## **SCHEDULE H** (Form 1040)

Name of employer

**Household Employment Taxes** 

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

Attachment

OMB No. 1545-1971

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040, 1040NR, 1040-SS, or 1041. ► See separate instructions. Sequence No. 44 Social security number Employer identification number

A	Did you pay <b>any one</b> household employee cash wages of \$1,400 or more in 2005? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you answer this question.)									
	<ul><li>Yes. Skip lines B and C and go to line 1.</li><li>No. Go to line B.</li></ul>									
В	Did you withhold federal income tax during 2005 for any household employee?									
	<ul><li>Yes. Skip line C and go to line 5.</li><li>No. Go to line C.</li></ul>									
С	Did you pay <b>total</b> cash wages of \$1,000 or more in <b>any</b> calendar <b>quarter</b> of 2004 or 2005 to <b>all</b> ( <b>Do not</b> count cash wages paid in 2004 or 2005 to your spouse, your child under age 21, or you		ees?							
	<ul> <li>No. Stop. Do not file this schedule.</li> <li>Yes. Skip lines 1-9 and go to line 10 on the back. (Calendar year taxpayers having no house not have to complete this form for 2005.)</li> </ul>	ehold employees in	2005 <b>do</b>							
Pa	rt I Social Security, Medicare, and Income Taxes									
1	Total cash wages subject to social security taxes (see page H-4)									
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2								
3	Total cash wages subject to Medicare taxes (see page H-4)									
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4								
5	Federal income tax withheld, if any	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	7								
8	Net taxes (subtract line 7 from line 6)	8								
9	Did you pay <b>total</b> cash wages of \$1,000 or more in <b>any</b> calendar <b>quarter</b> of 2004 or 2005 to hou ( <b>Do not</b> count cash wages paid in 2004 or 2005 to your spouse, your child under age 21, or you		?							
	No. Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not required line 9 instructions on page H-4.	d to file Form 1040	, see the							
	☐ Yes. Go to line 10 on the back.									

Par	tll Fed	<u>eral Ur</u>	nemployment (FL	JTA) Tax								
10	Did you pay check "No."		oloyment contributio	-	y one state	e? (If you p	oaid contributi	ons to New Y	ork State,	. 10	Yes	No
11		•	e unemployment cor	ntributions	for 2005 h	ov April 17	2006? Fiscal v	ear filers see	page H-4			
12			t are taxable for FU							12		
Nev		_	e "Yes" box on all			-	·					
NGA	•		e "No" box on any			•		plete Section	B.			
						tion A						
13			where you paid une									
14	State report	ing num	nber as shown on s	tate unem	ipioyment	tax return	<b>-</b>					
15	Contribution	ns paid t	to vour state unemr	olovment 1	fund (see i	page H-4)	15					
16	Contributions paid to your state unemployment fund (see page H-4)  Total cash wages subject to FUTA tax (see page H-4)								16			
<u>17</u>	FUIA tax.	Juitiply	line 16 by .008. Ent	er the res		tion B	n B, and go to	line 26	17			
18	Complete a	ıll colum	nns below that apply	v (if vou n			e page H-5):					
	(b)	in ooian	The bolow that appl		_		page 11 o).		(h)		(i)	
(a) Name	State reporting		(c)	State expe	d) erience rate	(e) State	(f)	(g) Multiply col. (c) by col. (e)	Subtract c		Contrib	utions
of state	unemployment tax	ent tax	Taxable wages (as defined in state act)	pe	eriod	experience rate	Multiply col. (c) by .054		from col. (f). If zero or less,	ess, I	paid to st unemployn	yment
	return	1		From	То				enter -0	)	fun	id
						•	•					
19	Totals .							19				T
20	Add column	ıc (h) an	d (i) of line 10				20	1				
21	Add columns (h) and (i) of line 19								21			
	Total Sast. Hagos Sasjost to 1 0 17 tax (555 the line 10 methodions on page 11 4)											
22	Multiply line	21 by 6	6.2% (.062)						22			
	N.A. 112 1 12	04   1	5 40/ (O5 4)				23	1				
23 24	Multiply line 21 by 5.4% (.054)											
24			oloyers must use the				uctions and che	eck here)	24			
٥-		•	-						05			
25 Par			line 24 from line 22			ere and go	to line 26.		25			
Par	t III Tota	ai nous	sehold Employm	ені тахе	5							T
26	Enter the an	nount fr	om line 8						26			
27	Add line 17	(or line	25) and line 26						27			
28			file Form 1040?									
		<b>itop.</b> En art IV b	ter the amount from	n line 27 a	above on F	orm 1040,	line 62. <b>Do n</b>	ot complete				
			have to complete f	Part IV. Se	ee page H	-5 for deta	ils.					
Par			nd Signature—C					he line 28 in:	struction	s on	page	H-5.
Addre	ess (number and	street) or	P.O. box if mail is not de	livered to st	reet address				Apt., roor	n, or su	uite no.	
City, t	town or post office	ce, state,	and ZIP code									
16. 1			-1 464-1-1	or and	11				to		Latin C. C.	:- •
			clare that I have examine of any payment made to									
E	Employer's signat	ure						Date				