Form 940 for 2012: Employer's Annual Federal Unemployment (FUTA) Tax Return Department of the Treasury – Internal Revenue Service

820115

8.	20775
OMB No.	1545-0028

Emp (EIN)	ployer identification number	Type of Return (Check all that apply.)
Nam	ne (not your trade name)	a. Amended
Trad	le name (if any)	b. Successor employer
		c. No payments to employees in
Addı		2012 d. Final: Business closed or
	Number Street Suite or room number	stopped paying wages
	City State ZIP code	Instructions and prior-year forms are available at <i>www.irs.gov/form940.</i>
Read	the separate instructions before you complete this form. Please type or print within the boxes.	· · ·
Part	1: Tell us about your return. If any line does NOT apply, leave it blank.	
1a 1b 2	If you had to pay state unemployment tax in one state only, enter the state abbrev If you had to pay state unemployment tax in more than one state, you are a m employer	Check here. • • 1b Complete Schedule A (Form 940) 2 Check here.
		Complete Schedule A (Form 940)
Part	2: Determine your FUTA tax before adjustments for 2012. If any line does NC	DI apply, leave it blank.
3	Total payments to all employees	3
4	Payments exempt from FUTA tax 4	•
5	Check all that apply: 4a Fringe benefits 4b Group-term life insurance Total of payments made to each employee in excess of 4c Retirement/Pension 4d Dependent care	n 4e Other
	\$7,000	•
6	Subtotal (line 4 + line 5 = line 6)	6
7	Total taxable FUTA wages (line 3 – line 6 = line 7) (see instructions)	7
8	FUTA tax before adjustments (line 7 x .006 = line 8)	• • • 8
Part		
9	If ALL of the taxable FUTA wages you paid were excluded from state unemploy multiply line 7 by .054 (line $7 \times .054 = $ line 9). Go to line 12	
10	If SOME of the taxable FUTA wages you paid were excluded from state unemploy OR you paid ANY state unemployment tax late (after the due date for filing F complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet	ment tax,
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 for 2012. If an	y 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) 	14
15	Overpayment (If line 13 is more than line 12, enter the excess on line 15 and che below.)	
	► You MUST complete both pages of this form and SIGN it. Check one:	Apply to next return. Send a refund.
For Pr	rivacy Act and Paperwork Reduction Act Notice, see the back of Form 940-V, Payment Vo	oucher. Cat. No. 112340 Form 940 (201)

Part 53 Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6. 16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liat a quarter, leave the line blank. 16a 16b 2nd quarter (January 1 – March 31)	Nan	ie (not your t	trade name)				E	mployer idei	ntificati	on number (E	IN)
a quarter, leave the line blank. 16s 1st quarter (January 1 - March 31)	Par	t 5: Re	port your FUT	A tax liability by quarter	only if line 12 is n	nore than \$	\$500. If r	not, go to	Part 6	ò.	
16b 2nd quarter (April 1 – June 30) 16b • 16c 3rd quarter (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 17) 17 • Total must equal Part 65 May we speak with your third-party designee? • Total must equal Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instr for details. • Yes. Designee's name and phone number • • Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS • • No. • • • • Designee's name and phone number • • • No. • • • • Ves. Designee's complete both pages of this form and SIGN it. • • Under ponalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. • •<	16	-	-	-	ach quarter; do N	OT enter th	he amou	nt you dep	oosite	d. If you ha	d no liability fo
16c 3rd quarter (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 17) 17 • Total must equal 2mt 05 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? See the instr for details. • • Yes. Designee's name and phone number • • • Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS • • • No. • • • • • • Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployee. Declaration of preparer (other than taxpeyer) is based on all information of which preparer has any knowledge. • • • • Y is gin here. You MUST complete both pages of this form and SIGN it. • • • • • • • • • • • • • •		16a 1st	quarter (Janua	ry 1 – March 31)	1	6a		-			
16d 4th quarter (October 1 - December 31) 16d . 17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) 17 . Total must equal 12mtG May we speak with your third-party designee? Do you went to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instr for details. . . . Yes. Designee's name and phone number		16b 2nd	l quarter (April	1 – June 30)	1	6b					
17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) 17		16c 3rd	quarter (July 1	– September 30)	1	6c		•			
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Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instr Image: the instruction of the in	17	Total tax	liability for the	year (lines 16a + 16b + 16c	c + 16d = line 17) 1	7		•		Total mus	st equal line 12.
for details. □ Yes. Designee's name and phone number Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS	Par	t6: Ma	y we speak w	ith your third-party desig	nee?						
Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS		-		n employee, a paid tax prep	oarer, or another p	erson to di	iscuss thi	is return w	vith the	e IRS? See	the instruction
□ No. Part 73 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, including accompanying schedules and statements, and to 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. ✓ Sign your name here Print your name here □ Date / / Best daytime phone Print your are self-employed Paid Preparer Use Only Check if you are self-employed Preparer's name Print sour Preparer's name (or yours if self-employed) EIN Address Phone		Yes.	Designee's	name and phone number							
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, including accompanying schedules and statements, and to best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemploymer fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Image: Sign your name here Print your name here Date / / Date / / Paid Preparer Use Only Check if you are self-employed Preparer's name PTIN Preparer's name PTIN Firm's name (or yours if self-employed) EIN Address Phone			Select a 5-0	digit Personal Identification I	Number (PIN) to use	e when talki	ing to IRS				
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, including accompanying schedules and statements, and to best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemploymer fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Image: Sign your name here Print your name here Date / / Date / / Paid Preparer Use Only Check if you are self-employed Preparer's name PTIN Preparer's name PTIN Firm's name (or yours if self-employed) EIN Address Phone		No.									
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Print your title here Date / Paid Preparer Use Only Check if you are self-employed Preparer's name PTIN Preparer's name PTIN Preparer's name PTIN Firm's name (or yours if self-employed) Date / Address Phone Phone	x	best of m fund clain taxpayer) Sign yo	y knowledge ar ned as a credit is based on all ur	nd belief, it is true, correct, a was, or is to be, deducted fi	nd complete, and t rom the payments r	hat no part nade to em lge. Print your	of any pa ployees.	yment ma	de to a	a state unen	ployment
Date / / Paid Preparer Use Only Check if you are self-employed Preparer's name PTIN	•	namen									
Preparer's name Preparer's name Preparer's signature Date Firm's name (or yours if self-employed) Address Preparer's name		Da	ate /	/		Best daytin	me phone	,			
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if self-employed) EIN Address Phone								Date	/	/	
		Firm's r if self-ei	name (or yours mployed)					EIN			
City State ZIP code		Address	S					Phone			
		City			State			ZIP code			

