## Assignment 3 (Web programming)

๑.ให้เลือกฟอร์มตามรายชื่อที่กำหนดให้
๒. สร้างเว็บฟอร์มโดยใช้ภาษา HTML
ตามแบบที่กำหนดให้
๓. ส่งวันอังคารที่ ๗ มกราคม ๒๕๖๓
ในคาบเรียน ส่งเป็นไฟล์ HTML

940 for 2017: Employer's Annual Federal Unemployment (FUTA) Tax Return

OMB No. 1545-0028 Department of the Treasury - Internal Revenue Service **Employer identification number** Type of Return (EIN) (Check all that apply.) Name (not your trade name) a. Amended **b.** Successor employer Trade name (if anv) c. No payments to employees in Address d. Final: Business closed or Street Suite or room number Number stopped paying wages Go to www.irs.gov/Form940 for instructions and the latest information. ZIP code City State นายนนทวัช วงค์แสนคำ Foreign country name Foreign province/county Foreign postal code Read the separate instructions before you complete this form. Please type or print within the boxes. Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1. If you had to pay state unemployment tax in one state only, enter the state abbreviation. 1a If you had to pay state unemployment tax in more than one state, you are a multi-state Check here. employer . 1b Complete Schedule A (Form 940). Check here. 2 If you paid wages in a state that is subject to CREDIT REDUCTION . . . Complete Schedule A (Form 940). Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank. 3 Total payments to all employees 3 Payments exempt from FUTA tax . . . . 4e Other Retirement/Pension Check all that apply: **4a** Fringe benefits 4c Dependent care **4b** Group-term life insurance 4d 5 Total of payments made to each employee in excess of **Subtotal** (line 4 + line 5 = line 6) . . . . . . . . . . . 6 7 **Total taxable FUTA wages** (line 3 – line 6 = line 7). See instructions . . . . 7 8 8 Part 3: Determine your adjustments. If any line does NOT apply, leave it blank. If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, **multiply line 7 by 0.054** (line 7 × 0.054 = line 9). Go to line 12 . . . . . . . . . . . . . . . . 9 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, 10 OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet . 11 If credit reduction applies, enter the total from Schedule A (Form 940) 11 Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank. 12 **Total FUTA tax after adjustments** (lines 8 + 9 + 10 + 11 = line 12) . . . . . . . . . 12 13 FUTA tax deposited for the year, including any overpayment applied from a prior year ... 13 14 Balance due. If line 12 is more than line 13, enter the excess on line 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 Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box below 15 15 ► You **MUST** complete both pages of this form and **SIGN** it. Check one: Apply to next return. Send a refund.

Nan	ne (not y	your trade nam	ne)								En	nployer ide	ntifica	tion num	ber (EIN)		
Par	t 5:	Report yo	ur FU	TA tax I	iability b	ov quarte	er only	if line 12 i	s more	than \$50	00. If n	ot, go to	Part	6.			
	Repo	ort the amo	unt of	your FU	TA tax li	-									u had	no liabil	lity for
	16a	1st quarter	r (Janu	ary 1 – M	1arch 31)				16a			•					
	16b	2nd quarte	<b>r</b> (Apri	l 1 – June	e 30) .				16b								
	16c	3rd quarter	r (July	1 – Sept	ember 30	))			16c								
	16d	4th quarter	r (Octo	ber 1 – [	Decembe	r 31) .			16d			•					
17	Total	l tax liability	for th	ne year (l	ines 16a	+ 16b + 1	16c + 16	6d = line 17	') <b>17</b>			•		Total	must	equal lir	ne 12.
Par		May we sp															
	-	ou want to a etails.	allow a	an emplo	yee, a p	aid tax pr	reparer	, or anothe	er perso	on to disc	uss this	s return v	vith th	ne IRS?	See th	e instru	ctions
	Y	' <b>es.</b> Des	ignee'	s name a	and phon	e number											
		Sele	ect a 5	-digit Pe	rsonal Ide	entification	n Numb	per (PIN) to	use wh	en talking	to IRS						
	$\square_{N}$	lo.															
Par	t 7:	Sign here.	You I	MUST c	omplete	both pag	ges of	this form	and SI	IGN it.							
	best of	er penalties of of my knowl claimed as a ayer) is base	edge a a credi	and belie t was, or	f, it is true is to be,	e, correct, deducted	, and co	omplete, ar he paymen	nd that i ts made ledge.	no part of e to emplo	any pay	ment ma	de to	a state	unemp	loyment	
Y	Sign	your								nt your ne here							
<u> </u>	nam	e here								nt your							
									l title	here							
		Date	/	/					Bes	st daytime	phone						
	Paid	l Preparer	· Use	Only								Ch	eck if	you are	self-er	nployed	ı 🗌
	Prepa	arer's name	[									PTIN					
	Prepa signa		[									Date		/ /			
		s name (or y f-employed)	ours [									EIN					
	Addre	ess										Phone					
	City							State				ZIP code	,				

