

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state?		
11 Did you pay all state unemployment contributions for 1996 by April 15, 1997? Fiscal year filers, see page 4		
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?		

Next: If you answered "Yes" to **all** of the questions above, complete Section A.
 If you answered "No" to **any** of the questions above, skip Section A and complete Section B.

Section A

13 Name of the state where you paid unemployment contributions ▶		
14 State reporting number as shown on state unemployment tax return ▶		
15 Contributions paid to your state unemployment fund (see page 4)	15	
16 Total cash wages subject to FUTA tax (see page 4)		16
17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to Part III		17

Section B

18 Complete all columns below that apply (if you need more space, see page 4):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-.	(i) Contributions paid to state unemployment fund
			From	To					

19 Totals									
20 Add columns (h) and (i) of line 19	20								
21 Total cash wages subject to FUTA tax (see the line 16 instructions on page 4)									21
22 Multiply line 21 by 6.2% (.062)									22
23 Multiply line 21 by 5.4% (.054)	23								
24 Enter the smaller of line 20 or line 23									24
25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to Part III									25

Part III Total Household Employment Taxes

26 Enter the amount from line 8			26
27 Add line 17 (or line 25) and line 26			27
28 Are you required to file Form 1040 or 1040A? <input type="checkbox"/> Yes. Stop. Enter the amount from line 27 above on Form 1040, line 50, or Form 1040A, line 27. Do not complete Part IV below. <input type="checkbox"/> No. You may have to complete Part IV. See page 4 for details.			

Part IV Address and Signature—Complete this part only if required. See the line 28 instructions on page 4.

Address (number and street) or P.O. box if mail is not delivered to street address	Apt., room, or suite no.
City, town or post office, state, and ZIP code	

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. 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.

Employer's signature _____ Date _____

