

Employer's Annual Federal Unemployment (FUTA) Tax Return

Department of the Treasury Internal Revenue Service (99)

See separate Instructions for Form 940 for information on completing this form.

2000

Name (as distinguished from trade name) Calendar year

Trade name, if any

Address and ZIP code

Employer identification number

Table with 2 columns and 6 rows: T, FF, FD, FP, I, T

- A Are you required to pay unemployment contributions to only one state?
B Did you pay all state unemployment contributions by January 31, 2001?
C Were all wages that were taxable for FUTA tax also taxable for your state's unemployment tax?

If you will not have to file returns in the future, check here (see Who Must File in separate instructions), and complete and sign the return

If this is an Amended Return, check here.

Part I Computation of Taxable Wages

Table with 5 rows for wage computation: 1 Total payments, 2 Exempt payments, 3 Payments of more than \$7,000, 4 Total exempt payments, 5 Total taxable wages

Be sure to complete both sides of this form, and sign in the space provided on the back.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 112340

Form 940 (2000)

DETACH HERE

Form 940 Payment Voucher

Department of the Treasury Internal Revenue Service

Use this voucher only when making a payment with your return.

2000

Complete boxes 1, 2, 3, and 4. 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.

Form boxes 1-3: 1 Enter the first four letters of your last name, 2 Enter your employer identification number, 3 Enter the amount of your payment.

Instructions for Box 1

Individuals (sole proprietors, trusts, and estates)—Enter the first four letters of your last name.

Corporations and partnerships—Enter the first four characters of your business name (omit "The" if followed by more than one word).

4 Enter your business name (individual name for sole proprietors)

Enter your address

Enter your city, state, and ZIP code

Part II Tax Due or Refund

1	Gross FUTA tax. Multiply the wages from Part I, line 5, by .062	1							
2	Maximum credit. Multiply the wages from Part I, line 5, by .054	2							
3	Computation of tentative credit (Note: All taxpayers must complete the applicable columns.)								
(a) Name of state	(b) State reporting number(s) as shown on employer's state contribution returns	(c) Taxable payroll (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Contributions if rate had been 5.4% (col. (c) x .054)	(g) Contributions payable at experience rate (col. (c) x col. (e))	(h) Additional credit (col. (f) minus col.(g)). If 0 or less, enter -0-	(i) Contributions paid to state by 940 due date
			From	To					
3a	Totals . . . ▶								
3b	Total tentative credit (add line 3a, columns (h) and (i) only—for late payments also see the instructions for Part II, line 6 ▶							3b	
4									
5									
6	Credit: Enter the smaller of the amount from Part II, line 2 or line 3b; or the amount from the worksheet in the Part II, line 6 instructions							6	
7	Total FUTA tax (subtract line 6 from line 1). If the result is over \$100, also complete Part III							7	
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 Depositing FUTA Tax on page 3 of the separate instructions ▶							9	
10	Overpayment (subtract line 7 from line 8). Check if it is to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded ▶							10	

Part III Record of Quarterly Federal Unemployment Tax Liability (Do not include state liability.) **Complete only if line 7 is over \$100.** See page 6 of the separate instructions.

Quarter	First (Jan. 1–Mar. 31)	Second (Apr. 1–June 30)	Third (July 1–Sept. 30)	Fourth (Oct. 1–Dec. 31)	Total for year
Liability 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 ▶ _____

