

Part II Tax Due or Refund

1	GSA MIP 15, 1062	1							
2	MIP 15, 1054	2							
3 Computation of tentative credit (Note: All taxpayers must complete the applicable columns.)									
Note: The additional credit shown in column (h) is limited to 3% of the taxable payroll for the U.S. Virgin Islands. Use 3% (.03) in column (f). See Part II, line 3, columns (f) and (h), on page 4 of the separate instructions.									
(a) Line	(b)	(c)	(d)		(e)	(f) 5.4% (b(x)054)	(g) b(x)b(i)	(h) Add (b(f)00) if 0 b(0)	(i)
			From	to					
3a									
3b	Total tentative credit (3a) (d) (e) (f) (g) (h) (i)								
4									
5									
6	Credit: EITC (15, 103b)							6	
7	Total FUTA tax (15, 101)							7	
8	GSA MIP 15, 1062							8	
9	Balance due (15, 107). \$100 or more							9	
10	Overpayment (15, 108). <input type="checkbox"/> Applied to next return, or <input type="checkbox"/> Refunded							10	

Part III Record of Quarterly Federal Unemployment Tax Liability (Do not include state liability)

I	II	III	IV	V	VI

Print or type name of business or individual

Signature _____ Title (Owner, etc.) _____ Date _____

Part II Tax Due or Refund

1	Gross income paid to employee	1							
2	Medicare tax	2							
3 Computation of tentative credit (Note: All taxpayers must complete the applicable columns.)									
Note: The additional credit shown in column (h) is limited to 3% of the taxable payroll for the U.S. Virgin Islands. Use 3% (.03) in column (f). See Part II, line 3, columns (f) and (h), on page 4 of the separate instructions.									
(a) Line	(b) Description	(c) Code	(d) Amount		(e) Rate	(f) Credit	(g) Additional	(h) Additional	(i) Total
			From	To					
3a									
3b	Total tentative credit (3a + (f) + (g) + (h))								
4									
5									
6	Credit: Employer's					6			
7	Total FUTA tax					7			
8	FUTA tax liability					8			
9	Balance due (8 - 6). If \$100 or more					9			
10	Overpayment (6 - 8). If it is				<input type="checkbox"/> Applied to next return,	10			
	or <input type="checkbox"/> Refunded								

Part III Record of Quarterly Federal Unemployment Tax Liability (Do not include state liability)

Year	Q1	Q2	Q3	Q4	Total

Print or type name of employer

Signature _____ Title (Owner, etc.) _____ Date _____

Note: You must keep this copy and a copy of each related schedule or statement for 4 years after the date the tax is due or paid, whichever is later. These copies must be available for inspection by the IRS. See **Circular E, Employer's Tax Guide, and Pub. 937, Employment Taxes and Information Returns, for more information. Household employers should see Pub. 926, Employment Taxes for Household Employers.**