SCHEDULE H (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

► Attach to Form 1040, 1040NR, 1040NR-EZ, 1040-SS, or 1041.

► See separate instructions.

OMB No. 1545-0074

2000
Attachment
Sequence No. 44

Name of employer		Social security number						
				-	!			
		Eı	mploy	er ider	ntificatio	n num	nber	
Α	Did you pay any one household employee cash wages of \$1,200 or more in 2000? (If any house spouse, your child under age 21, your parent, or anyone under age 18, see the line A instruction answer this question.)							
	☐ Yes. Skip lines B and C and go to line 1.☐ No. Go to line B.							
В	Did you withhold Federal income tax during 2000 for any household employee?							
	☐ Yes. Skip line C and go to line 5.☐ No. Go to line C.							
С	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 1999 or 2000 to ho (Do not count cash wages paid in 1999 or 2000 to your spouse, your child under age 21, or you				loyees	?		
	No. Stop. Do not file this schedule.☐ Yes. Skip lines 1-9 and go to line 10 on the back.							
Pa	rt I Social Security, Medicare, and Income Taxes							
1	Total cash wages subject to social security taxes (see page 3) 1							
2	Social security taxes. Multiply line 1 by 12.4% (.124)		2			_		
3	Total cash wages subject to Medicare taxes (see page 3)							
4	Medicare taxes. Multiply line 3 by 2.9% (.029)		4					
5	Federal income tax withheld, if any	L	5			+		
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)		6					
7	Advance earned income credit (EIC) payments, if any	L	7			+		
8	Net taxes (subtract line 7 from line 6)		8					
9	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 1999 or 2000 to ho (Do not count cash wages paid in 1999 or 2000 to your spouse, your child under age 21, or you				loyees	?		
	No. Stop. Enter the amount from line 8 above on Form 1040, line 56. If you are not require line 9 instructions on page 4.	d t	o file	Forn	n 1040	see	the	
	☐ Yes. Go to line 10 on the back.							

 Schedule H (Form 1040) 2000
 Page 2

Par	t II Federal U	nemployment (FI	JTA) Tax								T
10	Did you nov unomn	lovment contributio	no to only	, one state	.2				10	Yes	s No
10 11	Did you pay unemp Did you pay all stat							 ee page 4			+
12	Were all wages tha								. 12	2	
Next	: If you checked the	e "Yes" box on all	the lines	above, co	mplete Sed	ction A.					
	If you checked the	e "No" box on any	of the lin	es above,	skip Secti	on A and com	plete Section	B.			
				Sec	tion A						
13	Name of the state v										
14	State reporting num	nber as shown on s	tate unem	nployment	tax return	>					
15											
16								16			_
17	FUTA tax. Multiply	line 16 by .008. En	ter the res	sult here. s	skip Section	n B. and go to	line 26	17			
	<u> </u>				tion B	: = =:::: g: ::		.,			
18	Complete all colum	nns below that appl	ly (if you r	need more	space, see	e page 4):					
(a) Name	(b) State reporting number	(c) Taxable wages (as defined in state act)	(d) State experience rate		(e) State	(f)	(g)	(h) Subtract			(i) butions
of state	as shown on state unemployment tax			eriod	experience rate	Multiply col. (c) by .054	Multiply col. (c) by col. (e)	from col. zero or		paid to unemploy	
	return		From	То	Tate	-	-	enter -	-0	fu	ınd
10	Totals						19				
19	Totals						· · ·				
20	Add columns (h) an					20		0.1			
21	Total cash wages s	ubject to FUTA tax	(see the li	ine 16 inst	ructions or	n page 4)		21			+
22	Multiply line 21 by	6.2% (.062)						22			
						22					
23 24	Multiply line 21 by Enter the smaller of					23		24			
27											
25 Dar	FUTA tax. Subtract	t line 24 from line 2 sehold Employm			ere and go	to line 26.		25			
Pai	iotal Hou	senoia Employin	ен таке	:5							
26	Enter the amount fr	rom line 8						26			
								27			
27 28	Add line 17 (or line Are you required to							21			
		iter the amount from	n line 27 a	above on I	orm 1040	, line 56. Do n	ot complete				
	Part IV b No. You may	elow. have to complete	Part IV Se	e nage 4	for details						
Par		and Signature—C				quired. See t	he line 28 ins	struction	s on	page	4.
Addre	ss (number and street) or	P.O. box if mail is not de	elivered to st	reet address		•		Apt., roo	m, or s	uite no.	
City, t	own or post office, state,	and ZIP code									
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	penalties of perjury, I det, and complete. No part										
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r F	mnlover's signature					7	LIATE				