Page **2** Form **940** (2017)

### Form SS-4

(Rev. January 2010)

Department of the Treasury Internal Revenue Service

### **Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

► See separate instructions for each line.

► Keep a copy for your records.

OMB No. 1545-0003 **EIN นายอนาวิล ไชยนอก** 

	1	Legal name of entity (or individual) for whom the EIN is being r			
early.	2	Trade name of business (if different from name on line 1)	3 Ex	ecutor, administrator, trustee	, "care of" name
print clearly.	4a	Mailing address (room, apt., suite no. and street, or P.O. box)	<b>5a</b> St	reet address (if different) (Do	not enter a P.O. box.)
or pri	4b	City, state, and ZIP code (if foreign, see instructions)	<b>5b</b> Ci	y, state, and ZIP code (if fore	eign, see instructions)
Type or	6	County and state where principal business is located			
_	7a	Name of responsible party		<b>7b</b> SSN, ITIN, or EIN	
8a	Is th	is application for a limited liability company (LLC) (or		8b If 8a is "Yes," enter the	ne number of
	a for	reign equivalent)?	☐ No	LLC members	•
8c	If 8a	a is "Yes," was the LLC organized in the United States? .			Yes No
9a	Тур	e of entity (check only one box). Caution. If 8a is "Yes," see	the instr	uctions for the correct box to	check.
		Sole proprietor (SSN)		☐ Estate (SSN of deceder	nt)
		Partnership		☐ Plan administrator (TIN)	
		Corporation (enter form number to be filed) ▶		☐ Trust (TIN of grantor)	
	_	Personal service corporation		☐ National Guard ☐	State/local government
		Church or church-controlled organization		☐ Farmers' cooperative ☐	Federal government/military
		Other nonprofit organization (specify)		REMIC	Indian tribal governments/enterprises
		Other (specify) ►		Group Exemption Number (	GEN) if any ▶
9b		corporation, name the state or foreign country pplicable) where incorporated	9	Foreign	n country
10	Rea	son for applying (check only one box)	ankina p	urpose (specify purpose) ►_	
				ype of organization (specify r	
			_	going business	, , , , , , , , , , , , , , , , , , ,
	_	<u> </u>			·
		Other (specify) ►			
11	Date	e business started or acquired (month, day, year). See instruc	tions.	12 Closing month of ac	ccounting year mployment tax liability to be \$1,000
13	High	nest number of employees expected in the next 12 months (enter	-0- if non		ndar year <b>and</b> want to file Form 944
	If no	o employees expected, skip line 14.		(Your employment to	Forms 941 quarterly, check here. ax liability generally will be \$1,000
	Α	Agricultural Household Othe	er		t to pay \$4,000 or less in total of check this box, you must file quarter.
15		t date wages or annuities were paid (month, day, year). <b>Note.</b> resident alien (month, day, year)	If applic		
16		ck <b>one</b> box that best describes the principal activity of your busing		Health care & social assistance	ce Wholesale-agent/broker
		Construction Rental & leasing Transportation & wareh	-	Accommodation & food servi	
		Real estate  Manufacturing  Finance & insurance		Other (specify)	oo wildiodale official return
17		cate principal line of merchandise sold, specific construction	work dor		vices provided.
18	Ноо	the applicant entity shown on line 1 ever applied for and rec	oived on	FINI2 Vac Na	
		es," write previous EIN here ▶			
		Complete this section <b>only</b> if you want to authorize the named individual	to receive t	he entity's EIN and answer questions	· · · · · · · · · · · · · · · · · · ·
	ird	Designee's name			Designee's telephone number (include area code
	irty				
De	esign	ee Address and ZIP code			Designee's fax number (include area code
H-2		A serious I declare that I have a serious differential to the serious of the seri	unia al	salled to be a series and the series of the	Applicants tolers
		es of perjury, I declare that I have examined this application, and to the best of my kno title (type or print clearly)	wiedge and	pellet, it is true, correct, and complete.	Applicant's telephone number (include area code ( )
					Applicant's fax number (include area code
Sign	ature 🕨	<u> </u>		Date ►	( )



