SCHEDULE H (Form 1040)

Department of the Treasury Internal Revenue Service

Name of employer

Household Employment Taxes

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

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

► See separate instructions.

OMB No. 1545-1971 Attachment

Sequence No. 44

Social security number

Employer identification number Did you pay any one household employee cash wages of \$1,500 or more in 2007? (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. B Did you withhold federal income tax during 2007 for any household employee? Yes. Skip line C and go to line 5. No. Go to line C. Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2006 or 2007 to all household employees? (Do not count cash wages paid in 2006 or 2007 to your spouse, your child under age 21, or your parent.) 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 household employees in 2007 do not have to complete this form for 2007.) Part I Social Security, Medicare, and Income Taxes Total cash wages subject to social security taxes (see page H-4) 2 2 Social security taxes. Multiply line 1 by 12.4% (.124) . Total cash wages subject to Medicare taxes (see page H-4) 3 4 Medicare taxes. Multiply line 3 by 2.9% (.029) 4 5 5 Federal income tax withheld, if any 6 Total social security, Medicare, and income taxes. Add lines 2, 4, and 5 . 6 7 7 Advance earned income credit (EIC) payments, if any 8 Net taxes (subtract line 7 from line 6) Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2006 or 2007 to all household employees? (Do not count cash wages paid in 2006 or 2007 to your spouse, your child under age 21, or your parent.) No. Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not required to file Form 1040, see the line 9 instructions on page H-4. Yes. Go to line 10 on the back.

Par	t II Federal U	nemployment (Fl	JTA) Tax	<u> </u>								
									10	Yes	s No	
10	Did you pay unemple	•	-						4 10 4 11		+	
11 12	Did you pay all state unemployment contributions for 2007 by April 15, 2008? Fiscal year filers, see page H Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?									2	+	
	Next: If you checked the "Yes" box on all the lines above, complete Section A.											
IVEX	•	e " No " box on any			•		plete Section	B.				
					tion A		'					
13	Name of the state v	where you paid une	mplovmer								T	
14												
15	1 , 1 , 1 , 1 , 1											
16												
17	FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 .											
	0 11 11 1		<i>(:</i> ¢		tion B							
18									,			
(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .054	(g)	Subtrac	(h) ct col. (g)	Contrib	(i) outions	
							Multiply col. (c) by col. (e)	from col. (f). If zero or less,		unempl	o state loyment	
			From	То	Tato			ente	er -0	fu	ınd	
19	Totals						19					
20	Add columns (h) and (i) of line 19											
21	Total cash wages subject to FUTA tax (see the line 16 instructions on page H-5)							21				
	Multiply line 21 by 6.2% (.062)											
22	Multiply line 21 by	6.2% (.062)						22			+	
23	Multiply line 21 by 5.4% (.054)											
24	Enter the smaller of							24				
25	FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26											
Par	t III Total Hou	sehold Employm	ent Taxe	es								
26	Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0										_	
27	Add line 17 (or line 25) and line 26 (see page H-5)											
28	Are you required to file Form 1040?											
		iter the amount from	n line 27 a	above on I	Form 1040	, line 62. Do n e	ot complete					
	Part IV b	have to complete	Part IV. Se	ee page H	l-5 for deta	ils.						
Par		and Signature—C					he line 28 in:	structio	ons on	page	H-5.	
Addre	ss (number and street) or	P.O. box if mail is not de	elivered to st	reet address				Apt., r	room, or s	uite no.		
City. t	own or post office, state,	and ZIP code										
O,, .	om or poor omoo, ourse,	a.i.a <u>z.i.</u> 3345										
	penalties of perjury, I de											
correc	t, and complete. No part	or any payment made to	a state uner	прюутнени ти	ли сміней а	o a credit was, Of I	is to be, deducted	i iioiii tiie	payment	s to em	pioyees.	
.						k						
E	mployer's signature						Date					