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.

See separate instructions.

	01010 100. 1343-1371						
	2008						
	Attachment Sequence No. 44						
I security number							

OMB No. 1545 107

Employer identification number

Socia

A Did you pay **any one** household employee cash wages of \$1,600 or more in 2008? (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-4 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 2008 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 2007 or 2008 to all household employees?
 (Do not count cash wages paid in 2007 or 2008 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 2008 do not have to complete this form for 2008.)

Part I Social Security, Medicare, and Federal 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 federal income taxes. Add lines 2, 4, and 5	6	
7	Advance earned income credit (EIC) payments, if any	7	
8	Net taxes (subtract line 7 from line 6)	8	
9	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2007 or 2008 to all h (Do not count cash wages paid in 2007 or 2008 to your spouse, your child under ace 21, or your 60, box b		?

No. Stop. Enter the amount from line 8 above on Form 1040, line 6. 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 H-7 of the instructions. Cat. No. 12187K Schedule H (Form 1040) 2008

Sched	ule H (Form	1040) 2008									Р	age 2
Par	t II 🛛 Fe	ederal Ur	nemployment (FL	JTA) Tax	ζ							
											Yes	No
10			syment contributions							. 10		
11		-	unemployment con				-			1-4 1 1 1 2		
12	Were all v	vages that	are taxable for FU	TA tax als	o taxable	for your st	ate's unemplo	byment tax	?		2	
Next			e "Yes" box on all t									
	lf you ch	necked the	e "No" box on any	of the line	es above,	skip Secti	on A and cor	nplete Sect	tion B.			
					Sec	tion A						
13	Name of	the state v	where you paid une	mploymer	nt contribu	utions 🕨 🛄						
14	State reporting number as shown on state unemployment tax return ►											
							dar I					
15			to your state unemp	-		page H-5)	15		16	16		
16	I otal cas	n wages s	ubject to FUTA tax	(see page	H-5) .		• • • •		10			
17	FUTA tax	. Multiply I	ine 16 by .008. Ente	er the resu	ılt here, sk	tip Section	B, and go to I	ine 26 .	17			
						tion B						
18	Complete	e all colum	ins below that apply	y (if you n	eed more	space, see	e page H-5):					
(a)		b)			d)	(e)	(6)	(a)	Cubt	(h)	(i)	tione
Name of		ting number n on state	(c) Taxable wages (as		erience rate riod	State experience	Multiply col. (c)	(g) Multiply col	. (c) from	act col. (g) col. (f). If	Contribu paid to	
state		yment tax urn	defined in state act)	From	То	rate	by .054	by col. (e		o or less, iter -0	unemploy func	
19	Totals						20	· · · -	19			
20			d (i) of line 19						21			
21 22		-	ubject to FUTA tax						22			
23	Multiply line 21 by 6.2% (.062) 22 Multiply line 21 by 5.4% (.054) 2											
24	Enter the	smaller of	f line 20 or line 23						24			
25			line 24 from line 22			ere and go	to line 26.		25			
Par			sehold Employm						00	1		
26			om line 8. If you che			on line C o	of page 1, ente	er-0	26 27			
27 28		-	25) and line 26 (see file Form 1040?	e page H-	5)				21			
20	Yes.		ter the amount from	n line 27 a	above on I	Form 1040.	line 61. Do r	ot complet	te			
		Part IV b	elow.									
	No.		have to complete I		<u> </u>							
Par			nd Signature—C	•			quired. See	the line 28			· •	1-5.
Addre	ss (number a	nd street) or	P.O. box if mail is not de	envered to st	reet address				Api.	, room, or s	suite no.	
City, t	own or post	office, state,	and ZIP code									
			clare that I have examine									
			of any payment made to nan taxpayer) is based or					is to be, dedi	ucted from t	ine paymen	ts to emp	ioyees
-							_	Dete				
	mployer's sig					Date	• •	Date	Prer	arer's SSN	or PTIN	
Paid		Preparer's signature				Duit	0	heck if elf-employed	<u> </u>	0.001		
	oarer's -	Firm's nam						EIN				
Use	Only	address, ar	f-employed), and ZIP code					Phone n	o. ()		

Schedule H (Form 1040) 2008