January 30, 2014

Test Scenario 1 POPPY COMPANY 00-3000001

Forms Included in Scenario #1

- Form 940
- Schedule A (Form 940)

Attach 'FinalPayrollInformationStatement' to Form 940

940 for 2013: Employer's Annual Federal Unemployment (FUTA) Tax Return
Department of the Treasury – Internal Revenue Service

850113

OMB No. 1545-0028

Emple (EIN)	oyer identification number 0 0 - 3	0 0 0		Type of Return (Check all that apply.)			
Name	e (not your trade name) POPPY COMPANY			a. Amended			
Trade	e name (if any)			b. Successor employer			
Addre	IST TEST ST	_		c. No payments to employees in 2013			
	Number Street		Suite or room number	X d. Final: Business closed or stopped paying wages			
	NEW YORK	NY	10005	Instructions and prior-year forms are available at www.irs.gov/form940 .			
	City	State	ZIP code	0040			
	Foreign country name Foreign	province/county	Foreign postal code	////////			
	ne separate instructions before you complete this						
Part ²	Tell us about your return. If any line d	oes NOT apply, le	eave it blank.				
1a	If you had to pay state unemployment tax in			multi etete			
1b	If you had to pay state unemployment tax employer		e state, you are a r	Check here. Complete Schedule A (Form 940).			
2	If you paid wages in a state that is subject	o CREDIT REDUC	TION	2 X Check here. Complete Schedule A (Form 940).			
Part 2	2: Determine your FUTA tax before adju	stments for 2013.	. If any line does NO	OT apply, leave it blank.			
3	Total payments to all employees			3 175000 a 00			
4	Payments exempt from FUTA tax	4	2000	00 . 00			
	Check all that apply: 4a X Fringe benefits	4c [Retirement/Pension	on 4e Other			
5	4b X Group-term life insurance 4d Dependent care 5 Total of payments made to each employee in excess of						
	\$7,000		3000	00 . 00			
6	Subtotal (line 4 + line 5 = line 6)			6			
7	Total taxable FUTA wages (line 3 – line 6 = li	ne 7) (see instructio	ons)	7			
8	FUTA tax before adjustments (line 7 x .006 =	: line 8)		8			
Part 3							
9	If ALL of the taxable FUTA wages you paid multiply line 7 by .054 (line $7 \times .054 = \text{line 9}$).						
10	If SOME of the taxable FUTA wages you pa OR you paid ANY state unemployment t			yment tax,			
	complete the worksheet in the instructions. Er						
11	If credit reduction applies, enter the total fro	m Schedule A (Forr	m 940)	11			
Part 4	Determine your FUTA tax and balance	e due or overpay	ment for 2013. If ar	ny line does NOT apply, leave it blank.			
12	Total FUTA tax after adjustments (lines 8 +	9 + 10 + 11 = line 1	2)	12			
13	FUTA tax deposited for the year, including	any overpayment a	applied from a prior	year . 13 2050 <u>25</u>			
14	Balance due (If line 12 is more than line 13, e		line 14.)	<u></u>			
	 If line 14 is more than \$500, you must depo If line 14 is \$500 or less, you may pay with t 	•	ructions)	14			
15	Overpayment (If line 13 is more than line 1 below.)	2, enter the exces	ss on line 15 and ch	neck a box 15 175 25			
	► You MUST complete both pages of this for	m and SIGN it.	Check one:	Apply to next return. X Send a refund.			
				Next ■			

Name (not your trade name) **Employer identification number (EIN)** POPPY COMPANY 00-3000001 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. 300 _ 00 1st quarter (January 1 - March 31) . 16a 300 _ 00 2nd quarter (April 1 - June 30) 16b 1005 00 16c 3rd quarter (July 1 – September 30) 16c 270 00 16d 4th quarter (October 1 – December 31) Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) 17 Total must equal line 12 Part 6: May we speak with 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. JOE SCHMOE 512-555-1212 X Yes. Designee's name and phone number Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS No. Part 7: Sign here. You MUST complete 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. Print your TOM N JERRY Sign your name here name here Print your CONTROLLER title here 512-555-1212 Best daytime phone Date **Paid Preparer Use Only** Check if you are self-employed JOE SCHMOE P11111111 Preparer's name PTIN Preparer's signature Date Firm's name (or yours WILDFLOWER ACCOUNTING 11-1111111 if self-employed) **EIN** 2ND TEST ST 512-555-1212 Address Phone **NEW YORK** NY 10005 Citv State ZIP code

Page **2** Form **940** (2013)

Schedule A (Form 940) for 2013:

Multi-State Employer and Credit Reduction Information

Department of the Treasury — Internal Revenue Service

Employer identification num	ber (EIN)		
Name (not your trade name)		COMPANY	

OMB No. 1545-0028

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See the instructions on page 2. File this schedule with Form 940.

Place an "X" in the box of EVERY state in which you had to pay state unemployment tax this year. For each state with a credit reduction rate greater than zero, enter the FUTA taxable wages, multiply by the reduction rate, and enter the credit reduction amount. Do not include in the FUTA Taxable Wages box wages that were excluded from state unemployment tax (see the instructions for Step 2). If any states do not apply to you, leave them blank.

Postal Abbreviation	FUTA Taxable Wages	Reduction Rate	Credit Reduction	Postal Abbreviation		FUTA Taxable Wages	Reduction Rate	Credit Reduction
AK		× .000			NC		× .009	
AL		× .000			ND		× .000	
AR		× .009			NE	-	× .000	
AZ		× .000			NH		× .000	
CA		× .009			NJ		× .000	
_ co		× .000			NM	•	× .000	
CT		× .009			NV	•	× .000	
DC		× .000		X	NY	125000 - 00	× .009	
DE		× .006			ОН		× .009	
FL		× .000			ок		× .000	
GA		× .009			OR		× .000	
HI		× .000			PA		× .000	
IA		× .000			RI		× .009	
ID		× .000			sc		× .000	
IL		× .000			SD		× .000	
IN		× .012			TN		× .000	
KS		× .000			TX		× .000	
KY		× .009			UT		× .000	
LA		× .000			VA		× .000	
MA		× .000			VT		× .000	
MD		× .000			WA		× .000	
ME		× .000			WI		× .009	
MI		× .000			WV		× .000	-
MN		× .000			WY		× .000	
MO		× .009			PR		× .000	
MS		× .000] _{VI}		× .012	
MT		× .000				on hoxes. Enter the total		