

Form **940 for 2018: Employer's Annual Federal Unemployment (FUTA) Tax Return**

950113

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0028

Employer identification number (EIN) -

Name (not trade name)

Trade Name (if any)

Address
Number Street Suite or room number

City State ZIP Code

Foreign country name Foreign province/county Foreign postal code

Type of Return
(Check all that apply)

a: Amended

b: Successor employer

c: No payments to employees in 2018

d: Final: Business closed or stopped paying wages

Instructions and prior-year forms are available at www.irs.gov/form940

Read the separate instructions before you complete this form. Type or print within the boxes.

Part 1: Tell us about your return. If any line does NOT apply, leave it blank.

1a If you had to pay state unemployment tax in one state only, enter the state abbreviation **1a**

1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer **1b** Check here Complete Schedule A (Form 940)

2 If you paid wages in a state that is subject to CREDIT REDUCTION **2** Check here Complete Schedule A (Form 940)

Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.

3 Total payments to all employees **3**

4 Payments exempt from FUTA tax **4**

Check all that apply: **4a** Fringe benefits **4c** Retirement/Pension **4e** Other
4b Group-term life insurance **4d** Dependent care

5 Total of payments made to each employee in excess of \$7,000 **5**

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 3: Determine your adjustments. If any line does NOT apply, leave it blank.

9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by .054 (line 7 x .054 = line 9). Go to line 12 **9**

10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940) complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet **10**

11 If credit reduction applies, enter the amount total from Schedule A (Form 940) **11**

Part 4: Determine your FUTA tax and balance due or overpayment. If any 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 check a box below.) **15**

> You MUST complete both pages of this form and SIGN it. Check one: Apply to next return. Send a refund.

Name (not your trade name)
MEDLIN SOFTWARE INC

Employer Identification Number (EIN)
012345678

Part 5: 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 liability for a quarter, leave the line blank.

16a	1st quarter (January 1 - March 31)	16a	<input type="text"/>	
16b	2nd quarter (April 1 - June 30)	16b	<input type="text"/>	
16c	3rd quarter (July 1 - September 30)	16c	<input type="text"/>	
16d	4th quarter (October 1 - December 31)	16d	<input type="text"/>	
17	Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17)		17	<input type="text"/> Total must equal line 12.

Part 6: May we contact 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 instructions for details.

Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use

No.

Part 7: Sign here. You MUST fill out 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 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 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

Date

Print your name here

Print your title here

Best daytime phone

Check if you are self-employed

Paid Preparer Use Only

Preparer's name	<input type="text"/>	PTIN	<input type="text"/>
Preparer's signature	<input type="text"/>	Date	<input type="text"/>
Firm's name (or yours if self-employed)	<input type="text"/>	EIN	<input type="text"/>
Address	<input type="text"/>		Phone <input type="text"/>
City	State <input type="text"/>	ZIP code	<input type="text"/>