## Department of the Treasury - Internal Revenue Service Request for Verification of Credit Information Shown on Form 940

Name and address of employer

Date

Calendar year

Employer identification number

The Form 940 filed with the IRS by the employer named above indicates the following information for the calendar year shown.

State in Which Employees Performed Services	State Reporting No. as Shown on Employer's State Contribution Returns	Taxable Payroll   (as defined in State Act)	Experience Rate Period (4)		Experience Rate	Contributions Actually Paid to State
(1)	(2)	(3)	From-	To-	(5)	(6)

State Agency: Please complete the certification below and fax or mail it back to us. Show any differences between the information shown above and your records in the space below. Also show any contributions paid after February 1.

Fax Number: OR		Mail to:			Other (remarks, etc):		
			Director, Internal Re	venue Service	Center		
Attention:							
(FUTA Lia	ison)						
State Reporting No. as Shown on Employer's State	Experience Rate Period		State Taxable Wages	Experience Rate	Contributions Paid Before	Contributions Paid February 1 through	Contributions Paid After
Contribution Returns	From-	То-			February 1	February 10	February 10
I certify that, except as a contributions were paid			ls of this office agree w	ith the entries s	shown in columns	(2), (3), (4), (5), an	d (6), and that all

Name of State	Name of State Officer	Date

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Name of State Officer Date