Form **940 for 2025:** Employer's Annual Federal Unemployment (FUTA) Tax Return

850125

	Department of the Treasury — Internal Revenue Service		OMB No. 1545-0029
Empl (EIN)	over identification number	Type of Retu (Check all that a	
Name	e (not your trade name)	<b>a.</b> Amended	
		<b>b.</b> Successo	r employer
Trade	e name (if any)	<b>c.</b> No payme 2025	ents to employees in
Addr	ess		iness closed or baying wages
	Number Street Suite or room number	зторрец	Jaying wages
		Aggregate Re	eturn Filers Only
	City State ZIP code	Type of filer (che	
		Section 350	4 Agent fessional Employer
	Foreign country name Foreign province/county Foreign postal code	Organization	(CPEO)
Read t	he separate instructions before you complete this form. Please type or print within the boxe	s. Other Third	Party
Part	Tell us about your return. If any line does NOT apply, leave it blank. See inst	tructions before cor	npleting Part 1.
1a	If you had to pay state unemployment tax in one state only, enter the state abbrevia	ation . 1a	
1b	If you had to pay state unemployment tax in more than one state, you are a mu	Iti-state Che	ck here.
	employer		plete Schedule A (Form 940)
2	If you paid wages in a state that is subject to CREDIT REDUCTION	<b>2</b> Che	ck here. plete Schedule A (Form 940)
Part :	Determine your FUTA tax before adjustments. If any line does NOT apply, le		( (
3	Total payments to all employees	3	-
4	Payments exempt from FUTA tax	•	
	Check all that apply: <b>4a</b> Fringe benefits <b>4c</b> Retirement/Pension	4e Other	
	4b Group-term life insurance 4d Dependent care	<u>—</u>	
5	Total of payments made to each employee in excess of \$7,000	•	
6	<b>Subtotal</b> (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 0.006 = line 8)	8	•
Part	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 unemploymentiply line 7 by 0.054 (line $7 \times 0.054$ = line 9). Go to line 12	ent tax,	
10	If SOME of the taxable FUTA wages you paid were excluded from state unemployment or you paid ANY state unemployment tax late (after the due date for filing For	nent tax,	
	complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet		
11	If credit reduction applies, enter the total from Schedule A (Form 940)	11	
Part 4			t blank.
12	Total FUTA tax after adjustments (lines $8 + 9 + 10 + 11 = \text{line } 12$ )	12	-
13	FUTA tax deposited for the year, including any overpayment applied from a prior ye	ar . 13	
14	Balance due. If line 12 is more than line 13, enter the excess on line 14.		
	<ul> <li>If line 14 is more than \$500, you must deposit your tax.</li> <li>If line 14 is \$500 or less, you may pay with this return. See instructions</li> </ul>	14	
			Apply to Send a
15a	Overpayment. If line 13 is more than line 12, enter the difference	15b Check one:	next return. refund.
15c	Routing number 15d Type: Checking	Savings	
15e	Account number		
	You <b>MUST</b> complete both pages of this form and <b>SIGN</b> it.		

Name (not your trade name)						Employer ide	Employer identification number (EIN)					
Dor	4 F.	Deposit vois El	ITA toy lighi	libe by according	anhe if line 10	io monu	than ¢EOO		Dort (	•		
Par	t 5:	Report your FU	JIA tax ilabi	iity by quarter o	only if line 12	is more	tnan \$500.	ir not, go to	Part	0.		
16	•	oort the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for uarter, leave the line blank.										
	16a	1st quarter (Janu	uary 1 – Marc	h 31)		16a		•				
	16b	2nd quarter (Apr	il 1 – June 30	)		16b						
	16c	3rd quarter (July	1 – Septemb	er 30)		16c						
	16d	4th quarter (Octo	ober 1 – Dece	ember 31)		16d						
17		l tax liability for th	<b>he year</b> (lines	16a + 16b + 16c	+ 16d = line 1	7) <b>17</b>				Total must	equal line 12.	
Par	t 6:	May we speak	with your th	ird-party desig	nee?							
	Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instruction for details.											
	<u> </u>	<b>/es.</b> Designee	's name and	phone number								
		Select a 5	5-digit person	al identification n	umber (PIN) to	use whe	en talking to t	he IRS.				
		No.										
Par	t 7:	Sign here. You	MUST com	olete both page	s of this form	and SI	GN 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.										nemployment	
	Sia	n your					it your ne here					
		ne here					it your					
							here					
		Date /				Bes	t daytime ph	one				
			·	ı								
	Paid	d Preparer Use	Only					Ch	eck if y	you are self-e	employed	
	Prep	arer's name						PTIN				
	Prep signa	arer's ature						Date	/	/ /		
		's name (or yours [ f-employed)						EIN				
	Addr	ress						Phone				
	City				State			ZIP code				

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