940

Report wages subject to FUTA and your payments. Follow our instructions

2025

Reminder: You do not need to file this form

- This document is an archived copy of a form we've already filed on your behalf.
- In some cases, we provide a summary worksheet of the form we filed, rather than the form itself.

QuickBooks Online Payroll

Phone: 1-800-4-INTUIT (1-800-446-8848)

Form **940 for 2025:** **Employer's Annual Federal Unemployment (FUTA) Tax Return** 850125

Department of the Treasury — Internal Revenue Service OMB No. 1545-0029

Employer identification number (EIN) 84-4786668

Name *(not your trade name)* Axess-Corrosion Inc.

Trade name *(if any)*

Address 7951 Alden Bend Dr Unit A001

Number Street Suite or room number

Spring | TX | 77382

City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Type of Return (Check all that apply.)

- ☐ **a.** Amended
- ☐ **b.** Successor employer
- ☐ **c.** No payments to employees in 2025
- ☐ **d.** Final: Business closed or stopped paying wages

Aggregate Return Filers Only

Type of filer (check one):

- ☐ Section 3504 Agent
- ☐ Certified Professional Employer Organization (CPEO)
- ☐ Other Third Party

Read the separate instructions before you complete 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. See instructions before completing Part 1.

1a **If you had to pay state unemployment tax in one state only, enter the state abbreviation** . **1a** T X

1b **If you had to pay state unemployment tax in more than one state, you are a multi-state employer** . . . . . **1b** ☐ Check here. Complete Schedule A (Form 940).

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

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

3 **Total payments to all employees** **3** 310,229.06

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** 282,229.06

6 **Subtotal** (line 4 + line 5 = line 6) **6** 282,229.06

7 **Total taxable FUTA wages** (line 3 – line 6 = line 7). See instructions **7** 28,000.00

8 **FUTA tax before adjustments** (line 7 x 0.006 = line 8) **8** 168.00

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 0.054** (line 7 × 0.054 = line 9). 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), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet . . **10**

11 **If credit reduction applies**, enter the total from Schedule A (Form 940) **11**

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

12 **Total FUTA tax after adjustments** (lines 8 + 9 + 10 + 11 = line 12) **12** 168.00

13 **FUTA tax deposited for the year, including any overpayment applied from a prior year** . **13** 168.00

14 **Balance due.** If line 12 is more than line 13, enter the excess 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. See instructions **14**

15a **Overpayment.** If line 13 is more than line 12, enter the difference **15b** Check one: ☐ Apply to next return. ☐ Send a refund.

15c Routing number **15d** Type: ☐ Checking ☐ Savings

15e Account number

You **MUST** complete both pages of this form and **SIGN** it.

REV 01/21/26 OSP

Name *(not your trade name)*	Employer identification number (EIN)
Axess-Corrosion Inc.	84-4786668

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

Select a 5-digit personal identification number (PIN) to use when talking to the 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.

Sign your name here Micah Sampson

Print your name here: Micah Sampson

Print your title here: Agent in Fact

Date: 01/26/2026

Best daytime phone: (888)927-7478

Paid Preparer Use Only

Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

940

Report wages subject to FUTA and your payments. Follow our instructions

2024

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QuickBooks Online Payroll

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Form **940 for 2024: Employer's Annual Federal Unemployment (FUTA) Tax Return**

Department of the Treasury — Internal Revenue Service

850113

OMB No. 1545-0029

Employer identification number (EIN) 84-4786668

Name *(not your trade name)* Axess-Corrosion Inc.

Trade name *(if any)*

Address 7951 Alden Bend Dr Unit A001

Number Street Suite or room number

Spring | TX | 77382

City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Type of Return
(Check all that apply.)

- ☐ **a.** Amended
- ☐ **b.** Successor employer
- ☐ **c.** No payments to employees in 2024
- ☐ **d.** Final: Business closed or stopped paying wages

Go to *www.irs.gov/Form940* for instructions and the latest information.

REV 01/15/25 OSP

Read the separate instructions before you complete 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. See instructions before completing Part 1.

1a If you had to pay state unemployment tax in one state only, enter the state abbreviation . **1a** T X

1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer . . . **1b** ☐ Check here. Complete Schedule A (Form 940).

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

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

3 Total payments to all employees . . . **3** 272,422.44

4 Payments exempt from FUTA tax . . . **4**

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

5 Total of payments made to each employee in excess of $7,000 . . . **5** 245,999.94

6 Subtotal (line 4 + line 5 = line 6) . . . **6** 245,999.94

7 Total taxable FUTA wages (line 3 – line 6 = line 7). See instructions . . . **7** 26,422.50

8 FUTA tax before adjustments (line 7 x 0.006 = line 8) . . . **8** 158.54

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 0.054 (line 7 × 0.054 = line 9). 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), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet . . **10**

11 If credit reduction applies, enter the total from Schedule A (Form 940) . . . **11**

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

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) . . . **12** 158.54

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 excess 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. See instructions . . . **14** 158.54

15 Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box below **15**

You **MUST** complete both pages of this form and **SIGN** it. Check one: ☐ Apply to next return. ☐ Send a refund.

Name *(not your trade name)*	Employer identification number (EIN)
Axess-Corrosion Inc.	84-4786668

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

Select a 5-digit personal identification number (PIN) to use when talking to the 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.

Sign your name here Micah Sampson

Print your name here: Micah Sampson

Print your title here: Agent in Fact

Date: 01/14/2025

Best daytime phone: (888) 927-7478

Paid Preparer Use Only

Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

940

Report wages subject to FUTA and your payments. Follow our instructions

2025

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- In some cases, we provide a summary worksheet of the form we filed, rather than the form itself.

