SCHEDULE H (Form 1040)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes) ► Attach to Form 1040, 1040NR, 1040-SS, or 1041. OMB No. 1545-1971

Department of the Treasury Internal Revenue Service (9

► Go to www.irs.gov/ScheduleH for instructions and the latest information

20**18** Attachment Sequence No. **44**

Name of employer		Social secur	ity number
	1	Employer id	entification number

Calendar year taxpayers having no household employees in 2018 don't have to complete this form for 2018.

A Did you pay **any one** household employee cash wages of \$2,100 or more in 2018? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

Yes. Skip lines B and C and go to line 1	Yes.	Skip	lines	в	and	С	and	ao	to	line	1
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No. Go to line B.

B Did you withhold federal income tax during 2018 for any household employee?

Yes. Skip line C and go to line 7.

No. Go to line C.

C Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2017 or 2018 to all household employees? (Don't count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)

No. Stop. Don't file this schedule.

 \Box Yes. Skip lines 1–9 and go to line 10.

Pa	rt I Social Security, Medicare, and Federal Income Taxes		
1	Total cash wages subject to social security tax		
2	Social security tax. Multiply line 1 by 12.4% (0.124).	2	
3	Total cash wages subject to Medicare tax		
4	Medicare tax. Multiply line 3 by 2.9% (0.029)	4	
5	Total cash wages subject to Additional Medicare Tax withholding 5		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6	
7	Federal income tax withheld, if any	7	
8	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8	

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2017 or 2018 to all household employees? (Don't count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)

No. Stop. Include the amount from line 8 above on Schedule 4 (Form 1040), line 60a. If you're not required to file Form 1040, see the line 9 instructions.

Yes. Go to line 10.

										Yes	No
10	Did you pay unem			-	-	-					<u> </u>
44	'	ns and check " No. "				 5 20102 Eicoal			10		<u> </u>
11	Were all wages that						-		12		<u> </u>
12	Were all wages that					ate 3 unemploy	nent tax:		12		L
Nex	t: If you checked the	"Yes" box on all th	e lines ab	ove co	mplete Sect	ion A					
HUA		"No" box on any of					e Section B.				
					Section A	· ·					
13	Name of the state v	vhere you paid unem	ployment	t contrib	utions 🕨						
14	14 Contributions paid to your state unemployment fund 14										
15	Total cash wages s										
16	FUTA tax. Multiply	line 15 by 0.6% (0.0	06). Enter			o Section B, and	d go to line 2	5 16			
					Section B						
17	Complete all colum		(if you nee	ed more	space, see	instructions):	1				
	(a) Name of state	(b) Taxable wages (as	(c) State exp		(d) State	(e) Multiply col. (b)	(f) Multiply col. (b) Subtract col.	(f) C	(h) Contribut	tions
	Nume of State	defined in state act)	rate pe		experience	by 0.054	by col. (d)	from col. (e	.,	aid to s	
			_		rate			If zero or les		nemploy	
			From	То				enter -0		fund	
18	Totals							18			
10	Add columns (g) an						· · · -	10			
								20			
20	20 Total cash wages subject to FUTA tax (see the line 15 instructions)										<u> </u>
	Multiply line 20 by 5							21			<u> </u>
	Enter the smaller of	. ,						_			
20	(If you paid state										
		eck here)			•						
24	FUTA tax. Subtract							-			
	t III Total Hous				- - -						L
	Enter the amount fr				ox on line C	of page 1, ente	er-0	25			
	Add line 16 (or line	•									
27	Are you required to	•									
	Yes. Stop. Incl		n line 26 a	bove or	Schedule 4	4 (Form 1040), li	ne 60a. Don	't complete Pai	rt IV be	elow.	
		nave to complete Pa									
_		nd Signature – C			rt only if re	equired. See th	ne line 27 in	structions.			
Addre	ess (number and street) or	P.O. box if mail isn't delive	ered to stree	t address				Apt., room, or sui	te no.		
City, 1	own or post office, state, a	and ZIP code									
	r penalties of perjury, I de ct, and complete. No part										
	ration of preparer (other th							astoa nom me pa	,	onp	
-						\					
E F	molover's signature					7	Data				

Schedule H (Form 1040) 2018

Part II

Federal Unemployment (FUTA) Tax

	Signature		Dute				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
	Firm's name				Firm's EIN ►		
	Firm's address ►			Phone	e no.		