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.

1 to 1 of 11 1040, 1040 NT, 1040-33,

2003
Attachment
Sequence No. 44

Social security number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name of employer

► See separate instructions.

			- 1	- !							
		Employe		r identification numbe							
			-								
Α	Did you pay any one household employee cash wages of \$1,400 or more in 2003? (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.										
В	Did you withhold Federal income tax during 2003 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 2002 or 2003 to all (Do not count cash wages paid in 2002 or 2003 to your spouse, your child under age 21, or you				ploye	es?					
	 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 house do not have to complete this form for 2003.) 	eholo	d em	ployee	s in 2	2003					
Pa	rt I Social Security, Medicare, and Income Taxes										
1	Total cash wages subject to social security taxes (see page H-3)										
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	2								
3	Total cash wages subject to Medicare taxes (see page H-3)	_////									
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4									
5	Federal income tax withheld, if any	_ 5	5								
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6	5			_					
7	Advance earned income credit (EIC) payments, if any	7	,								
8	Net taxes (subtract line 7 from line 6)	8	3								
9	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2002 or 2003 to ho (Do not count cash wages paid in 2002 or 2003 to your spouse, your child under age 21, or you				yees?	ı					
	No. Stop. Enter the amount from line 8 above on Form 1040, line 59. If you are not require line 9 instructions on page H-3.	d to	file F	orm 1	040,	see the					
	☐ Yes. Go to line 10 on the back.										

Cat. No. 12187K

 Schedule H (Form 1040) 2003
 Page 2

Par	Federal U	nemployment (Fl	JTA) Tax								т
40	D: 1				0				10	Yes	No
10 11	Did you pay unemp Did you pay all state							 nage H-4			+
12	Were all wages that								12		
Next	: If you checked the				-	•	- ,				
	-	e "No" box on any			•		plete Section	В.			
					tion A		<u> </u>				
13	Name of the state v	where you paid une	mplovmer								T
14											
						.=					
15	Contributions paid to your state unemployment fund (see page H-4). Total cash wages subject to FUTA tax (see page H-4)					16					
16	iotai cash wages s	ubject to FUTA tax	(see page	! H-4) .				10			
<u>17</u>	FUTA tax. Multiply	line 16 by .008. En	ter the res			n B, and go to	line 26	17			
					tion B	11.4					
18	i i	nns below that appl	y (if you n	ieea more	space, see	e page H-4):		(1-)	T		
(a) Name	(b) State reporting number	(c)		d) erience rate	(e) State	(f)	(g)	(h) Subtract c		(i Contrib	utions
of state	as shown on state unemployment tax	Taxable wages (as defined in state act)	ре	riod	experience	Multiply col. (c) by .054	Multiply col. (c) by col. (e)) from col. (f zero or les	ess,	paid to unemplo	
	return		From	То	Tate			enter -()	fur	nd ———
19	Totals						19				
20	Add columns (h) an	nd (i) of line 10				20					
21	Add columns (h) and (i) of line 19							21			
	_	-									
22	Multiply line 21 by	6.2% (.062)						22			+
23	Multiply line 21 by	5.4% (.054)				23					
24	Enter the smaller of							24			
						. "					
25 Par	FUTA tax. Subtract	sehold Employm			ere and go	to line 26.		25			
ı aı	101411104	Schola Employm	CIIC IUXC								
26	Enter the amount fr	rom line 8						26			
								0.7			
27	Add line 17 (or line	•						27			
28	Are you required to Yes. Stop. En	ter the amount fron	n line 27 a	ahove on I	Form 1040	line 59 Do n	ot complete				
	Part IV b	elow.					or oop.o.co				
Par		have to complete and Signature—C					ha lina 20 inc	struction	2 00 1		Пи
	ss (number and street) or					quireu. See t	ne ine zo ins	Apt., roor			П-4.
	,										
City, t	own or post office, state,	and ZIP code									
Lindor	penalties of perjury, I de	clare that I have examine	ad this sohor	dule includio	a accompany	ing statements or	nd to the hest of n	ny knowloda	e and	helief it	t ic tru
	t, and complete. No part										
-	mnlover's signature					•	Data				