## 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, 1040NR-EZ, 1040-SS, or 1041.

► See separate instructions.

OMB No. 1545-0074

98
Attachment
Sequence No. 44

Social security number

		Em	nployer :	identifi	cation	numbe	r	
			:				_	
	Caution: The \$1,100 per year test applies only to line A. The \$1,000 per quarter test applies	onl	y to lir	пе С а	and lii	ne 9.		
Α	d you pay <b>any one</b> household employee cash wages of \$1,100 or more in 1998? (If any household employee was your couse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page 3 before you iswer this question.)							
	<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 1998 for any household employee?							
	<ul><li>☐ Yes. Skip line C and go to line 5.</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 1997 or 1998 to ho ( <b>Do not</b> count cash wages paid in 1997 or 1998 to your spouse, your child under age 21, or you				/ees?			
	<ul><li>No. Stop. Do not file this schedule.</li><li>☐ Yes. Skip lines 1-9 and go to line 10 on the back.</li></ul>							
Pa	rt I Social Security, Medicare, and Income Taxes						_	
1	Total cash wages subject to social security taxes (see page 3) 1							
2	Social security taxes. Multiply line 1 by 12.4% (.124)	-	2				_	
3	Total cash wages subject to Medicare taxes (see page 3)							
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	-	4				_	
5	Federal income tax withheld, if any	!	5				_	
6	Add lines 2, 4, and 5	-	6				-	
7	Advance earned income credit (EIC) payments, if any		7				_	
8	Total social security, Medicare, and income taxes. Subtract line 7 from line 6		8				_	
9	Did you pay <b>total</b> cash wages of \$1,000 or more in <b>any</b> calendar <b>quarter</b> of 1997 or 1998 to he ( <b>Do not</b> count cash wages paid in 1997 or 1998 to your spouse, your child under age 21, or you have to you				/ees?			
	No. Stop. Enter the amount from line 8 above on Form 1040, line 55. If you are not require line 9 instructions on page 4.	d to	file F	orm 1	040,	see th	ıe	
	☐ <b>Yes.</b> Go to line 10 on the back.							

Schedule H (Form 1040) 1998 Page 2

Par	Federal	Unemployment (F	UTA) Tax						
								Yes	No
10	J . J	mployment contribution tate unemployment c	•				<u>1</u>		-
11 12	, ,	that are taxable for F		<i>,</i>		•	ee page 4 1		
Next	9	the "Yes" box on all		,	•	,			
	-	the "No" box on any		•		nplete Section	B.		
			Se	ection A					
13		e where you paid une							
14	State reporting n	umber as shown on s	state unemployme	nı tax return	· · · · · · · · · · · · · · · · · · ·	I			
15		id to your state unem					11		
16	Total cash wage:	s subject to FUTA tax	(see page 4) .				16		
<u>17</u>	FUTA tax. Multip	oly line 16 by .008. Er			on B, and go to	line 26	17		
18	Complete all co	lumns below that app		ection B	e nage 4).				
(a)	(b)		(d)		page 17.		(h)	(í	)
Name of	unemployment tax	Taxable wages (as	State experience rat	te (e) State experience rate	(f) Multiply col. (c)	(g) Multiply col. (c)	Subtract col. (g) from col. (f). If	Contrib paid to	state
state		defined in state act)	From To		by .054	by col. (e)	zero or less, enter -0	unemplo	
								-	
10	<b>T.</b>					19			
19	Totals				 	<u>  17</u> 			
20		and (i) of line 19 .			20		21		
21	Total cash wage:	s subject to FUTA tax	(see the line 16 ir	nstructions o	n page 4)		21		
22	Multiply line 21 k	oy 6.2% (.062)					22		
23	Multiply line 21 k	oy 5.4% (.054)			23				
24		r of line 20 or line 23					24		
25	FIITA tay Subtr	act line 24 from line 2	22 Enter the result	t here and a	n to line 26		25		
Par		ousehold Employm		There and ge	5 to line 20		23		
							2/		
26	Enter the amoun	t from line 8					26		
27	Add line 17 (or li	ne 25) and line 26.					27		
28	'	to file Form 1040? Enter the amount from	m line 27 above o	n Form 1040	) lino EE <b>Do n</b>	ent complete			
	Part I\	/ below.				ot complete			
Par		ay have to complete s and Signature—(				ha lina 28 ins	structions on	nage	1
		or P.O. box if mail is not d			squiled. See t	THE TIME 20 III.	Apt., room, or		<del>4.</del>
011 1		1.710							
City, t	own or post office, sta	ite, and ZIP code							
		declare that I have examin art of any payment made to							
501160	i, and complete. NO p	art or any payment made to	o a state unemploymen	t rand claimed a	as a cicuit was, UF	is to be, deducted	nom the payment	.s to emp	ioyees.
-	mpleyerie el					Data			
, E	mplover's signature				,	Date			