Name (not your trade name)		Employer identification number (EIN)
John Doe		12 - 3456789
Part 5: Report your FUTA tax liability by quarter only if line 12	is more than \$5	500. If not, go to Part 6.
16 Report the amount of your FUTA tax liability for each quarter; d a quarter, leave the line blank.	lo NOT enter the	amount you deposited. If you had no liability f
16a 1st quarter (January 1 – March 31)	. 16a	2760 🔹 00
<b>16b 2nd quarter</b> (April 1 – June 30)	16b	•
<b>16c 3rd quarter</b> (July 1 – September 30)	16c	-
16d 4th quarter (October 1 – December 31)	16d	•
17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 1	7) 17	2760 ■ 00 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 anoth for details.	er person to disc	cuss this return with the IRS? See the instruction
Yes. Designee's name and phone number		
Select a 5-digit personal identification number (PIN) to	usa whon talking	to the IBS
A - 1860	use when taking	to the ins.
☐ No.		
Part 7: Sign here. You MUST complete both pages of this form	and SIGN it.	
Under penalties of perjury, I declare that I have examined this return best of my knowledge and belief, it is true, correct, and complete, a fund claimed as a credit was, or is to be, deducted from the paymer taxpayer) is based on all information of which preparer has any knowledge.  Sign your	nd that no part of nts made to empl	f any payment made to a state unemployment
name here John Doe	Print your	CEO
3 dan-20 days	ude nere	[020
Date / /	Best daytime	e phone
Paid Preparer Use Only		Check if you are self-employed
Preparer's name		PTIN
Preparer's signature		Date / /
Firm's name (or yours if self-employed)		EIN
Address		Phone
City		ZIP code

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