850106

# Form **940 for 2006:** Employer's Annual Federal Unemployment (FUTA) Tax Return

|                                      |  | Department of the Treasury — Internal Revenue Service   | OMB No. 1545-0028                                 |  |  |  |  |  |  |  |  |
|--------------------------------------|--|---|---|--|--|--|--|--|--|--|--|
| (EII                                 | ,                                      |   | Type of Return<br>Check all that apply.)          |  |  |  |  |  |  |  |  |
| Na                                   | Name (not your trade name)  a. Amended |   |   |  |  |  |  |  |  |  |  |
| Trade name (if any) b. Successor emp |  |   |   |  |  |  |  |  |  |  |  |
| Ade                                  | dress                                  |   | c. No payments to employees                       |  |  |  |  |  |  |  |  |
|                                      |  | Number Street Suite or room number  | d. Final: Business closed or stopped paying wages |  |  |  |  |  |  |  |  |
| Read                                 | d the s                                | City State ZIP code Separate instructions before you fill out this form. Please type or print within the boxes.   |   |  |  |  |  |  |  |  |  |
|                                      |  | : Tell us about your return. If any line does NOT apply, leave it blank.  |   |  |  |  |  |  |  |  |  |
|                                      |  | u were required to pay your state unemployment tax in   |   |  |  |  |  |  |  |  |  |
|                                      |  | One state only, write the state abbreviation 1a   |   |  |  |  |  |  |  |  |  |
|                                      |  | More than one state (You are a multi-state employer)  | <b>1b</b> Check here. Fill out Schedule A.        |  |  |  |  |  |  |  |  |
| 2                                    |  |   |   |  |  |  |  |  |  |  |  |
| Р                                    | art 2:                                 | Determine your FUTA tax before adjustments for 2006. If any line does NOT apply   | /, leave it blank.                                |  |  |  |  |  |  |  |  |
|                                      |  |   |   |  |  |  |  |  |  |  |  |
| 3                                    | Tota                                   | Il payments to all employees  | 3   |  |  |  |  |  |  |  |  |
| 4                                    | Payr                                   | ments exempt from FUTA tax 4  |   |  |  |  |  |  |  |  |  |
|                                      | Chec                                   | ck all that apply: 4a Fringe benefits 4c Retirement/Pension 4e Other 4b Group term life insurance 4d Dependent care   |   |  |  |  |  |  |  |  |  |
| 5                                    |  | of payments made to each employee in excess of the second |   |  |  |  |  |  |  |  |  |
| 6                                    | Subt                                   | total (line 4 + line 5 = line 6)  | 6   |  |  |  |  |  |  |  |  |
| 7                                    | Tota                                   | It taxable FUTA wages (line 3 – line 6 = line 7)  | 7   |  |  |  |  |  |  |  |  |
|                                      |  | A tax before adjustments (line 7 × .008 = line 8)   | 8   |  |  |  |  |  |  |  |  |
| ۲                                    | art 3:                                 | : Determine your adjustments. If any line does NOT apply, leave it blank.   |   |  |  |  |  |  |  |  |  |
| 9                                    | mult                                   | L of the taxable FUTA wages you paid were excluded from state unemployment tax, ciply line 7 by .054 (line $7 \times .054$ = line 9). Then go to line 12  | 9   |  |  |  |  |  |  |  |  |
|                                      | OR y                                   | you paid ANY state unemployment tax late (after the due date for filing Form 940), fill out worksheet in the instructions. Enter the amount from line 7 of the worksheet onto line 10.  |   |  |  |  |  |  |  |  |  |
| 11                                   |  |   |   |  |  |  |  |  |  |  |  |
| Р                                    | art 4:                                 | Determine your FUTA tax and balance due or overpayment for 2006. If any line do   | oes NOT apply, leave it blank.                    |  |  |  |  |  |  |  |  |
|                                      |  |   |   |  |  |  |  |  |  |  |  |
| 12                                   | Tota                                   | Il FUTA tax after adjustments (lines 8 + 9 + 10 = line 12)  | 12  |  |  |  |  |  |  |  |  |
| 13<br>14                             | Bala                                   | A tax deposited for the year, including any payment applied from a prior year   | 13  |  |  |  |  |  |  |  |  |
|                                      |  | line 14 is \$500 or less and you pay by check, make your check payable to the United States sury and write your EIN, <i>Form 940</i> , and <i>2006</i> on the check   |   |  |  |  |  |  |  |  |  |
| 15                                   | Over<br>belov                          | rpayment (If line 13 is more than line 12, enter the difference on line 15 and check a box w.)  | 15  |  |  |  |  |  |  |  |  |
|                                      | ► Y                                    | You <b>MUST</b> fill out both pages of this form and <b>SIGN</b> it.  | Check one Apply to next return. Send a refund.    |  |  |  |  |  |  |  |  |
|                                      |  |   | Next <b>→</b>                                     |  |  |  |  |  |  |  |  |

