## SCHEDULE H (Form 1040)

Name of employer

Department of the Treasury Internal Revenue Service

**Household Employment Taxes** 

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

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

► See separate instructions.

OMB No. 1545-1971 Attachment

Sequence No. 44

Social security number

**Employer identification number** Did you pay any one household employee cash wages of \$1,500 or more in 2007? (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.) Yes. Skip lines B and C and go to line 1. No. Go to line B. B Did you withhold federal income tax during 2007 for any household employee? Yes. Skip line C and go to line 5. No. Go to line C. Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2006 or 2007 to all household employees? (Do not count cash wages paid in 2006 or 2007 to your spouse, your child under age 21, or your parent.) No. Stop. Do not file this schedule. Yes. Skip lines 1-9 and go to line 10 on the back. (Calendar year taxpayers having no household employees in 2007 do **not** have to complete this form for 2007.) Part I Social Security, Medicare, and Income Taxes Total cash wages subject to social security taxes (see page H-4) 2 2 Social security taxes. Multiply line 1 by 12.4% (.124) . Total cash wages subject to Medicare taxes (see page H-4) 3 4 Medicare taxes. Multiply line 3 by 2.9% (.029) . . . . . 4 5 5 Federal income tax withheld, if any . . . . . . . . . 6 Total social security, Medicare, and income taxes. Add lines 2, 4, and 5. 6 7 7 Advance earned income credit (EIC) payments, if any 8 Net taxes (subtract line 7 from line 6) Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2006 or 2007 to all household employees? (Do not count cash wages paid in 2006 or 2007 to your spouse, your child under age 21, or your parent.) No. Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not required to file Form 1040, see the line 9 instructions on page H-4. Yes. Go to line 10 on the back.

Pai	rt II Federal U	nemployment (Fl	JTA) Tax	ζ						1	1
	5.1								10	Yes	No
10 11	Did you pay unemployment contributions to only one state?										
12	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?										
	t: If you checked the				•	•	ymont tax:			'	
INEX	•	e " <b>No</b> " box on <b>any</b>					plete Section	B.			
	,	- 110 201 011 <b>4</b> 11.			tion A						
13	Name of the state of	whore you paid upo	mploymor								
14	, , , , , , , , , , , , , , , , , , ,										
• •											
15	1 , 1 , 1 , 1 , 1										
16	6 Total cash wages subject to FUTA tax (see page H-5)							16			
17	FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 .							17			
	- 11 11 11 11 11	,			tion B	, <u>J</u>					
18	Complete all colun	nns below that appl	y (if you n	eed more	space, se	e page H-5):	ı				
(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience	(f) Multiply col. (c) by .054	(g)		(h) ct col. (g)	(i) Contrib	
							Multiply col. (c) by col. (e)	from col. (f). If zero or less.		paid to state unemployment	
			From	То	rate	by .034	by coi. (e)		er -0	fur	
19	Totals						19				
							1				
20	Add columns (h) and (i) of line 19										
21	Total cash wages subject to FUTA tax (see the line 16 instructions on page H-5)										
22	Multiply line 21 by	6.2% (.062)						22			
							1				
23	Multiply line 21 by 5.4% (.054)							24			
24	Enter the <b>smaller</b> of	of line 20 or line 23						24			
	<b>FUTA tax.</b> Subtract line 24 from line 22. Enter the result here and go to line 26										
25					ere and go	to line 26.		25			
Pai	rt III Total Hou	sehold Employm	ent Taxe	es							
26	Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0										
20											
27	Add line 17 (or line 25) and line 26 (see page H-5)										
28	Are you required to										
	☐ <b>Yes. Stop.</b> En	nter the amount from	n line 27 a	above on I	orm 1040	, line 62. <b>Do n</b> o	ot complete				
		have to complete	Part IV. Se	ee page H	l-5 for deta	ils.					
		and Signature—C	•			quired. See t	he line 28 in:	structi	ons on	page	H-5.
Addre	ess (number and street) or	P.O. box if mail is not de	elivered to st	reet address				Apt., ı	room, or s	uite no.	
Citv.	town or post office, state,	and ZIP code									
- 3,	, , , , , , , , , , , , , , , , , , , ,										
	r penalties of perjury, I de ct, and complete. No part										
cone	or, and complete. No part	or any payment made to	a state utlet	прюутент п	ina cialilleu a	o a oreun was, or i	a to be, deducted	HOIH WE	- payment	o to emp	лоуеес.
<b>L</b>						<b>k</b>					
	Employer's signature						Date				