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SCHEDULE H (Form 1040 or 1040-SR)

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, 1040-SR, 1040-NR, 1040-SS, or 1041.
► Go to www.irs.gov/ScheduleH for instructions and the latest information.

OMB No. 1545-1971

Attachment Sequence No. 44 Social security number

Name of employer

Employer identification number

Calendar year taxpayers having no household employees in 2019 don't have to complete this form for 2019.

A Did you pay **any one** household employee cash wages of \$2,100 or more in 2019? (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 do	to line 1
103.			and go	

No. Go to line B.

B Did you withhold federal income tax during 2019 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 2018 or 2019 to all household employees? (Don't count cash wages paid in 2018 or 2019 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.

Pa	rt 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% (0.124)	2	
3	Total cash wages subject to Medicare tax		
4	Medicare tax. Multiply line 3 by 2.9% (0.029)	4	
5	Total cash wages subject to Additional Medicare Tax withholding 5		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6	
7	Federal income tax withheld, if any	7	
8	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 2018 or 2019 to all household employees? (Don't count cash wages paid in 2018 or 2019 to your spouse, your child under age 21, or your parent.)

No. Stop. Include the amount from line 8 above on Schedule 2 (Form 1040 or 1040-SR), line 7a. If you're not required to file Form 1040 or 1040-SR, see the line 9 instructions.

Yes. Go to line 10.

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Schedule H (Form 1040 or 1040-SR) 2019

		// N. P. 10 1			mplete Sec					
	If you checked the	e " No " box on any o	t the lines		SKIP Section	n A and complet	e Section B.			
3	Name of the state	where you paid uner	nploymer							
		, , , , , , , , , , , , , , , , , , ,								
		to your state unemp	-				14			
		subject to FUTA tax							15	
6	FUIA tax. Multiply	/ line 15 by 0.6% (0.0	006). Ente		ult here, ski Section B	p Section B, and	d go to line 2	25	16	
7	Complete all colum	nns below that apply	(if you ne			instructions):				
•	(a)	(b)		c)	(d)	(e)	(f)		(g)	(h)
	Name of state	Taxable wages (as	State experience rate period exp		State	State Multiply col. (b)			ract col. (f)	Contribution
		defined in state act)			experience by 0.054 rate		by col. (d)		n col. (e). ro or less,	paid to stat
			From	То	1			er	nter -0	fund
~	T - + - -							40		
								18		
9	Add columns (g) ar	nd (h) of line 18 .					 19		20	
9 0	Add columns (g) ar Total cash wages s	nd (h) of line 18 . subject to FUTA tax	 (see the li	 ne 15 ins	structions)				20	
9 0 1	Add columns (g) an Total cash wages s Multiply line 20 by	nd (h) of line 18 . subject to FUTA tax 6.0% (0.060) ...	(see the li	 ne 15 ins 	structions)	· · · · · ·	· · · · ·		20 21	
9 0 1 2	Add columns (g) ar Total cash wages s Multiply line 20 by Multiply line 20 by	nd (h) of line 18 . subject to FUTA tax 6.0% (0.060) 5.4% (0.054)	 (see the li 	 ne 15 ins 	structions) 	· · · · · · ·	22			
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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			
Paid	Print/Type preparer's name	Preparer's signature	Date		Check if if self-employed	PTIN
Preparer Use Only	Firm's name			Firm's	s EIN 🕨	
	Firm's address ►			Phon	e no.	

Yes No

Schedule H	(Form	1040	or 1	040-	-SR) 2019

Part II	Federal Unemployment (FUTA) Tax