Note: The draft you are looking for begins on the next page. Caution: DRAFT—NOT FOR FILING

This is an early release draft of an IRS tax form, instructions, or publication, which the IRS is providing for your information. Do not file draft forms and do not rely on draft forms, instructions, and pubs for filing. We incorporate all significant changes to forms posted with this coversheet. However, unexpected issues occasionally arise, or legislation is passed-in this case, we will post a new draft of the form to alert users that changes were made to the previously posted draft. Thus, there are never any changes to the last posted draft of a form and the final revision of the form. Forms and instructions are subject to OMB approval before they can be officially released, so we post drafts of them until they are approved. Drafts of instructions and pubs usually have some additional changes before their final release. Early release drafts are at IRS.gov/DraftForms and remain there after the final release is posted at IRS.gov/LatestForms. Also see IRS.gov/Forms.

Most forms and publications have a page on IRS.gov: IRS.gov/Form1040 for Form 1040; IRS.gov/Pub501 for Pub. 501; IRS.gov/W4 for Form W-4; and IRS.gov/ScheduleA for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

If you wish, you can submit comments to the IRS about draft or final forms, instructions, or pubs at IRS.gov/FormsComments. Include "NTF" followed by the form or pub number (for example, "NTF1040", "NTFW4", "NTF501, etc.) in the body of the message to route your message properly. We cannot respond to all comments due to the high volume we receive and may not be able to consider many suggestions until the subsequent revision of the product, but we will review each "NTF" message. If you have comments on reducing paperwork and respondent (filer) burden, with respect to draft or final forms, please respond to the relevant information collection through the Federal Register process; for more info, click here.

Department of the Treasury Internal Revenue Service

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.

Attachment Sequence No. 44

Name of employer

## Social security number

Calendar year taxpayers having no household employees in 2023 don't have to complete this form for 2023.
A Did you pay any one household employee cash wages of $\$ 2,600$ or more in 2023 ? (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.)
$\square$ Yes. Skip lines $B$ and $C$ and go to line 1a.
$\square$ No. Go to line B.
B Did you withhold federal income tax during 2023 for any household employee?
$\square$ Yes. Skip line C and go to line 7 .
$\square$ No. Go to line C.
C Did you pay total cash wages of $\$ 1,000$ or more in any calendar quarter of 2022 or 2023 to all household employees?
(Don't count cash wages paid in 2022 or 2023 to your spouse, your child under age 21, or your parent.)
$\square$ No. Stop. Don't file this schedule.
$\square$ Yes. Skip lines 1a-9 and go to line 10.
Part I Social Security, Medicare, and Federal Income Taxes
1a Total cash wages subject to social security tax
b Qualified sick and family leave wages paid in 2023 for leave taken after March 31, 2020, and before April 1, 2021, included on line 1a
2a Social security tax. Multiply line 1a by $12.4 \%$ ( 0.124 )
b Employer share of social security tax on qualified sick and family leave wages paid in 2023 for leave taken after March 31, 2020, and before April 1, 2021. Multiply line 1b by 6.2\% (0.062)
c Total social security tax. Subtract line 2b from line 2a
3 Total cash wages subject to Medicare tax
4 Medicare tax. Multiply line 3 by 2.9\% (0.029)
5 Total cash wages subject to Additional Medicare Tax withholding
6 Additional Medicare Tax withholding. Multiply line 5 by $0.9 \%$ ( 0.009 )
7 Federal income tax withheld, if any
8a Total social security, Medicare, and federal income taxes. Add lines 2c, 4, 6, and 7.
b Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021
c Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021
d Total social security, Medicare, and federal income taxes after nonrefundable credits. Add lines 8b and 8 c and then subtract that total from line 8a
e Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021
f Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021.
g Qualified sick leave wages for leave taken before April 1, 2021
h Qualified health plan expenses allocable to qualified sick leave wages reported on line 8 g
i Qualified family leave wages for leave taken before April 1, 2021
j Qualified health plan expenses allocable to qualified family leave wages reported on line 8 i .
k Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021
I Qualified health plan expenses allocable to qualified sick leave wages reported on line 8 k
m Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021
n Qualified health plan expenses allocable to qualified family leave wages reported on line 8 m


## Part II Federal Unemployment (FUTA) Tax




27 Are you required to file Form 1040?
$\square$ Yes. Stop. Include the amount from line 26 above on Schedule 2 (Form 1040), line 9. Include the amounts, if any, from lines 8 e and $8 f$ on Schedule 3 (Form 1040), line 13z. Don't complete Part IV below.
$\square$ No. You may have to complete Part IV. See instructions for details.
Part IV Address and Signature - Complete this part only if required. See the line 27 instructions.

| Address (number and street) or P.O. box if mail isn't delivered to street address | Apt., room, or suite no |
| :--- | :--- |

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 $\square$ if self-employed | PTIN |
| Use Only | Firm's name |  |  | Firm's EIN |  |
|  | Firm's address |  |  | Phone no. |  |

