												Page 2	
Par	t II	Federal Uner	nployment (FU	TA) Tax									
40					0 16				J 4 ¹			Yes	No
10	Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No."										10	<u> </u>	<u> </u>
11	Did you pay all state unemployment contributions for 2020 by April 15, 2021? Fiscal year filers, see												<u> </u>
••											11		
12	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?										12		
Next			Yes" box on all the										
	lf you	u checked the "I	No " box on any of	the lines ab			omplete	Section B.					
40	Nom	a of the state wi		mploymont	Section A	-							
13	Name of the state where you paid unemployment contributions												
14	14 Contributions paid to your state unemployment fund												
15	Total cash wages subject to FUTA tax									15			
16	FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25 .							5	16				
Section B													
17 Complete all columns below that apply (if you need more space, see instructions):													
((a)	(b)		c)	(d)	,	(e)	(f)	Subt	(g) ract col. (f)	C	(h) ontributio	ans
Name of state		Taxable wages (as defined in state act)	State experience rate period		State	e Multipl	y col. (b) 0.054	Multiply col. (b) by col. (d)	fror	from col. (e). If zero or less,		paid to state unemployment	
				То	rate		0.001	5) 0011 (u)		nter -0		fund	ient
			From	10									
									_				
18									8				
19 20													
20 21	571111111111111												
22	Multiply line 20 by 5.0% (0.06) 21 Multiply line 20 by 5.4% (0.054) 21												
23	Enter the smaller of line 19 or line 22												
	(If you paid state unemployment contributions late or you're in a credit reduction state, see												
										23			
24			line 23 from line 2			nd go to line	25		• • •	24			
			hold Employme			ing C of pag	<u>. 1</u>	~ 0		25			
25 26			m line 8c. If you cl						•••	25 26			
27	Add line 16 (or line 24) and line 25 26 Are you required to file Form 1040?												
	Yes. Stop. Include the amount from line 26 above on Schedule 2 (Form 1040), line 7a. Include the amount, if any, from line												line
	8e, on Schedule 3 (Form 1040), line 12b. Don't complete Part IV below.												
No. You may have to complete Part IV. See instructions for details.													
Part IV Address and Signature - Complete this part only if required. See the line 27 instructions. Address (number and street) or P.O. box if mail isn't delivered to street address Apt., root													
Addres	ss (numr	per and street) or P.C	J. box if mail isn't delive	ered to street add	aress				A	pt., room,	or suite	; no.	
City to	own or po	ost office, state, and	ZIP code										
,,		,,,,											
Under	penaltie	s of perjury, I declare	e that I have examined	this schedule, in	cluding accompar	nying statements	, and to the	e best of my kno	wledge a	nd belief, i	t is true	,	
			ny payment made to a s taxpayer) is based on a					, deducted from	the paym	ents to em	ployee	3.	
Decia					which preparer h	as any knowledg	<i>j</i> c.						
\ _						_ \							
E	mployer'	s signature				,	Date						
.		Print/Type prepar	er's name	Pro	eparer's signature		Date		Check] if PT	IN		
Paid									self-emplo				
Prep									Firm's EIN ►				
056	Only Firm's address												
									Phone no	•			