Form **940-B**

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

(Rev. May 2010)			Credit Inforr	nation Sho	own on Fo	rm 940			
Name and address of e	mployer					Date			
						Calendar year			
						Employer identification number			
The Form 940 filed with	the IRS by	the employe	er named above indica	tes the following	g information for	the calendar year sh	own.		
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)	(1) (2)		(3)	From-	То-	(5)	(6)		
State Agency Disease	pompleto the	a attification	n below and fav ar mai	Lit hagk to up S	Chow any differen	noon between the int	ormation shows show		
State Agency: Please of and your records in the	space below	. Also shov	n below and rax or mail v any contributions paid	d after February	1.	nces between the ini	ormation snown 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-				resitualy 10	,		
I certify that, except as a contributions were paid			ds of this office agree v	with the entries	shown in column	ns (2), (3), (4), (5), ar	nd (6), and that all		
Name of State			Name of State Officer			Date			

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(Rev. May 2010)			Credit Infor	mation Sh	own on Fo	rm 940		
Name and address of e	mployer					Date		
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State in Which Employees Performed Services	State Reporting No. as Shown on Employer's State Contribution Returns		Taxable Payroll (as defined in State Ad		experience 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	n below and fax or ma v any contributions pai	il it back to us. \$ d after February	Show any differe	ences between the inf	ormation shown above	
Fax Number:		OR	Mail to:		Other (remarks, et	Other (remarks, etc):		
			Director, Internal R	evenue Servic				
Attention:								
(FUTA Lia	aison)							
State Reporting No. as Shown on Employer's State	Experience Rate Period		State Taxable Wages	Experience Rate	Contributions Paid Before February 1	through	Contributions Paid After February 10	
Contribution Returns	From-	То-			1 cordary 1	February 10	. 55. 441 y 10	
I certify that, except as contributions were paid			ds of this office agree	with the entries	shown in colum	ns (2), (3), (4), (5), ar	nd (6), and that all	
Name of State			Name of State Office	r		Date		