Form **940 for 2024:** Employer's Annual Federal Unemployment (FUTA) Tax Return Department of the Treasury — Internal Revenue Service Employer identification number (EIN)

7654321

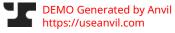
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850113

OMB No. 1545-0029

Type of Return

	(not your trade name) Employer Name		ck all that apply.)					
Name	(not your trade name) Employer Name	│	Amended					
Trade	name (if any) Trade Name	│	Successor employer					
	123 Main St		No payments to employe 2024	es in				
Addre	Number Street Suite or room number	[│]	Final: Business closed or stopped paying wages	r				
		Go to	www.irs.gov/Form940 for	r				
	San Francisco City State ZIP code	instruc	ctions and the latest infor	mation.				
	Foreign Country Name Foreign Foreign							
	Foreign country name Province/County Foreign province/county Foreign province/county Foreign province/county							
Read ti	he separate instructions before you complete this form. Please type or print within the	hoves						
Part 1			efore completing Par	t 1.				
			Pa- Pa-					
1a	If you had to pay state unemployment tax in one state only, enter the state abbre		a rt rt					
1b	If you had to pay state unemployment tax in more than one state, you are a employer		Check Mere. Complete Schedule A	۱ (Form 940).				
2	If you paid wages in a state that is subject to CREDIT REDUCTION	2	Check here.	۹ (Form 940).				
Part 2	Determine your FUTA tax before adjustments. If any line does NOT apply	, leave it blan	k					
3	Total payments to all employees	3	\$\$\frac{1}{2},345\frac{5}{6}7	\$1 <u>2</u> ,345.67				
4	Payments exempt from FUTA tax	\$1_2,345.67	Ab- Ab-					
	Check all that apply: 4a X Fringe benefits 4c Retirement/Pensi	on 4e (br- br- Other evi- evi-					
	4b Group-term life insurance 4d Dependent care		ati- ati-					
5	Total of payments made to each employee in excess of \$7,000	\$1,2,345.67	on on					
6	Subtotal (line 4 + line 5 = line 6)	6	Co- \$12,345թ թ [/շ	\$1_2,345.67				
Ū		v	nu-					
7	Total taxable FUTA wages (line 3 – line 6 = line 7). See instructions	7	\$12,345 _e @7	\$1,2,345.67				
8	FUTA tax before adjustments (line 7 x 0.006 = line 8)	8	\$12,345.67	\$1 <u>_</u> 2,345.67				
Part 3	Determine your adjustments. If any line does NOT apply, leave it blank.							
9	If ALL of the taxable FUTA wages you paid were excluded from state unemplo multiply line 7 by 0.054 (line $7 \times 0.054 = \text{line } 9$). Go to line 12	yment tax,	\$12,345.67	\$1 <u>2,345</u> .67				
10	If SOME of the taxable FUTA wages you paid were excluded from state unemplo	yment tax,						
	OR you paid ANY state unemployment tax late (after the due date for filing complete the worksheet in the instructions. Enter the amount from line 7 of the works	you paid ANY state unemployment tax late (after the due date for filing Form 940), plete the worksheet in the instructions. Enter the amount from line 7 of the worksheet 10						
11	If credit reduction applies, enter the total from Schedule A (Form 940)	11	\$12,345.67	\$1_2,345.67				
Part 4	Determine your FUTA tax and balance due or overpayment. If any line de	oes NOT apply	y, leave it blank.					
12	Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12)	12	\$12,345.67	\$1 <u>2</u> ,345.67				
40			\$12,345.67	\$1,2,345.67				
13 14	FUTA tax deposited for the year, including any overpayment applied from a prior Balance due. If line 12 is more than line 13, enter the excess on line 14.	year . 13	7,5 . 5 . 5 . 5 .					
14	 If line 14 is more than \$500, you must deposit your tax. 							
	• If line 14 is \$500 or less, you may pay with this return. See instructions	14	\$12,345.67	\$1_2,345.67				
15	Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a	box below 15	\$12,345.67	\$1 <u>2</u> ,345.67				
	You MUST complete both pages of this form and SIGN it. Check one:	X Apply to n	ext return. Send a r	efund.				



