

Filing and Printing Instructions

FEDERAL ANNUAL FORM 940/SCHEDULE A

Name

HamiltonBerchman Design Group Inc

Address

P O Box 1015

City, State, and ZIP Code

Ojai, CA 93024

INSTRUCTIONS FOR MAILING YOUR PAYROLL TAX RETURN

Please mail your return and payment to the following address by 01/31/2011:

Internal Revenue Service

P.O. Box 105078

Atlanta, GA 30348-5078

Remember to sign and enter required information in the signature line.

SPECIAL INSTRUCTIONS FOR EXEMPT ORGANIZATIONS OR NO LEGAL ADDRESS

If your business has no principal legal residence or place of business in any state, please mail your return to:

Internal Revenue Service

P.O. Box 105174

Atlanta, GA 30348-5174

If you are filing this return for an exempt organization or government entity, please mail your return to:

Internal Revenue Service

P.O. Box 105078

Atlanta, GA 30348-5078

Remember to sign and enter required information in the signature line.

PRINTING AND FILING INSTRUCTIONS

The printed form may look different from the form provided by the U.S. government. However, the format has been approved by the U.S. government as long as you print the form with black ink on white bond 8-1/2-in x 11-in sized paper of at least 20 lb weight.

Please staple multiple sheets in the upper left corner when filing.

KEEP THIS PAGE FOR YOUR RECORDS -- DO NOT MAIL.

INWKS940

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Chapter 23, Federal Unemployment Tax Act, of Subtitle C, Employment Taxes, of the Internal Revenue Code imposes a tax on employers with respect to employees. This form is used to determine the amount of the tax that you owe. Section 6011 requires you to provide the requested information if you are liable for FUTA tax under section 3301. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner or provide a false or fraudulent form, you may be subject to penalties and interest.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of

Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions to administer their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping	9 hr., 19 min.
Learning about the law or the form	1 hr., 23 min.
Preparing, copying, assembling, and sending form to the IRS	1 hr., 36 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 940 simpler, we would be happy to hear from you. You can write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 940 to this address. Instead, see *Where Do You File?* on page 2 of the Instructions for Form 940.

▼ Detach Here and Mail With Your Payment and Form 940. ▼

Department of the Treasury
Internal Revenue Service

2010

Form 940-V Payment Voucher

- Use this voucher when making a payment with Form 940.
- Do not staple this voucher or your payment to Form 940.
- Make your check or money order payable to the 'United States Treasury.'
- Write your employer identification number (EIN) on your check or money order.

Enter the amount of your payment	56.00
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QBM940V 12/07/10 1030

HamiltonBorchman Design Group Inc
P O Box 1015

Ojai

CA 93024

Internal Revenue Service
P.O. Box 105078
Atlanta

GA 30348-5078

202942029 IZ HAMI 10 2 201012 610

(EIN)
 Employer identification number 20-2942029

Name (not your trade name) HamiltonBerchman Design Group Inc

Trade name (if any) _____

Address P O Box 1015
Ojai CA 93024

Type of Return (Check all that apply.)

- ☐ a. Amended
- ☐ b. Successor employer
- ☐ c. No payments to employees in 2010.
- ☐ d. Final: Business closed or stopped paying wages

QBM940P1 10/09/10

Read the separate instructions before you fill out this form. Please type or print within the boxes.
Part 1: Tell us about your return. If any line does NOT apply, leave it blank.

1 If you were required to pay your state unemployment tax in...

1 a One state only, enter the state abbreviation **1 a** CA
 - OR -

1 b More than one state (You are a multi-state employer) **1 b** ☐ Check here. Fill out Schedule A.

2 If you paid wages in a state that is subject to CREDIT REDUCTION **2** ☐ Check here. Fill out Schedule A (Form 940), Part 2.

Part 2: Determine your FUTA tax before adjustments for 2010. If any line does NOT apply, leave it blank.

3 Total payments to all employees **3** 24,836.39

4 Payments exempt from FUTA tax **4** _____

Check all that apply: **4a** ☐ Fringe benefits **4c** ☐ Retirement/Pension **4e** ☐ Other
4b ☐ Group-term life insurance **4d** ☐ Dependent care

5 Total of payments made to each employee in excess of \$7,000 **5** 17,836.39

6 Subtotal (line 4 + line 5 = line 6) **6** 17,836.39

7 Total taxable FUTA wages (line 3 - line 6 = line 7) **7** 7,000.00

8 FUTA tax before adjustments (line 7 x .008 = line 8) **8** 56.00

Part 3: 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 unemployment tax, multiply line 7 by .054 (line 7 x .054 = line 9). Then go to line 12 **9** _____

10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), fill out the worksheet in the instructions. Enter the amount from line 7 of the worksheet **10** _____

11 If credit reduction applies, enter the amount from line 3 of Schedule A (Form 940) **11** _____

Part 4: Determine your FUTA tax and balance due or overpayment for 2010. If any line does NOT apply, leave it blank.

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) **12** 56.00

13 FUTA tax deposited for the year, including any overpayment applied from a prior year **13** _____

14 Balance due (If line 12 is more than line 13, enter the difference on line 14.)

- If line 14 is more than \$500, you must deposit your tax.
 - If line 14 is \$500 or less, you may pay with this return. For more information on how to pay, see the separate instructions
- **14** 56.00

15 Overpayment (If line 13 is more than line 12, enter the difference on line 15 and check a box below) **15** _____

Check one: ☐ Apply to next return.
☐ Send a refund.

Next ▶

Form **940** (2010)

▶ You **MUST** fill out both pages of this form and **SIGN** it.

For Privacy Act and Paperwork Reduction Act Notice, see Form 940-V, Payment Voucher.

BAA

Name (not your trade name)

HamiltonBerchman Design Group Inc

Employer identification number (EIN)

20-2942029

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.**

16a 1st quarter (January 1 - March 31) 16a _____

16b 2nd quarter (April 1 - June 30) 16b _____

16c 3rd quarter (July 1 - September 30) 16c _____

16d 4th quarter (October 1 - December 31) 16d _____

17 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.**☒ **Yes.** Designee's name and phone number Rebel Smith Quillin, CPA 512 266 3358Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS ... 45620☐ **No.****Part 7: Sign here. You MUST fill out 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.

Sign your name here

Print your name here _____

Print your title here _____

Date _____

Best daytime phone _____

Paid preparer use onlyCheck if you are self-employed ☒Preparer's name Rebel Smith Quillin CPAPTIN P00101250Preparer's signature Rebel Smith Quillin CPADate 11/31/11Firm's name (or yours if self-employed) Rebel Smith Quillin CPA

EIN _____

Address 3 Asbury CtPhone 512 266 3358City Brownwood State TXZIP code 76801