

Form	<b>940-EZ</b>	<b>Employer's Annual Federal Unemployment (FUTA) Tax Return</b>	OMB No. 1545-1110
Department of the Treasury Internal Revenue Service			<b>1999</b>
If incorrect, make any necessary change.	Name (as distinguished from trade name) <b>ABC Corporation, Inc.</b> Trade name, if any	Calendar Year <b>1999</b>	<b>T</b>
			<b>FF</b>
			<b>FD</b>
			<b>FP</b>
			<b>I</b>
	Address And Zip Code <b>1020 Crews Road</b>	Employer identification number <b>56-1234567</b>	<b>T</b>

Follow the chart under 'Who May Use Form 940-EZ' on page 2. If you cannot use Form 940-EZ, you must use Form 940 instead.

- A** Enter the amount of contributions paid to your state unemployment fund. (See separate instructions) \$
- B** (1) Enter the name of the state where you have to pay contributions North Carolina
- (2) Enter your state reporting number as shown on state unemployment tax return 100 11 5555

If you will not have to file returns in the future, check here, (see Who Must File a Return on page 2) complete, and sign the return ☐

If this is an amended return, check here ☐

**Part I Taxable Wages and FUTA Tax**

<b>1</b> Total payments (including payments on lines 2 and 3) during calendar year for services of employees	<b>1</b>	<b>21,000.00</b>						
<b>2</b> Exempt payments. (Explain all exempt payments, attach additional sheets if necessary.)	<table><tr><td>Amount Paid</td><td></td></tr><tr><td><b>2</b> 210.00</td><td></td></tr><tr><td><b>3</b> 6,790.00</td><td></td></tr></table>	Amount Paid		<b>2</b> 210.00		<b>3</b> 6,790.00		
Amount Paid								
<b>2</b> 210.00								
<b>3</b> 6,790.00								
<b>3</b> Payments for services of more than \$7000. Enter only the amounts over the first \$7000 paid to each employee. Do not include any exempt payments from line 2. Do not use your state wage limitation. The \$7000 amount is the Federal wage base. Your state wage base may be different.								
<b>4</b> Total exempt payments (add lines 2 and 3)	<b>4</b>	<b>7,000.00</b>						
<b>5</b> TOTAL TAXABLE WAGES (subtract line 4 from line 1)	<b>5</b>	<b>14,000.00</b>						
<b>6</b> FUTA Tax. Multiply wages on line 5 by .008 and enter. If the result is over \$100, also complete Part II	<b>6</b>	<b>112.00</b>						
<b>7</b> Total FUTA tax deposited for the year, including overpayment applied from prior year	<b>7</b>							
<b>8</b> Balance due (subtract line 7 from line 6). Pay to 'United States Treasury'. If you owe more than \$100, see Depositing FUTA tax in separate instructions.	<b>8</b>	<b>112.00</b>						
<b>9</b> Overpayment (subtract line 6 from 7). Check if to be: <input type="checkbox"/> Applied to next return, or <input type="checkbox"/> Refunded	<b>9</b>							

<b>Part II Record of Quarterly Federal Unemployment Tax Liability</b> (Do not include state liability). Complete only if line 6 is over \$100					
Quarter	First (Jan 1 - Mar 31)	Second (Apr 1 - Jun 30)	Third (Jul 1 - Sep 30)	Fourth (Oct 1 - Dec 31)	Total For Year
Liability For Quarter	<b>112.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>112.00</b>

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the 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 credit was or is to be deducted from the payments to employees.

Signature \_\_\_\_\_ Title (Owner, etc.) \_\_\_\_\_ Date \_\_\_\_\_

Form **940-EZ** 1999

**DETACH HERE**

Form	<b>940-EZ (V)</b>	<b>940-EZ Payment Voucher</b>	OMB No. 1545-1110								
Dept of the Treasury Internal Revenue Service		For Paperwork Reduction Act Notice, see Instructions	<b>1999</b>								
Complete boxes 1, 2, 3, and 4. Do not send cash, and do not staple your payment to this voucher. Make your check or money order payable to the Internal Revenue Service. Be sure to enter your employer identification number, 'Form 940-EZ', and '1999' on your payment.											
<b>1</b> Enter the amount of the payment you are making	<b>2</b> Enter the first four characters of your business name	<b>3</b> Enter your employer identification number									
	<table><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>									<b>56-1234567</b>	
<b>Instructions for Box 2</b>  - Individuals (sole proprietors, trusts, and estates) - Enter the first four letters of your last name.  - Corporations and partnerships - Enter the first four characters of your business name (omit 'The' if followed by more than one word.		<b>4</b> Enter your name <b>ABC Corporation, Inc.</b> Enter your address <b>1020 Crews Road</b> Enter your city, state, and ZIP Code									