Nam	e (not your tra	ade name)						Er	mployer ider	ntification number (EIN)	
Na	me (not t	rade nam	e)						89 – 7	7654321	
Par	t 5: Rep	ort your Fl	JTA tax liabi	lity by quarter	only if line 12 i	s more	e than \$50	00. If r	not, go to	Part 6.	
16		e amount o		tax liability for e	ach quarter; do	NOT	enter the	amoui	nt you dep	oosited. If you had r	no liability for
	16a 1st c	juarter (Jan	uary 1 – Marc	h 31)		16a	\$12,34	5.67	1st qua	rter line 16a	
	16b 2nd	quarter (Apı	ril 1 – June 30)		16b	\$12,34	5.67	2nd qua	rter line 16b	
	16c 3rd c	quarter (July	/ 1 – Septemb	er 30)		16c	\$12,34	5.67	3rd qua	rter line 16c	
	16d 4th c	juarter (Oct	ober 1 – Dece	ember 31)		16d	\$12,34	5.67	4th qua	rter line 16d	
17	Total tax I	iability for t	he year (lines	16a + 16b + 16c	: + 16d = line 17	') 17	\$12,34	5.67T	otal tax l	iabilityrling 177st e	equal line 12.
Par	t 6: May	we speak	with your th	ird-party desig	nee?						
	Do you wa for details		an employee	, a paid tax prep	earer, or anothe	er perso	on to disc	uss thi	is return w	rith the IRS? See the	e instructions
	X Yes.	Designee	's name and	phone number	Third-party and phone			me	(55!	5) 444-3333	
		Select a	5-digit person	al identification n	umber (PIN) to i	use wh	en talking	to the	IRS. Thir	d-party designed	e PIN -
	No.								3		
Par	7 Sign	here You	MUST com	olete both page	es of this form	and S	IGN it				
	best of my fund claim taxpayer) is	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 made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign your Robin W. Smith							oyment		
	Sign your name here					Print your					
						title here		PIIII	rint your title here		
	Da	te /	/			Bes	st daytime	phone	(55!	5) 444-3333	
	Paid Pre	parer Use	Only						Ch	eck if you are self-en	nployed X
	Preparer's	name							PTIN	Preparer's PTIN	
	Preparer's signature								Date	/ /	
	Firm's namif self-emp	ne (or yours loyed)	Firm's na	me (or yours i	f self-employ	/ed)			EIN	89-7654321	
	Address		123 Main	St					Phone	(555) 444-3333	
	City		San Franc	cisco	State	4			ZIP code	94106	

Page **2** Form **940** (2024)

Form 940-V, Payment Voucher

Purpose of Form

Complete Form 940-V if you're making a payment with Form 940. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 940

To avoid a penalty, make your payment with your 2024 Form 940 **only if** your FUTA tax for the fourth quarter (plus any undeposited amounts from earlier quarters) is \$500 or less. If your total FUTA tax after adjustments (Form 940, line 12) is more than \$500, you must make deposits by electronic funds transfer. See *When Must You Deposit Your FUTA Tax?* in the Instructions for Form 940. Also see sections 11 and 14 of Pub. 15 for more information about deposits.



Use Form 940-V when making any payment with Form 940. However, if you pay an amount with Form 940 that should've been deposited, you may be subject to a penalty. See Deposit

Penalties in section 11 of Pub. 15.

Specific Instructions

Box 1—Employer identification number (EIN). If you don't have an EIN, you may apply for one online by going to www.irs.gov/EIN. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 940, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 940.

Box 3—Name and address. Enter your name and address as shown on Form 940.

- Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 940," and "2024" on your check or money order. Don't send cash. Don't staple Form 940-V or your payment to Form 940 (or to each other).
- Detach Form 940-V and send it with your payment and Form 940 to the address provided in the Instructions for Form 940.

Note: You must also complete the entity information above Part 1 on Form 940.

Detach Here and Mail With Your Payment and Form 940.

E 940-V Department of the Treasury Internal Revenue Service	Department of the Treasury Don't stable or attach this yougher to your payment							
1 Enter your employer identification number (EIN). 12, _ 12,345 34- 5		2			3	Cents		
			Enter the amount of your payment. Make your check or money order payable to "United States Treasury."	\$12,345.67		12,345		
		3	3 Enter your business name (individual name if sole proprietor). Business Name					
			Enter your address.					
			123 Main St					
			Enter your city, state, and ZIP code; or your city, foreign country name, foreign province/county, and foreign postal code.					
			San Francisco CA, 94106					