|  |                           |   |                         | 030501                   |  |  |  |
|--|---------------------------|---|-------------------------|--------------------------|--|--|--|
| Nam  | ne (not your trade name)  |   | Employer identifica     | tion number (EIN)        |  |  |  |
| F  | Part 5: Report your       | FUTA tax liability by quarter only if line 12 is more than  | \$500. If not, go to Pa | art 6.                   |  |  |  |
| 16   |                           | ort the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liabilitarter, leave the line blank. |                         |                          |  |  |  |
|  | 16a 1st quarter (         | January 1 – March 31)   |                         |                          |  |  |  |
|  | 16b 2nd quarter           | (April 1 – June 30)   | •                       |                          |  |  |  |
|  | 16c 3rd quarter (         | July 1 – September 30)  | •                       |                          |  |  |  |
|  | 16d 4th quarter (         | October 1 – December 31)  |                         |                          |  |  |  |
| 17   | Total tax liability for   | or the year (lines 16a + 16b + 16c + 16d = line 17) 17  |                         | Total must equal line 12 |  |  |  |
| Part 6: May we speak with your third-party designee?  Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? Se for details.  |                           |   |                         |                          |  |  |  |
|  | ·                         | nee's name a 5-digit Personal Identification Number (PIN) to use when talkin  | g to IRS                |                          |  |  |  |
|  | ☐ No.                     |   |                         |                          |  |  |  |
| You MUST fill out both pages of this form and SIGN it.  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.  Sign your name here |                           |   |                         |                          |  |  |  |
| •  |                           | Print your title here   |                         |                          |  |  |  |
|  | Date                      | / / Best daytim   | e phone                 | -                        |  |  |  |
| F  | Part 8: For PAID pr       | eparers only (optional)   |                         |                          |  |  |  |
|  | you may choose to fill    |   |                         |                          |  |  |  |
|  | Paid Preparer's name      |   | Preparer's SSN/PTIN     |                          |  |  |  |
|  | Paid Preparer's signature |   | Date                    | / /                      |  |  |  |
|  |                           | Check if you are self-employed.   |                         |                          |  |  |  |
|  | Firm's name               |   | Firm's EIN              |                          |  |  |  |
|  |                           |   |                         |                          |  |  |  |

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State

ZIP code

Street address

City

# Form 940-V, Payment Voucher

#### What Is Form 940-V?

Form 940-V is a transmittal form for your check or money order. Using Form 940-V allows us to process your payment more accurately and efficiently. If you have any balance due of \$500 or less on your 2006 Form 940, fill out Form 940-V and send it with your check or money order.

**Note.** If your balance is more than \$500, see *When Must You Deposit Your FUTA Tax?* in the Instructions for Form 940.

## How Do You Fill Out Form 940-V?

Type or print clearly.

**Box 1.** Enter your employer identification number (EIN). Do not enter your social security number (SSN).

**Box 2.** Enter the amount of your payment. Be sure to put dollars and cents in the appropriate spaces.

**Box 3.** Enter your business name and complete address exactly as they appear on your Form 940.

## **How Should You Prepare Your Payment?**

- Make your check or money order payable to the *United States Treasury*. Do not send cash.
- On the memo line of your check or money order, write:
  - your EIN,
  - Form 940, and
  - -2006.
- Carefully detach Form 940-V along the dotted line.
- Do not staple your payment to the voucher.
- Mail your 2006 Form 940, your payment, and Form 940-V in the envelope that came with your 2006 Form 940 instruction booklet. If you do not have that envelope, use the table in the Instructions for Form 940 to find the mailing address.



▼ Detach Here and Mail With Your Payment and Tax Return. ▼



| <b>5940-V</b>  |                   | Payment Voucher   |      |     | OMB No. 1545-0028 |  |  |
|--|-------------------|---|------|-----|-------------------|--|--|
| Department of the Treasury<br>Internal Revenue Service | ▶ Do              | ► Do not staple or attach this voucher to your payment.                               |      |     | 2006              |  |  |
| 1 Enter your employer iden (EIN).                      | tification number | Enter the amount of your payment. ▶   | Doll | ars | Cents             |  |  |
| ·  |                   | 3 Enter your business name (individual name if sole proprietor).  Enter your address. |      |     |                   |  |  |
|  |                   | Enter your city, state, and ZIP code.   |      |     |                   |  |  |

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Chapter 23, Federal Unemployment Tax Act, of Subtitle C, Employment Taxes, of the Internal Revenue Code imposes a tax on employers with respect to employees. This form is used to determine the amount of the tax that you owe. Section 6011 requires you to provide the requested information if you are liable for FUTA tax under section 3301. Section 6109 requires you to provide your employer identification number (EIN). If you fail to provide this information in a timely manner, you may be subject to penalties and interest.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others

as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, territories, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 24 hr., 39 min.; Learning about the law or the form, 1 hr., 23 min.; Preparing and sending the form to the IRS, 2 hr., 17 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 940 simpler, we would be happy to hear from you. You can write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:SP, 1111 Constitution Avenue, NW, IR-6406, Washington, DC 20224. **Do not** send Form 940 to this address. Instead, see *Where Do You File?* on page 2 of the Instructions for Form 940.