## SCHEDULE H (Form 1040)

Name of employer

Department of the Treasury Internal Revenue Service (99)

## **Household Employment Taxes**

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

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

▶ Information about Schedule H and its separate instructions is at www.irs.gov/form1040.

2013
Attachment
Sequence No. 44

Social security number

OMB No. 1545-1971

		Employer identification number					
Cal	endar year taxpayers having no household employees in 2013 do not have to complete this form for	2013.					
A	Did you pay <b>any one</b> household employee cash wages of \$1,800 or more in 2013? (If any hospouse, 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 2013 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 2012 or 2013 to a ( <b>Do not</b> count cash wages paid in 2012 or 2013 to your spouse, your child under age 21, or your		ehold	em	ployee	s?	
	<ul><li>No. Stop. Do not file this schedule.</li><li>Yes. Skip lines 1-9 and go to line 10.</li></ul>						
Part 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% (.124)	2				$\downarrow$	
3	Total cash wages subject to Medicare tax						
4	Medicare tax. Multiply line 3 by 2.9% (.029)	4				$\downarrow$	
5	Total cash wages subject to Additional Medicare Tax withholding 5						
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (.009)	6	_			+	
7	Federal income tax withheld, if any	7	_			$\perp$	
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 2012 or 2013 to <b>all</b> ( <b>Do not</b> count cash wages paid in 2012 or 2013 to your spouse, your child under age 21, or your		nold e	mpl	oyees'	?	
	No. Stop. Include the amount from line 8 above on Form 1040, line 59a. If you are not requiline 9 instructions.	red to fi	le For	m 1	040, s	ee th	ne
	☐ <b>Yes.</b> Go to line 10.						

Schedule H (Form 1040) 2013 Part II Federal Unemployment (FUTA) Tax Yes No 10 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction 10 11 Did you pay all state unemployment contributions for 2013 by April 15, 2014? Fiscal year filers see instructions 11 12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? 12 Next: If you checked the "Yes" box on all the lines above, complete Section A. If you checked the "No" box on any of the lines above, skip Section A and complete Section B. **Section A** 13 Name of the state where you paid unemployment contributions ▶ **14** Contributions paid to your state unemployment fund . . . . 15 Total cash wages subject to FUTA tax . . . . . . . . . . . . . . 15 16 FUTA tax. Multiply line 15 by .6% (.006). Enter the result here, skip Section B, and go to line 25 16 Section B 17 Complete all columns below that apply (if you need more space, see instructions): (h) (g) (b) Subtract col. (f) Contributions Name of state Taxable wages (as State experience rate State Multiply col. (b) Multiply col. (b) from col. (e). If paid to state defined in state act) period experience by .054 by col. (d) zero or less. unemployment rate From Tο enter -0-. fund 18 Add columns (g) and (h) of line 18 20 Total cash wages subject to FUTA tax (see the line 15 instructions) 20 **21** Multiply line 20 by 6.0% (.060) **22** Multiply line 20 by 5.4% (.054) 22 (Employers in a credit reduction state must use the worksheet on page H-7 and check here) . 23 24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25 Part III Total Household Employment Taxes 25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0- . 25 **26** Add line 16 (or line 24) and line 25 . . . . . . . . . . . . . . . 26 27 Are you required to file Form 1040? Yes. Stop. Include the amount from line 26 above on Form 1040, line 59a. Do not complete Part IV below. No. You may have to complete Part IV. See instructions for details. Part IV Address and Signature - Complete this part only if required. See the line 27 instructions. Address (number and street) or P.O. box if mail is not delivered to street address City, town or post office, state, and ZIP code Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Employer's signature Date Print/Type preparer's name Preparer's signature Date **Paid** Check if self-employed Preparer

Firm's name

Firm's address ▶

Use Only

Firm's EIN ▶

Phone no.