

### Employer's Quarterly Federal Tax Return

▶ See separate instructions revised January 2002 for information on completing this return.

Please type or print.

Enter state code for state in which deposits were made **only** if different from state in address to the right (see instructions). ▶

Name, Trade name, if any  
 The Sample Company  
 SampCo  
 123 USA Blvd.  
 Any City TX 78111

Address and ZIP code

Date quarter ended  
 06/30/2004

EIN  
 74-0000000

OMB No. 1545-0029

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26

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If address is different from prior return, check here..... ▶

IRS Use	1	1	1	1	1	1	1	1	1	1	2	3	3	3	3	3	3	3	3	4	4	4	5	5	5					
	6	7	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	9	10	10	10	10	10	10	10	10	10	10	10

If you do not have to file returns in the future, check here..... ▶  and enter date final wages paid..... ▶

If you are a seasonal employer, see **Seasonal employers** in the instructions and check here..... ▶

<b>1</b>	Number of employees in the pay period that includes March 12th..... ▶	<b>1</b>	
<b>2</b>	Total wages and tips, plus other compensation.....	<b>2</b>	8128.26
<b>3</b>	Total income tax withheld from wages, tips, and sick pay.....	<b>3</b>	893.11
<b>4</b>	Adjustment of withheld income tax for preceding quarters of calendar year.....	<b>4</b>	0.00
<b>5</b>	Adjusted total of income tax withheld (line 3 as adjusted by line 4 -- see instructions).....	<b>5</b>	893.11
<b>6</b>	Taxable social security wages.....	<b>6a</b>	8397.46
			x 12.4% (.124) =
	Taxable social security tips.....	<b>6c</b>	0.00
			x 12.4% (.124) =
<b>7</b>	Taxable Medicare wages and tips.....	<b>7a</b>	8397.46
			x 2.9% (.029) =
<b>8</b>	Total social security and Medicare taxes (add lines 6b, 6d, and 7b). Check here if wages are not subject to social security and/or Medicare tax..... ▶ <input type="checkbox"/>	<b>8</b>	1284.82
<b>9</b>	Adjustment of social security and Medicare taxes (see instructions for required explanation) Sick Pay \$ _____ ± Fractions of Cents \$ 0.00 ± Other \$ _____ =	<b>9</b>	0.00
<b>10</b>	Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9 -- see instructions).....	<b>10</b>	1284.82
<b>11</b>	<b>Total taxes</b> (add lines 5 and 10).....	<b>11</b>	2177.93
<b>12</b>	Advance earned income credit (EIC) payments made to employees.....	<b>12</b>	13.75
<b>13</b>	Net taxes (subtract line 12 from line 11). <b>If \$2,500 or more, this must equal line 17, column (d) below (or line D of Schedule B (Form 941)).</b> .....	<b>13</b>	2164.18
<b>14</b>	Total deposits for quarter, including overpayment applied from a prior quarter.....	<b>14</b>	2164.18
<b>15</b>	<b>Balance due</b> (subtract line 14 from line 13). See instructions.....	<b>15</b>	0.00
<b>16</b>	<b>Overpayment.</b> If line 14 is more than line 13, enter excess here..... ▶ \$ _____ and check if to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded.		

- **All filers:** If line 13 is less than \$2,500, you need not complete line 17 or Schedule B (Form 941).
- **Semiweekly schedule depositors:** Complete Schedule B (Form 941) and check here..... ▶
- **Monthly schedule depositors:** Complete line 17, columns (a) through (d), and check here..... ▶

<b>17 Monthly Summary of Federal Tax Liability.</b> Do not complete if you were a semiweekly schedule depositor.			
(a) First month liability	(b) Second month liability	(c) Third month liability	(d) Total liability for quarter

Do you want to allow another person to discuss this return with the IRS (see separate instructions)?  Yes. Complete the following.  No

**Third Party Designee**  
 Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

**Sign Here**  
 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.  
 Signature ▶ **File Copy - Retain for Records** Print Your Name and Title ▶ Date ▶

# File Copy - Retain for Records

Form **940-EZ**

## Employer's Annual Federal Unemployment (FUTA) Tax Return

OMB No. 1545-1110

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate Instructions for Form 940-EZ for information on completing this form.

**2003**

26

**You must complete this section.** ▶

Name; Trade name, if any; Address and ZIP code

The Sample Company

SampCo

123 USA Blvd.

Any City, TX 78111

Calendar year

2004

EIN

74-0000000

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Answer the questions under **Who May Use Form 940-EZ** in the instructions. If you cannot use Form 940-EZ, you must use Form 940.

**A** Enter the amount of contributions paid to your state unemployment fund (see separate instructions) . . . . . ▶ \$ 43.49

**B** (1) Enter the name of the state where you have to pay contributions . . . . . ▶ TX

(2) Enter your state reporting number as shown on your state unemployment tax return ▶ 01-000000-0

**If you will not have to file returns in the future, check here** (see **Who Must File** in separate instructions) **and complete and sign the return.** ▶

