Total FUTA tax (subtract line 6 from line 1). If the result is over \$100, also complete Part III											
	Total FUTA tax deposited for the year, including any overpayment applied from a prior year 8											
	Balance due (subtract line 8 from line 7). Pay to the "United States Treasury." If you owe more than \$100, see Depositing FUTA Tax on page 3 of the separate instructions ▶											
10	or 📋 <b>F</b>	Refunded		m line 8). Check if		<u>`</u>	<u> </u>	•	10			
Part				deral Unemploym page 6 of the sepa				ude state	liab	lity.) <b>Compl</b> e	te on	ly if
Quarter		F	irst (Jan. 1–Mar. 31)	Second (Apr. 1-June 30)	) Third (July	1-Sept. 3	30) Fourth (O	ot. 1-Dec. 31	)	Total for y	ear	
Liability for qu		irter										
Third Party		Do you want to allow another person to discuss this return with the IRS (see separate instructions)?   Yes. Complete the following.   No  Designee's Phone Personal identification										
	penalties o			mined this return, including ayment made to a state und					best o			
Signatu	ıre ▶			Title (Owne	r, etc.) ▶				Date	•		

3

Form **940** (2003)