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## 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.

▶ Go to www.irs.gov/ScheduleH for instructions and the latest information.

2018 Attachment Sequence No. 44

Social security number

**Employer identification number** 

OMB No. 1545-1971

Calendar year taxpayers having no household employees in 2018 don't have to complete this form for 2018. A Did you pay any one household employee cash wages of \$2,100 or more in 2018? (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 2018 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 2017 or 2018 to all household employees? (Don't count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.) No. Stop. Don't file this schedule. ☐ **Yes.** Skip lines 1–9 and go to line 10. 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). . . 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 . . . Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009) . . . 6 **7** Federal income tax withheld, if any . . . 7 **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 2017 or 2018 to all household employees? (Don't count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.) No. Stop. Include the amount from line 8 above on Schedule 4 (Form 1040), line 60a. If you're not required to file Form 1040, see the line 9 instructions. ☐ Yes. Go to line 10.

Cat. No. 12187K

Schedule H (Form 1040) 2018 Page 2

Pa	rt II	Federal Un	employment (FU	TA) Tax	·									
												Yes	No	
10	Did yo	u pay unem <sub>l</sub>	ployment contribution	ons to or	nly one	state? If yo	u paid contrib	outions to a	credit red	duction				
	state, see instructions and check "No."										10			
	Did you pay all state unemployment contributions for 2018 by April 15, 2019? Fiscal year filers, so Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?													
12	Were a	II wages that	are taxable for FUT	A tax als	o taxable	e for your st	ate's unemploy	yment tax?			12			
NI	Next: If you checked the "Yes" box on all the lines above, complete Section A.													
Nex			"No" box on any of					ata Saction F	<u>.</u>					
	ii you	CHECKEG THE	140 BOX OII ally O	i tile iiiles		Section A	TA and comple	ete dection L	, <u>.                                    </u>					
13	13 Name of the state where you paid unemployment contributions ▶													
14	Contributions paid to your state unemployment fund													
	Total cash wages subject to FUTA tax							. 15						
16	FUTA 1	FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25							25 <b>16</b>					
						Section B								
17 Complete all columns below that apply (if you need more space, see instructions):														
	(a) Name of state		(b) Taxable wages (as	State ex	perience	(d) State	(e) Multiply col. (b)	(f) Multiply col. (b	. (b) Sub	(g) Subtract col.		<b>(h)</b> ontribu		
			defined in state act)	rate p	eriod	experience	by 0.054	by col. (d		om col. (e		aid to		
				From	То	rate			I .	ero or les enter -0		emplog fund		
<b>18</b> Totals								· · · · · · · · · · · · · · · · · · ·						
	Add columns (g) and (h) of line 18													
21														
	Multiply line 20 by 6.0% (0.060)													
	Enter the <b>smaller</b> of line 19 or line 22													
	(If you paid state unemployment contributions late or you're in a credit reduction state, see													
	instructions and check here)													
			line 23 from line 21			nere and go	to line 25 .		. 24					
			sehold Employme											
	Enter the amount from line 8. If you checked the <b>"Yes"</b> box on line C of page 1, enter -0										25 26			
		Add line 16 (or line 24) and line 25												
21	<ul> <li>Are you required to file Form 1040?</li> <li>Yes. Stop. Include the amount from line 26 above on Schedule 4 (Form 1040), line 60a. Don't complete Part IV below</li> </ul>										low/			
<ul> <li>No. You may have to complete Part IV. See instructions for details.</li> </ul>														
Part IV Address and Signature — Complete this part only if required. See the line 27 instru														
Address (number and street) or P.O. box if mail isn't delivered to street address  Address (number and street) or P.O. box if mail isn't delivered to street address									Apt., roo	pt., room, or suite no.				
<u> </u>			1710											
City, t	own or po	st office, state, a	and ZIP code											
Unde	nenalties	of periury I de	eclare that I have examin	ned this sch	nedule inc	luding accome	panying statements	s and to the be	est of my ki	nowledge	and be	elief it	is true	
corre	ct, and co	mplete. No part	of any payment made t	o a state u	nemployme	ent fund claime	ed as a credit was							
Decia	ration of p	reparer (otner th	an taxpayer) is based on	ali informati	on of wnicr	n preparer nas	any knowledge.							
<b>k</b>							k.							
) - E	Employer's signature Date													
Pai	4 ———	Print/Type prep	oarer's name	Prep	oarer's sigr	nature		Date	Check	if if	PTIN			
	u parer									self-employed				
	Only								irm's EIN ▶	EIN ▶				
		Firm's address	<b>.</b>					P	hone no.					