Form 940-V, Payment Voucher

Purpose of Form

Complete Form 940-V, Payment Voucher, if you are making a payment with Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 940

To avoid a penalty, make your payment with your 2012 Form 940 **only if** your FUTA tax for the fourth quarter (plus any undeposited amounts from earlier quarters) is \$500 or less. If your total FUTA tax after adjustments (Form 940, line 12) is more than \$500, you must make deposits by electronic funds transfer. See *When Must You Deposit Your FUTA Tax?* in the Instructions for Form 940. Also see sections 11 and 14 of Pub. 15 (Circular E), Employer's Tax Guide, for more information about deposits.

Caution. Use Form 940-V when making any payment with Form 940. However, if you pay an amount with Form 940 that should have been deposited, you may be subject to a penalty. See Deposit Penalties in section 11 of Pub. 15 (Circular E).

Specific Instructions

Box 1—Employer Identification Number (EIN). If you do not have an EIN, you may apply for one online. Go to IRS.gov and click on the *Apply for an EIN Online* link under *Tools*. You may also apply for an EIN by calling 1-800-829-4933, or you can fax or mail Form SS-4, Application for Employer Identification Number. If you have not received your EIN by the due date of Form 940, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 940.

Box 3—Name and address. Enter your name and address as shown on Form 940.

• Enclose your check or money order made payable to the "United States Treasury." Be sure to enter your EIN, "Form 940," and "2012" on your check or money order. Do not send cash. Do not staple Form 940-V or your payment to Form 940 (or to each other).

• Detach Form 940-V and send it with your payment and Form 940 to the address provided in the Instructions for Form 940.

Note. You must also complete the entity information above Part 1 on Form 940.

▼	Detach	Here and	d Mail With	Your Payme	nt and Form	940. ▼

5 940−V	Payment Voucher			OMB No. 1		
Department of the Treasury Internal Revenue Service	► Do not staple or attach this voucher to your payment.			20	12	
1 Enter your employer identification number (EIN).		2	Enter the amount of your payment. ▶ Make your check or money order payable to "United States Treasury"			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 identification number. If you fail to provide this information in a timely manner or provide a false or fraudulent form, 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, the District of Columbia, and U.S. commonwealths and possessions to administer 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	9 hr., 19 min.
Learning about the law or the form	1 hr., 23 min.
Preparing, copying, assembling, and sending the form to the IRS	1 hr., 36 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 email us at *taxforms@irs.gov*. Enter "Form 940" on the subject line. Or write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:M:S, 1111 Constitution Avenue, NW, IR-6526, Washington, DC 20224. **Do not** send Form 940 to this address. Instead, see *Where Do You File?* in the Instructions for Form 940.