## SCHEDULE H (Form 1040 or 1040-SR)

Department of the Treasury Internal Revenue Service (99)

Name of employer

## **Household Employment Taxes**

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

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

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

OMB No. 1545-1971

2019

Attachment
Sequence No. 44

Social security number

		Employe	r identificat	ion number	
Cale	endar year taxpayers having no household employees in 2019 don't have to complete this form for	2019.			
A	Did you pay <b>any one</b> household employee cash wages of \$2,100 or more in 2019? (If any h spouse, your child under age 21, your parent, or anyone under age 18, see the line A instruction.)				
	<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 2019 for any household employee?				
	<ul><li>Yes. Skip line C and go to line 7.</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 2018 or 2019 to ( <b>Don't</b> count cash wages paid in 2018 or 2019 to your spouse, your child under age 21, or your page 21.		ehold em	ployees?	
	<ul><li>No. Stop. Don't file this schedule.</li><li>Yes. Skip lines 1–9 and go to line 10.</li></ul>				
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				
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)		6		
7	Federal income tax withheld, if any		7		
8	<b>Total social security, Medicare, and federal income taxes.</b> Add lines 2, 4, 6, and 7		8		
9	Did you pay <b>total</b> cash wages of \$1,000 or more in <b>any</b> calendar <b>quarter</b> of 2018 or 2019 to ( <b>Don't</b> count cash wages paid in 2018 or 2019 to your spouse, your child under age 21, or your page 21.		ehold em	ployees?	
	No. Stop. Include the amount from line 8 above on Schedule 2 (Form 1040 or 1040-SR), lin to file Form 1040 or 1040-SR, see the line 9 instructions.	e 7a. If y	ou're not	required	
	Yes. Go to line 10.				

Pai	rt II	Federal Un	nemployment (FU	TA) Tax								
			-								Yes	No
10			ployment contribution		-	•					<u> </u>	
			ns and check "No."							10		
	-		e unemployment cor				-			11		
12	vvere a	ıı wages that	are taxable for FUT.	A tax also taxable	e for your st	ate s unemplo	yment tax?		!	12	L	
Next	t: If you	checked the	"Yes" box on all th	e lines above co	mplete Sec	tion A						
ITOX			"No" box on any of				ete Section	B.				
	•		-		Section A	·						
13	Name o	of the state w	vhere you paid unem	ployment contrib	outions 🕨							
			to your state unempl				14		45			
			ubject to FUTA tax line 15 by 0.6% (0.0						15 16			
	FUIA	ax. Multiply	ine 13 by 0.0% (0.0		Section B	p Section B, ai	na go to iirit	320	10			
17	Comple	ete all colum	ns below that apply			instructions):						
		a)	(b)	(c)	(d)	(e)	(f)		(g)		(h)	
	Name o	of state	Taxable wages (as defined in state act)	State experience rate period	State experience	Multiply col. (b) by 0.054	Multiply o	` '	ract col. (f m col. (e).		ontribut aid to s	
			defined in state dety	· .	rate	By 0.004	by 661.	If ze	ro or less,		employ	ment
				From To				er	nter -0		fund	<u> </u>
				I	1	<u> </u>						
18	Totals							18				
19	Add co	lumns (g) an	d (h) of line 18 .				19					
		_	ubject to FUTA tax (s						20			
			6.0% (0.060)						21			
			5.4% (0.054) f line 19 or line 22						_			
20												
	(If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here)											
			line 23 from line 21.		here and go	to line 25 .			24			
			sehold Employme									
	Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0											
		-	24) and line 25 .						26			
27 Are you required to file Form 1040 or 1040-SR?  Yes. Stop. Include the amount from line 26 above on Schedule 2 (Form 1040 or 1040-SR), line 7a. Don't complete F								ete P	Part IV			
	belo	•	add the amount not	II IIIIC 20 above v	on concau	5	0 1040 0	nij, iiio ra.	Don't	Jonnp	CLC I	art iv
	☐ No.	You may h	nave to complete Pa	rt IV. See instruct	tions for det	ails.						
Par			nd Signature – C				the line 27	instruction	ns.			
Addre	ss (numbe	er and street) or l	P.O. box if mail isn't delive	ered to street address				Apt., roon	n, or suite	no.		
0:1 1			1710									
City, t	own or po	st office, state, a	and ZIP code									
Under	penalties	of perjury, I de	eclare that I have examin	ed this schedule, inc	luding accomp	panying statements	s, and to the	best of my kn	owledge a	and be	lief, it	is true
			of any payment made to an taxpayer) is based on a				s, or is to be,	deducted from	the payr	nents t	o emp	loyees.
Dooid	. ation of p	. Sparor (Other III	an anpayor, to based off a	omadon or willor	. propuror rido	any movieuge.						
<b>L</b>												
E	mployer's	signature			<u> </u>		Date					
Paid	d	Print/Type prep	parer's name	Preparer's sig	nature		Date	Check	☐ if F	PTIN		
	parer							self-em	ployed			
	Only	Firm's name	<u> </u>					Firm's EIN ▶				
•		Firm's address	5 <b>-</b>					Phone no.				