Employer's Annual Federal OMB No. 1545-0028 Unemployment (FUTA) Tax Return Department of the Treasury ► For Paperwork Reduction Act Notice, see separate instructions. Internal Revenue Service FF FD If incorrect. FP make any necessary change. Are you required to pay unemployment contributions to only one state? (If no, skip questions B through D.) . Yes Did you pay all state unemployment contributions by January 31, 1994? (If a 0% experience rate is granted, Yes Were all wages that were taxable for FUTA tax also taxable for your state's unemployment tax? (If no, skip D.) Yes Did you pay all wages in states or territories other than the U.S. Virgin Islands? ☐ Yes 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. You can get Form 940-EZ by calling 1-800-TAX-FORM (1-800-829-3676). Ε If you will not have to file returns in the future, check here, complete, and sign the return . If this is an Amended Return, check here Part I Computation of Taxable Wages Total payments (including exempt payments) during the calendar year for services of employees. 1 1 Amount paid Exempt payments. (Explain each exemption shown, attach 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. Do not include payments from line 2. The \$7,000 amount is the Federal wage base. Your state wage base may be different. **Do not use the state wage limitation** Total exempt payments (add lines 2 and 3) Total taxable wages (subtract line 4 from line 1, enter result, and go to Part II) 5 Form **940** (1993) Be sure to complete both sides of this return and sign in the space provided on the back. Cat. No. 11234O DO NOT DETACH

940-V

Department of the Treasury Internal Revenue Service

1993 Form 940 Payment Voucher

(Enter below the amount paid with this return. If any of the preprinted information is incorrect, make the changes on Form 940, not on the payment voucher.)

- If Part II, line 9, is over \$100, you must deposit the amount due with Form 8109.
- Enter amount paid with return \$
- If Part II, line 9, is \$100 or less, include but do not staple your payment with this return.
- Make check or money order payable to the Internal Revenue Service. Do not send cash.

No

No

No

Form 9	40 (1993)									Page 2			
Part	II Tax Due o	r Refund											
1 2	Maximum credit. I	Multiply the wages in Multiply the wages in	Part I, line 5,	by .054	. 2			1					
3	3 Computation of tentative credit (Note: All taxpayers must complete the applicable columns.) Note: The additional credit shown in column (h) is limited to 3% of the taxable payroll for the U.S. Virgin Islands. Use 3% (.03) in column (f). See Part II, line 3, columns (f) and (h), on page 4 of the separate instructions.												
(a) Name of	(b) State reporting number(as shown on employer'	_ Taxable payroll		d) nce rate period	(e) State ex- perience	(f) Contributions if rate had been 5.4%	(g) Contributions payable at experier		(h) Additional credit (col. (f) minus col.(g)).	(i) Contributions actually paid			
state			From	То	rate	(col. (c) x .054)	rate (col. (c) x	col. (e))	If 0 or less, enter 0.	to state			
3a	Totals · · · •												
3b	Total tentative cred	lit (add line 3a, column	s (h) and (i) only-	-see instructio	ns for lim	nitations on late	payments)	•					
4 5													
6	Credit: Enter the smaller of the amount in Part II, line 2, or line 3b												
7 8	•	ubtract line 6 from ling	•			from a prior ve		7 8					
9	Total FUTA tax deposited for the year, including any overpayment applied from a prior year												
10	Overpayment (su or ☐ Refunded	btract line 7 from li				plied to next		10					
Part	III Record o	f Quarterly Federa						iabilit	<i>'y)</i>				
	Quarter	First	Second	Т	hird	F	ourth		Total for y	ear			
	y for quarter												
		eclare that I have examine d that no part of any payme											

Title (Owner, etc.) ▶

Date ▶

Signature ▶

Form **940**

Department of the Treasury Internal Revenue Service

Employer's Annual Federal Unemployment (FUTA) Tax Return

► For Paperwork Reduction Act Notice, see separate instructions.

4000

1993

OMB No. 1545-0028

EMPLOYER'S

Α	Are you required to pay unemployment contributions to only one state? (If no, skip questions B through D.) .										No
В	Did you pay all state unemployment contributions by January 31, 1994? (If a 0% experience rate is granted, check "Yes.") (If no, skip questions C and D.)										No
С	Were all wages that were taxable for FUTA tax also taxable for your st					Yes		No			
D	Did you pay all wages in states or territories other than the U.S. Virgin					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. You can get Form 940-EZ by calling 1-800-TAX-FORM (1-800-829-3676).										
E F	If you will not have to file returns in the future, check here, complete, and sign the return If this is an Amended Return, check here										
Pai											
1	Total payments (including exempt payments) during the calendar year	otal payments (including exempt payments) during the calendar year for services of employees.									
2	Exempt payments. (Explain each exemption shown, attach additional sheets if necessary.)		Am	ount paid							
	Shocts if necessary, p	2									
3	Payments of more than \$7,000 for services. Enter only amounts over the first \$7,000 paid to each employee. Do not include payments from line 2. The \$7,000 amount is the Federal wage base. Your state wage base may be different. Do not use the state wage limitation	3									
4	4 Total exempt payments (add lines 2 and 3)										
5	Total taxable wages (subtract line 4 from line 1, enter result, and go to Part II) ▶										

Form 940 (1993) Page 4 Part II Tax Due or Refund

	Gross FUTA tax. Multiply the wages in Part I, line 5, by .062							1				
3	Computation of tentative credit (Note: All taxpayers must complete the applicable columns.)											
	Note: The additional credit shown in column (h) is limited to 3% of the taxable payroll for the U.S. Virgin Islands. Use 3% (.03) in											
	column (f). See Part II, line 3, columns (f) and (h), on page 4 of the separate instructions.											
(a)	(b)	(c)	(d)		(e) (f) State ex- Contributions if		(g)		(h) Additional credit	(i) Contribution	••	
Name of	State reporting number(s) as shown on employer's	Taxable payroll	State experier	nce rate period	State ex- perience	rate had been 5.4%	Contributions payable at experience		(col. (f) minus col.(g)).	actually pai		
state	state contribution returns	(as defined in state act)	From To		rate	(col. (c) x .054)	rate (col. (c) x col. (e))		If 0 or less, enter 0.	to state		
3a	Totals · · · ▶											
3b	Total tentative credi	t (add line 3a, columns	(h) and (i) only-	—see instruction	ns for lim	nitations on late	payments)	>				
4		·					<u> </u>					
5												
	Credit: Enter the smaller of the amount in Part II, line 2, or line 3b											
7								7				
8	Total FUTA tax (subtract line 6 from line 1)											
	•	•	0 1					8			_	
9	Balance due (subtract line 8 from line 7). This should be \$100 or less. Pay to the Internal Revenue Service, See page 2 of the separate instructions for details.											
10	Service. See page 2 of the separate instructions for details											
	Overpayment (subtract line 7 from line 8). Check if it is to be: ☐ Applied to next return, or ☐ Refunded											
								10			_	
Part III Record of Quarterly Federal Unemployment Tax Liability (Do not include state liability)												
	Quarter	First	Second	TI	nird	Fourth		Total for y		ear		
Liabilit	y for quarter											
Under	Inder 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.

Title (Owner, etc.) ▶ Signature ▶ Date ▶

Note: You must keep this copy and a copy of each related schedule or statement for 4 years after the date the tax is due or paid, whichever is later. These copies must be available for inspection by the IRS. See Circular E, Employer's Tax Guide, and Pub. 937, Employment Taxes and Information Returns, for more information. Household employers should see Pub. 926, Employment Taxes for Household Employers.