### **Employment Eligibility Verification**

### Department of Homeland Security

นายภูริพรรษ สัตยารักษ์ Form I-9

OMB No. 1615-0047 Expires 08/31/2019

U.S. Citizenship and Immigration Services

► START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Informat than the first day of employment, but			-	st complete an	d sign Se	ection 1 o	f Form I-9 no later			
Last Name (Family Name)	First Name (Given N	lame)		Middle Initial	Other L	er Last Names Used (if any)				
Address (Street Number and Name)	Apt. Numbe	er Ci	ty or Town			State	ZIP Code			
Date of Birth (mm/dd/yyyy)  U.S. Social Security Number Employee's E-mail Address Employee's Telepho										
l am aware that federal law provides connection with the completion of th	nis form.				r use of	false do	cuments in			
l attest, under penalty of perjury, tha	t I am (check one of the	he follo	wing boxe	s):						
1. A citizen of the United States										
2. A noncitizen national of the United S	tates (See instructions)									
3. A lawful permanent resident (Alier	Registration Number/US	CIS Num	nber):							
4. An alien authorized to work until (e Some aliens may write "N/A" in the e			_		_					
Aliens authorized to work must provide on An Alien Registration Number/USCIS Num	,			,			QR Code - Section 1 Not Write In This Space			
Alien Registration Number/USCIS Num     OR	ber:			_						
2. Form I-94 Admission Number: OR				_						
3. Foreign Passport Number:										
Country of Issuance:				_						
Signature of Employee				Today's Date	e (mm/dd/	<i>(yyyy</i> )				
Preparer and/or Translator Ce I did not use a preparer or translator. (Fields below must be completed and sometimes, under penalty of perjury, that	A preparer(s) and/or signed when preparers it I have assisted in the	translate and/or	or(s) assisted translators a	assist an emple	oyee in c	ompleting	g Section 1.)			
knowledge the information is true ar	nd correct.				Tadada F	) = t = / /-	della a a a			
Signature of Preparer or Translator					roday's E	ate (mm/d	aa/yyyy)			
Last Name (Family Name)			First Name	e (Given Name)						
Address (Street Number and Name)			State	ZIP Code						

STOP

Employer Completes Next Page

STOR



## **Employment Eligibility Verification Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 08/31/2019

### Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	ininy Name)		FIISUN	ame (Given	warne	)   IV	I.I. Citiz	zensnip/immigration Status
List A O Identity and Employment Authorization	R	List Iden			AN	D	Em	List C ployment Authorization
Document Title	Document T	itle				Documen	t Title	
Issuing Authority	Issuing Auth	ority				Issuing A	uthority	
Document Number	Document N	umber				Documer	nt Number	
Expiration Date (if any)(mm/dd/yyyy)	Expiration D	ate (if any)(r	nm/dd/y	ууу)		Expiration	n Date (if a	any)(mm/dd/yyyy)
Document Title								
Issuing Authority	Additional	Informatio	n					QR Code - Sections 2 & 3 o Not Write In This Space
Document Number								
Expiration Date (if any)(mm/dd/yyyy)		มายถาส	ns ss	รมลังกา				
Document Title		<b>м</b> тоатты	אם פון	1991917111				
Issuing Authority								
Document Number								
Expiration Date (if any)(mm/dd/yyyy)								
Certification: I attest, under penalty of perju (2) the above-listed document(s) appear to b employee is authorized to work in the United The employee's first day of employment (	e genuine an l States.	d to relate		employee r	name	d, and (3)	to the bo	
Signature of Employer or Authorized Representati		Today's Dat	o (mm/					
Signature of Employer of Authorized Representati	ve	Today S Dai	e (mm/c	id/yyyy)	Title 0	i Employe	i oi Autrio	rized Representative
Last Name of Employer or Authorized Representative	First Name of	Employer or A	Authorize	d Representa	tive	Employe	r's Busine	ss or Organization Name
Employer's Business or Organization Address (Str	eet Number ar	nd Name)	City or	Town		1	State	ZIP Code
Section 3. Reverification and Rehires	(To be com	pleted and	signed	by employ	er or	authorize	ed repres	entative.)
A. New Name (if applicable)					E	B. Date of	Rehire (if	applicable)
Last Name (Family Name) First N	Name <i>(Given N</i>	lame)		Middle Initia	I [	Date (mm/	(dd/yyyy)	
<b>C.</b> If the employee's previous grant of employment continuing employment authorization in the space			provide	the informat	tion fo	r the docu	ment or re	ceipt that establishes
Document Title		Docume	nt Numb	per			Expiration	Date (if any) (mm/dd/yyyy)
I attest, under penalty of perjury, that to the the employee presented document(s), the do								
Signature of Employer or Authorized Representation	ve Today's	Date (mm/o	ld/yyyy)	Name o	of Emp	loyer or A	uthorized	Representative

# Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)

### Form No. 49A

#### **Application for Allotment of Permanent Account Number** [In the case of Indian Citizens/Indian Companies/Entities incorporated in India/ Unincorporated entities formed in India]

See Rule 114

To avoid mistake (s), please follow the accompanying instructions and examples before filling up the form

#### Assessing officer (AO code)

Area code AO type Range code AO No. Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)

Sign	across this photo																
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Sir	,									1	01/10	61 14U	741	ым І	۷I	אעט	VI
I/W	e hereby request that a permanent accour	ıt number	be allot	ted to m	ie/us.												
I/V	/e give below necessary particulars:										Sig	nature /	Left Th	umb Ir	npres	sion	
1	Full Name (Full expanded name to be m	entioned	l as app	earing i	n proo	f of iden	tity/da	te of b	irth/ac	Idress	docu	ments	: initi	ials a	are n	ot pe	ermitted)
	Please select title, 🗸 as applicable	Shri		Smt.		Kuma	ri	M/s									
	Last Name / Surname							T								$\Box$	$\neg$
	First Name															T	
	Middle Name															$\mp$	=
2	Abbreviations of the above name, as y	ou would	l like it.	to be p	rinted	on the P	AN ca	rd		1	-						
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3	Have you ever been known by any other	er name?	•	Yes		No					(ple	ase ti	ck as	app	lical	ole)	
	If yes, please give that other name			704		٦,,,,,,		¬									
	Please select title, 🗸 as applicable	Shri		Smt.		Kuma	rı _	M/s		1 1		T T					$\neg$
	Last Name / Surname							$\perp \perp$								$\dashv$	_
	First Name	$\Box$						$\perp$			<u> </u>					$\dashv$	
	Middle Name																
4	Gender (for Individual applicants only)		Male		Fema	ile	Tr	ansge	nder		(ple	ase ti	ck as	арр	lical	ole)	
5	Date of Birth/Incorporation/Agreement	/Partners	hip or T	rust De	ed/ Fo	rmation	of Bo	dy of i	ndivid	uals o	Ass	ociati	on of	Pers	sons	3	
	Day Month Year																
6	Details of Parents (applicable only for	individua	ıl applic	ants)													
	Whether mother is a single parent and yo	u wish to	apply fo	r PAN b	y furnis	shing the	name	of you	r moth	er only	?						
	Yes No (please tick as applicab	ole)															
	If yes, please fill in mother's name in the a			•													
	Father's Name (Mandatory except whe	re mothe	r is a si	ngle pa	rent ar	nd PAN i	s appl	ied by	furnis	hing th	ne na	me of	moti	her o	nly)		_
	Last Name / Surname			$\perp$				11								$\rightarrow$	4
	First Name															$\rightarrow$	_
	Middle Name													1 1			
	Mother's Name (optional except where	mother i	is a sing	le pare	nt and									Ш	Ш		
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	First Name  Middle Name  Select the name of either father or mother  Father's name  Mother's name	r which yo	(Pleas	ke to be	e printe	d on PAI	N card	(Selec	et one o	only)						apply	of the DANI
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7	First Name  Middle Name  Select the name of either father or mother  Father's name  (In case no option is provided then PAN oby furnishing name of the mother only)'.	r which yo	(Pleas	ke to be	e printe	d on PAI	N card	(Selec	et one o	only)						apply	for PAN
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7	First Name  Middle Name  Select the name of either father or mother  Father's name  (In case no option is provided then PAN oby furnishing name of the mother only)'.  Address  Residence Address  Flat / Room / Door / Block No.  Name of Premises / Building / Village  Road / Street / Lane/Post Office  Area / Locality / Taluka/ Sub- Division  Town / City / District	r which yo	(Pleas	ke to be e tick as with fat	e printe s applic her's n	d on PAI	N card	(Selection of the control of the con	et one o	only)						apply	for PAN
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	Area / Locality / Taluka/ Sub- Division	_	+	+	$\dashv$	$\vdash$	+	+	+	+						$\vdash$	$\vdash$					$\vdash$	$\vdash$	$\dashv$	
	Town / City / District	_	+	+	$\dashv$	$\vdash$	+	$\dashv$	+	+	$\vdash$	$\vdash$			$\vdash$	$\vdash$	$\vdash$					$\vdash$	$\vdash$	$\dashv$	
	State / Union Territory			P	incc	ode / :	Zip ·	code	e		Co	untr	y Na	me	1						l		<u> </u>		
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8	Address for Communication			Ť	T	Resi	ider	ıce					Offic	e			(P	leas	e tio	ck a	s ap	oilgo	able	<del>!</del> )	
9	Telephone Number & Email ID details																,								
	Country code Area/STD Cod	de			To	eleph	one	. / M	1obile	numb	er														
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10	Status of applicant																								
	Please select status, 🗸 as applicable																	Г		300	ernn	nent			
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# Form **56-F**(Rev. December 2009) Department of the Treasury Internal Revenue Service

