## 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.

2019 Attachment Sequence No. 44

Social security number

**Employer identification number** 

OMB No. 1545-1971

Calendar year taxpayers having no household employees in 2019 don't have to complete this form for 2019. A Did you pay any one household employee cash wages of \$2,100 or more in 2019? (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. No. Go to line B. B Did you withhold federal income tax during 2019 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 2018 or 2019 to all household employees? (Don't count cash wages paid in 2018 or 2019 to your spouse, your child under age 21, or your parent.) No. Stop. Don't file this schedule. 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 Total cash wages subject to Medicare tax . . . Medicare tax. Multiply line 3 by 2.9% (0.029) . . . . . . . . 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 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 2018 or 2019 to all household employees? (Don't count cash wages paid in 2018 or 2019 to your spouse, your child under age 21, or your parent.) No. Stop. Include the amount from line 8 above on Schedule 2 (Form 1040 or 1040-SR), line 7a. If you're not required to file Form 1040 or 1040-SR, see the line 9 instructions. ☐ Yes. Go to line 10.

Pai	rt II	Federal Un	employment (FU	TA) Tax	ζ								
40	D: 1					0					'	Yes No	
10	Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No."									10			
11										11			
	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?									+	12		
										•			
Nex			"Yes" box on all th						_				
	If you	checked the	"No" box on any of	the lines		skip Section <b>Section A</b>	n A and comple	ete Section	В.				
12	Nama	of the state w	here you paid unem	anlovmor									
10	Name (	or the state w	mere you paid unem	ipioyiriei	it Contino								
14	14 Contributions paid to your state unemployment fund												
15													
16	FUTA t	ax. Multiply	line 15 by 0.6% (0.0	06). Ente			p Section B, an	nd go to line	e 25	16			
						Section B							
17			ns below that apply					(6)		(-)	$\overline{}$	(I-)	
	Name o		<b>(b)</b> Taxable wages (as		<b>c)</b> (perience	(d) State	(e) Multiply col. (b)	(f) Multiply o	` '	<b>(g)</b> ubtract col. (f		(h) Contributions	
			defined in state act)	rate p	period	experience rate	by 0.054	by col.		rom col. (e). zero or less,		id to state mployment	
				From	То					enter -0		fund	
											4		
									1		+		
18	Totals								18				
19	Add co	lumns (g) and	d (h) of line 18 .				[	19					
20	Total cash wages subject to FUTA tax (see the line 15 instructions)												
21 Multiply line 20 by 6.0% (0.060)													
22	Multiply line 20 by 5.4% (0.054)												
23	(If you paid state unemployment contributions late or you're in a credit reduction state, see instructions												
	and check here)												
24			line 23 from line 21			here and go	to line 25 .			24			
			ehold Employme										
			om line 8. If you che				of page 1, ent	ter -0		25			
	6 Add line 16 (or line 24) and line 25							26					
21	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 Part IV												
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			nave to complete Pa										
Par			<b>nd Signature –</b> C	•			equired. See t	the line 27					
Address (number and street) or P.O. box if mail isn't delivered to street address  Apt., roo									om, or suite	om, or suite no.			
City. t	own or po	st office, state, a	and ZIP code										
Oity, t	own or po	or omoo, oraro, o	and Zii Oodo										
			eclare that I have examin										
			of any payment made to an taxpayer) is based on a					, or is to be,	deducted tr	om tne payn	nents to	employees	
-	. , -												
<b>7</b> E	mployer's	signature Print/Type prep	narer's name	Dro	eparer's sig	ınature		Date Date			TIN		
Pai		Trinio Type prep	Jaior O Harrio					Date		Check if self-employed			
	Oarer Firm's name							Firm's EIN ▶					
Use Only		Firm's address ▶							Phone no.				