QuickBooks Online Payroll

Phone: 1-800-4-INTUIT (1-800-446-8848)

Form **940 for 2025:** **Employer's Annual Federal Unemployment (FUTA) Tax Return** 850125

Department of the Treasury — Internal Revenue Service OMB No. 1545-0029

Employer identification number (EIN) 84-4786668

Name *(not your trade name)* Axess-Corrosion Inc.

Trade name *(if any)*

Address 7951 Alden Bend Dr Unit A001

Number Street Suite or room number

Spring | TX | 77382

City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Type of Return (Check all that apply.)

- ☐ **a.** Amended
- ☐ **b.** Successor employer
- ☐ **c.** No payments to employees in 2025
- ☐ **d.** Final: Business closed or stopped paying wages

Aggregate Return Filers Only

Type of filer (check one):

- ☐ Section 3504 Agent
- ☐ Certified Professional Employer Organization (CPEO)
- ☐ Other Third Party

Read the separate instructions before you complete 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. See instructions before completing Part 1.

1a **If you had to pay state unemployment tax in one state only, enter the state abbreviation** . **1a** T X

1b **If you had to pay state unemployment tax in more than one state, you are a multi-state employer** . . . . . **1b** ☐ Check here. Complete Schedule A (Form 940).

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

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

3 **Total payments to all employees** **3** 310,229.06

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** 282,229.06

6 **Subtotal** (line 4 + line 5 = line 6) **6** 282,229.06

7 **Total taxable FUTA wages** (line 3 – line 6 = line 7). See instructions **7** 28,000.00

8 **FUTA tax before adjustments** (line 7 x 0.006 = line 8) **8** 168.00

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 0.054** (line 7 × 0.054 = line 9). 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), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet . . **10**

11 **If credit reduction applies**, enter the total from Schedule A (Form 940) **11**

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

12 **Total FUTA tax after adjustments** (lines 8 + 9 + 10 + 11 = line 12) **12** 168.00

13 **FUTA tax deposited for the year, including any overpayment applied from a prior year** . **13** 168.00

14 **Balance due.** If line 12 is more than line 13, enter the excess 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. See instructions **14**

15a **Overpayment.** If line 13 is more than line 12, enter the difference **15b** Check one: ☐ Apply to next return. ☐ Send a refund.

15c Routing number **15d** Type: ☐ Checking ☐ Savings

15e Account number

You **MUST** complete both pages of this form and **SIGN** it.

REV 01/21/26 OSP

Name *(not your trade name)*	Employer identification number (EIN)
Axess-Corrosion Inc.	84-4786668

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

Select a 5-digit personal identification number (PIN) to use when talking to the 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.

Sign your name here Micah Sampson

Print your name here: Micah Sampson

Print your title here: Agent in Fact

Date: 01/26/2026

Best daytime phone: (888)927-7478

Paid Preparer Use Only

Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

940

Report wages subject to FUTA and your payments. Follow our instructions

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QuickBooks Online Payroll

Phone: 1-800-4-INTUIT (1-800-446-8848)

Form **940 for 2024:** **Employer's Annual Federal Unemployment (FUTA) Tax Return** 850113

Department of the Treasury — Internal Revenue Service OMB No. 1545-0029

Employer identification number (EIN) 84-4786668

Name *(not your trade name)* Axess-Corrosion Inc.

Trade name *(if any)*

Address 7951 Alden Bend Dr Unit A001

Number Street Suite or room number

Spring | TX | 77382

City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Type of Return
(Check all that apply.)

- ☐ **a.** Amended
- ☐ **b.** Successor employer
- ☐ **c.** No payments to employees in 2024
- ☐ **d.** Final: Business closed or stopped paying wages

Go to *www.irs.gov/Form940* for instructions and the latest information.

REV 01/15/25 OSP

Read the separate instructions before you complete 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. See instructions before completing Part 1.

1a **If you had to pay state unemployment tax in one state only, enter the state abbreviation** . **1a** T X

1b **If you had to pay state unemployment tax in more than one state, you are a multi-state employer** . . . . . **1b** ☐ Check here. Complete Schedule A (Form 940).

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

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

3 **Total payments to all employees** **3** 272,422.44

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** 245,999.94

6 **Subtotal** (line 4 + line 5 = line 6) **6** 245,999.94

7 **Total taxable FUTA wages** (line 3 – line 6 = line 7). See instructions **7** 26,422.50

8 **FUTA tax before adjustments** (line 7 x 0.006 = line 8) **8** 158.54

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 0.054** (line 7 × 0.054 = line 9). 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), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet . . **10**

11 **If credit reduction applies**, enter the total from Schedule A (Form 940) **11**

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

12 **Total FUTA tax after adjustments** (lines 8 + 9 + 10 + 11 = line 12) **12** 158.54

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 excess 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. See instructions **14** 158.54

15 **Overpayment.** If line 13 is more than line 12, enter the excess on line 15 and check a box below **15**

You **MUST** complete both pages of this form and **SIGN** it. Check one: ☐ Apply to next return. ☐ Send a refund.

Name *(not your trade name)*	Employer identification number (EIN)
Axess-Corrosion Inc.	84-4786668

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.

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☒ **No.**

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Sign your name here Micah Sampson

Print your name here: Micah Sampson

Print your title here: Agent in Fact

Date: 01/14/2025

Best daytime phone: (888)927-7478

Paid Preparer Use Only

Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code