# Notice Concerning Fiduciary Relationship of Financial Institution

(Internal Revenue Code sections 6036, 6402, and 6903)

OMB No. 1545-2159

For IRS Use Only

Pa	rt I Identification	นายปองภาพ สนเพชรเวสสกุล
1	Name of person for whom you are acting (as shown on the tax return)	2 Employer identification number
3	Address of financial institution (number, street, and room or suite no.)	<u> </u>
4	City, state, and ZIP code	5 Telephone no.
6	Check the applicable box for the type of financial institution: Bank Thriff	t
7	Check here ▶ ☐ if the financial institution is insolvent.	
8	Enter the ending date of the financial institution's tax year (mo., day, yr.)	▶
9	Fiduciary's name	10 Contact person
11	Address of fiduciary (number, street, and room or suite no.)	
12	City or town, state, and ZIP code	13 Telephone no.
14	Check the applicable box if the fiduciary is a:  Receiver Conservator	
15	Check this box ▶☐ if the financial institution is or was a member of a group filing a con through 21 are to be completed only if the financial institution is or was a member of a group filing a continuous con	
16	Name of person for whom you are acting (as shown on the tax return)	17 Employer identification number
18	Address of the common parent (number, street, and room or suite no.)	<u> </u>
19	City, state, and ZIP code	
20 21	Check here ▶ ☐ if a copy of this form has been sent to the common parent of the group.  Enter the tax year(s) that the financial institution is or was a member of the consolidated group.	
Pa	rt II Authority	
22 a c e	Evidence of fiduciary authority. Check applicable box(es), and attach copy of the property of	nservator
Pa	rt III Tax Notices	
23	All notices and other written communications with regard to income, employ on line 1) will be addressed to the fiduciary. Indicate below if other notices a fiduciary. Include the type of tax, tax periods or years involved.	•
Pa	rt IV Revocation or Termination of Notice	
	Section A—Total Revocation or	Termination
24 a b c	Evidence of termination or revocation of fiduciary authority (Check application of Certified copy of court order revoking fiduciary authority attached.  ☐ Copy of certificate of dissolution or termination of a business entity attached of termination of fiduciary relationship (describe)	
Plea Sign	n 🗼	hip on behalf of the taxpayer.
1101	Fiduciary's signature Title, if an	oplicable Date

Cat. No. 12784J