SCHEDULE H		Household Employment Taxes	I.	OMB No. 1545-0074									
(Form 1040) Department of the Treasury		(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Ta	axes)	1999									
		► Attach to Form 1040, 1040NR, 1040NR-EZ, 1040-SS, or 1041.		Attachment									
_	al Revenue Service (99) e of employer	See separate instructions.	Social s	Sequence I ecurity numb									
			Employe	er identificatio	on number								
A	Did you pay <b>any one</b> household employee cash wages of \$1,100 or more in 1999? (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 3 before you answer 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 1999 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		<b>II</b> cash wages of \$1,000 or more in <b>any</b> calendar <b>quarter</b> of 1998 or 1999 to ho ash wages paid in 1998 or 1999 to your spouse, your child under age 21, or you			\$?								
		oo not file this schedule. es 1-9 and go to line 10 on the back.											
Pa	rt I Social So	ecurity, Medicare, and Income Taxes											
1	Total cash wage	s subject to social security taxes (see page 3) 1											
2	Social security ta	axes. Multiply line 1 by 12.4% (.124)	2										
3	Total cash wage	s 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	Total social sec	6											
7	Advance earned	income credit (EIC) payments, if any	7										
8	Net taxes (subtr	act 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 1998 or 1999 to household employees? ( <b>Do not</b> count cash wages paid in 1998 or 1999 to your spouse, your child under age 21, or your parent.)											
		nter the amount from line 8 above on Form 1040, line 55. If you are not require structions on page 4.	d to file	Form 1040	), see the								
	<b>Yes.</b> Go to li	ne 10 on the back.											

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Sched	ule H (Form 1040) 1999										Page 2		
Par	t II Federal U	nemployment (FL	JTA) Tax										
										Yes	s No		
10	Did you pay unemp								10				
11	Did you pay all state unemployment contributions for 1999 by April 17, 2000? Fiscal year filers, see page 4												
12	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?												
Next	: If you checked the	e " <b>Yes</b> " box on all : e " <b>No</b> " box on any			•		plete Section	B					
					tion A								
10	Nome of the state i										<u> </u>		
13 14	5 1 1 5												
15	15 Contributions paid to your state unemployment fund (see page 4) .												
16	Total cash wages s							16					
47		line 1/ her 000 First					line O(						
17	FUTA tax. Multiply	line 16 by .008. Ent	er the res		tion B	n B, and go to	line 26	17					
18	Complete all colum	nns below that apply	v (if vou n			page 4):							
	(b)			d)				(h)		,	(i)		
<b>(a)</b> Name	State reporting number as shown on state	<b>(c)</b> Taxable wages (as	State expe	rience rate	(e) State	(f) Multiply col. (c)	<b>(g)</b> Multiply col. (c)	Subtract co from col. (f		Contrib	butions o state		
of state	unemployment tax	defined in state act)	per	iod	experience rate	by .054	by col. (e)	zero or les	SS,	unempl	loyment		
	return		From	То	1410			enter -0-	·.	fu	Ind		
19	Totals						19						
20	Add columns (h) an	••				20							
21	Total cash wages s	ubject to FUTA tax	(see the li	ne 16 inst	ructions or	n page 4)		21					
~~								22					
22	Multiply line 21 by	6.2% (.062)						22					
23	Multiply line 21 by	5 4% ( 054)				23							
24													
	FUTA tax. Subtract				ere and go	to line 26.		25					
Par		sehold Employm	ent laxe	S									
26	Entor the amount fr	iom line 9						26					
20	Enter the amount from line 8										+		
27	Add line 17 (or line	25) and line 26						27					
<ul><li>28 Are you required to file Form 1040?</li></ul>													
	Ves. Stop. Enter the amount from line 27 above on Form 1040, line 55. Do not complete												
	Part IV b				6								
Dor		have to complete F				nuirod Soc H	no lino 20 inc	structions	02	<u></u>	1		
Par Addre	ss (number and street) or	nd Signature—C			Unity if red	quireu. See ti		Apt., room					
									, 5, 5				
City, to	own or post office, state,	and ZIP code						1					

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.

Employer's signature

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Schedule H (Form 1040) 1999

Date