**If this is an Amended Return, check here** (see **Amended Returns** in the separate instructions) . . . . . ▶

**Part I Taxable Wages and FUTA Tax**

<b>1</b>	Total payments (including payments shown on lines 2 and 3) during the calendar year for services of employees . . .	<b>1</b>	8696.96
<b>2</b>	Exempt payments. (Explain all exempt payments, attaching additional sheets if necessary.) ▶ <u>Exempt Employee(s) S125</u>	<b>2</b>	299.50
<b>3</b>	Payments of more than \$7,000 for services. Enter only amounts over the first \$7,000 paid to each employee (see separate instructions) . . . . .	<b>3</b>	0.00
<b>4</b>	Add lines 2 and 3 . . . . .	<b>4</b>	299.50
<b>5</b>	<b>Total taxable wages</b> (subtract line 4 from line 1) . . . . . ▶	<b>5</b>	8397.46
<b>6</b>	<b>FUTA tax.</b> Multiply the wages on line 5 by .008 and enter here. (If the result is over \$100, also complete Part II.) ..	<b>6</b>	67.18
<b>7</b>	Total FUTA tax deposited for the year, including any overpayment applied from a prior year. . . . .	<b>7</b>	67.18
<b>8</b>	<b>Balance due</b> (subtract line 7 from line 6). Pay to the "United States Treasury." . . . . . ▶ If you owe more than \$100, see <b>Depositing FUTA tax</b> in separate instructions.	<b>8</b>	
<b>9</b>	<b>Overpayment</b> (subtract line 6 from line 7). Check if it is to be: <input type="checkbox"/> <b>Applied to next return</b> or <input type="checkbox"/> <b>Refunded</b> ▶	<b>9</b>	

**Part II Record of Quarterly Federal Unemployment Tax Liability** (Do not include state liability.) **Complete only if line 6 is over \$100.**

Quarter	First (Jan. 1 - Mar. 31)	Second (Apr. 1 - June 30)	Third (July 1 - Sept. 30)	Fourth (Oct. 1 - Dec. 31)	Total for year
Liability for quarter					

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see separate instructions)?  **Yes.** Complete the following.  **No**

Designee's name ▶ \_\_\_\_\_ Phone no. ▶ \_\_\_\_\_ Personal identification number (PIN) ▶ \_\_\_\_\_

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 to employees.

**Signature ▶ File Copy - Retain for Records Title (Owner, etc.) ▶** \_\_\_\_\_ **Date ▶** \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. **▼ DETACH HERE ▼** Form **940-EZ** (2003)

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Form **940-EZ(V)**

## Payment Voucher

OMB No. 1545-1110

Department of the Treasury  
Internal Revenue Service

**Use this voucher only when making a payment with your return.**

**2003**

Complete boxes 1, 2, and 3. Do not send cash, and do not staple your payment to this voucher. Make your check or money order payable to the "United States Treasury." Be sure to enter your employer identification number (EIN), "Form 940-EZ," and "2003" on your payment.

<b>1</b> Enter your employer identification number (EIN).  <u>74-0000000</u>	<b>2</b> Enter the amount of your payment. ▶  <div style="display: flex; justify-content: space-between;"> <span>Dollars</span> <span>Cents</span> </div>	
<b>3</b> Enter your business name (individual name for sole proprietors). <u>The Sample Company</u> Enter your address. <u>123 USA Blvd.</u> Enter your city, state, and ZIP code. <u>Any City TX 78111</u>		

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## EMPLOYER'S QUARTERLY REPORT

1. ACCOUNT NUMBER 01-000000-0	2. CTY. CODE	3. TAX AREA	4. TAX RATE 0.60%	5. NAICS CODE	6. FEDERAL I.D. NO. 74-0000000	7. QTR. YR. 2-04
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8. EMPLOYER NAME AND ADDRESS (SEE ITEM 24 FOR CHANGES TO NAME, ADDRESS, ETC.)

The Sample Company  
SampCo  
123 USA Blvd.  
Any City, TX 78111

**DO NOT SEND  
THIS COPY  
TO THE STATE**

9. TELEPHONE NUMBER

You must FILE this return even though you had no payroll this quarter. If you had no payroll show '0' in item 13 and sign the declaration (Item 25) on this form.

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ALIGNMENT 9A. QUARTER ENDING 06-30-2004

9B. PENALTIES WILL BE ASSESSED IF REPORT IS NOT POSTMARKED BY 08-02-2004

1st Month 0	2nd Month 5	3rd Month 0
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11. SHOW THE COUNTY CODE (see list on the C-4 form) in which you had the greatest number of employees.

12. IF you have employees in more than one county in TEXAS, how many are outside the county shown in Item 11?

10. Enter in the boxes above the number of employees both full-time and part-time, in pay periods that include 12th day of the calendar month. (ENTER NUMERALS ONLY)

DOLLARS CENTS

13. Total (Gross) Wages Paid During this Quarter to Texas Employees. (If none, enter "0")	8696	96
14. Taxable Wages paid this quarter to each employee up to \$9000, the annual maximum amount. (If none, enter "0")	8696	96
15. Tax Due (Multiply Taxable Wages, Item 14, By Tax Rate, Item 4)	52	19
16. Interest, If Tax Is Past Due		
17. Penalty, If Report Is Past Due		
18. Balance Due From Prior Periods (Subtract Credit Or Add Debit)	0	00
19. Total Due -- Make Remittance Payable To TWC Please include payment voucher with remittance.	52	19

**FILE AND PAY ONLINE**  
[www.texasworkforce.org](http://www.texasworkforce.org)

14a.  Mark box with an 'X' if reporting wages to another state during the year for employees listed in Item 21.

### FOR TWC USE ONLY

	MONTH	DAY	YEAR
POSTMARK DATE C3			
POSTMARK DATE \$			
EX DATE C3			
EX DATE			

Estimated

DOLLARS	CENTS	INITIALS

AMOUNT RECEIVED

25. I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

SIGNATURE File Copy - Retain for Records

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PREPARERS NAME \_\_\_\_\_

PREPARERS PHONE NO. \_\_\_\_\_

For assistance in completing form call,

If you are unable to file and pay online, mail report and remittance to:

CASHIER  
TEXAS WORKFORCE COMMISSION  
P.O. BOX 149037  
AUSTIN, TEXAS 78714-9037

**DO NOT STAPLE REPORT**

(Write Account No. On Check)