Form **940-B**

Department of the Treasury - Internal Revenue Service Request for Verification of

(Rev. May 2010)			Credit Inforr	mation Sho	own on For	m 940	
Name and address of e	mployer					Date	
						Calendar year	
						Employer identific	ation number
The Form 940 filed with	the IRS by	the employe	er named above indica	tes the following	g information for	L the calendar year sh	nown.
State in Which Employees Performed Services	State Reporting No. as Shown on Employer's State Contribution Returns		Taxable Payroll (as defined in State Ac		xperience Rate Period (4)	Experience Rate	Contributions Actually Paid to State
(1)	(2)	(3)	From-	То-	(5)	(6)
State Agency: Please of and your records in the	complete the space below	certificatio Also shov	n below and fax or mai v any contributions paid	I it back to us. S d after February	Show any differer 1.	nces between the inf	ormation shown above
Fax Number:		OR	Mail to: Director, Internal Re	evenue Service	Other (remarks, etc):		
Attention:							
(FUTA Lia	nison)						
State Reporting No. as Shown on Employer's State Contribution Returns	Experier Per		State Taxable Wages	Experience Rate	Contributions Paid Before February 1	Contributions Paid February 1 through February 10	Contributions Paid After February 10
	From-	То-				residaly to	
I certify that, except as			ds of this office agree v	with the entries	shown in column	s (2), (3), (4), (5), ar	nd (6), and that all
contributions were paid Name of State			Name of State Officer				Date
IVAITIE UI STALE			Traine of State Officer				

Form **940-B**

Department of the Treasury - Internal Revenue Service

Request for Verification of

(Rev. May 2010)	Credit Information Shown on Form 940								
Name and address of e	mployer					Date			
						Calendar year			
	Employer identifi						ntification number		
The Form 940 filed with	the IRS by	the employ	er named above indica	ites the followin	g information	for the calendar yea	ır shown.		
State in Which Employees Performed Services	State Reporting No. as Shown on Employer's State Contribution Returns		Taxable Payroll (as defined in State Ac		Experience Rate Period (4)		Contributions Actually Paid to State		
(1)	(2	")	(3)	From-	То-	(5)	(6)		
State Agency: Please of and your records in the	complete the space below	certificatio	n below and fax or mai v any contributions paid	il it back to us. S d after February	Show any diffe / 1.	erences between the	e information shown above		
Fax Number: OR			Mail to:		Other (remark	Other (remarks, etc):			
			Director, Internal R	evenue Servic	,				
Attention:									
(FUTA Lia	nison)								
State Reporting No. as Shown on Employer's State Contribution Returns	Experience Rate Period		State Taxable Wages	Experience Rate	Contribution Paid Befo February	re Paid February	/ 1 Contributions Paid After		
	From-	10-							
I certify that, except as contributions were paid			_		shown in colu	ımns (2), (3), (4), (5)	, and (6), and that all		
Name of State			Name of State Officer	•		Date			