## Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

## SCHEDULE H (Form 1040)

## **Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes) Attach to Form 1040, 1040NR, 1040-SS, or 1041.

Attachment
Sequence N

Department of the Treasury Internal Revenue Service Name of employer

► See separate instructions.

Social security number

OMB No. 1545-1971

44

 $\square$ 

Employer identification number

A 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.
- 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

1	Total cash wages subject to social security taxes (see page H-4)		
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	
3	Total cash wages subject to Medicare taxes (see page H-4) 3		
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	
5	Federal income tax withheld, if any	5	 
6	Total social security, Medicare, and income taxes. Add lines 2, 4, and 5	6	
7	Advance earned income credit (EIC) payments, if any	7	
8	<b>Net taxes</b> (subtract line 7 from line 6)	8	

- 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.

For Privacy Act and Paperwork Reduction Act Notice, see page 7 of the separate instructions. Cat. No. 12187K Schedule H (Form 1040) 2007

	dule H (Form 1040) 2007										Page 2		
Pa	rt II Federal U	Inemployment (Fl	JTA) Tax	<u> </u>						Yes	No		
10	Did you pay upamp	loyment contributions	to only on	o ototo2 (li	f vou poid o	ontributiono to i	VVVV State ob	ook "No ")	10		NO		
11		e unemployment con							11	_			
12		at are taxable for FU							12				
Nex	t: If you checked th	ne "Yes" box on all	the lines a	above, co	mplete Se	ction A.							
	If you checked the "No" box on any of the lines above, skip Section A and complete Section B.												
	Section A												
13	Name of the state where you paid unemployment contributions												
14	State reporting number as shown on state unemployment tax return ►												
15 16	Contributions paid to your state unemployment fund (see page H-4) 15 Total cash wages subject to FUTA tax (see page H-4)												
17													
18	Section B        18 Complete all columns below that apply (if you need more space, see page H-5):												
	(b)			d)				(h)		(i			
(a) Name	State reporting number	r <b>(c)</b> Taxable wages (as	State expe	erience rate	(e) State	<b>(f)</b> Multiply col. (c)	(g) Multiply col. (c)	Subtract col. (g)		Contributions paid to state			
of state	unomployment tax	defined in state act)	· ·	riod	experience rate	by .054	by col. (e)	zero or le enter -0	ess, I	unemplo fur	oyment		
	Tetum		From	То				enter -c		iu			
10	Tatala						19						
19	Totals						[10]		I				
20	Add columns (h) a	nd (i) of line 19 .				20							
21	Total cash wages	subject to FUTA tax	(see the I	ine 16 ins	tructions o	n page H-4)		21			<u> </u>		
22	Multiply line 21 by	6 204 (062)						22					
22		0.270 (.002)		• • •	• • • •		••••				1		
23	23 Multiply line 21 by 5.4% (.054)												
24		of line 20 or line 23						24			<u> </u>		
	(XXXXXX State emp	loyers must use the w	orksheet II	n the sepai	rate instruct	ions and check	nere)						
25	FUTA tax. Subtrac	ct line 24 from line 2	2. Enter th	ne result h	ere and go	to line 26.		25					
Pa	rt III Total Hou	usehold Employm	ent Taxe	es							1		
•••				<i></i>		<i>.</i>		26					
26	Enter the amount f	rom line 8. If you che	ecked the	"Yes" box	on line C o	of page 1, ente	r-0	26					
27	Add line 17 (or line	e 25) and line 26						27					
28	Are you required to	o file Form 1040?											
	Yes. Stop. E	nter the amount from	n line 27 a	above on I	Form 1040	line 62. <b>Do n</b>	ot complete						
		y have to complete	Part IV. Se	ee page H	I-5 for deta	ils.							
Pa		and Signature—C					he line 28 ins	structions	son	page	H-5.		
Addre	ess (number and street) o	r P.O. box if mail is not de	elivered to st	reet address				Apt., roon	n, or su	uite no.			
Citv.	town or post office, state	and ZIP code											
<i>,</i> ,	,,	,											
		eclare that I have examine t of any payment made to				•		, ,					
cone	or, and complete. No par	t or any payment made to	a state uner		and Gallieu a	s a orcuit was, Of I		nom me pa	yments	, ro enih	noyees.		
	Employer's signature Date												
			_	_					_	_			