



**Note:** *The draft you are looking for begins on the next page.*

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Most forms and publications have a page on IRS.gov: [IRS.gov/Form1040](https://www.irs.gov/Form1040) for Form 1040; [IRS.gov/Pub501](https://www.irs.gov/Pub501) for Pub. 501; [IRS.gov/W4](https://www.irs.gov/W4) for Form W-4; and [IRS.gov/ScheduleA](https://www.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.

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SCHEDULE H (Form 1040)

Department of the Treasury Internal Revenue Service

Name of employer

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041.

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

OMB No. 1545-0074

2024 Attachment Sequence No. 44

Social security number

Employer identification number

Calendar year taxpayers having no household employees in 2024 don't have to complete this form for 2024.

A Did you pay any one household employee cash wages of \$2,700 or more in 2024? (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 2024 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 2023 or 2024 to all household employees? (Don't count cash wages paid in 2023 or 2024 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.

Part I Social Security, Medicare, and Federal Income Taxes

Table with 8 rows and 3 columns: Line number, Description, and Amount. Rows include Total cash wages subject to social security tax, Social security tax, Total cash wages subject to Medicare tax, Medicare tax, Total cash wages subject to Additional Medicare Tax withholding, Additional Medicare Tax withholding, Federal income tax withheld, and Total social security, Medicare, and federal income taxes.

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024 to all household employees? (Don't count cash wages paid in 2023 or 2024 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), line 9. If you're not required to file Form 1040, see the line 9 instructions.
Yes. Go to line 10.

**Part II Federal Unemployment (FUTA) Tax**

	Yes	No
<b>10</b> Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No" . . . . .	<b>10</b>	
<b>11</b> Did you pay all state unemployment contributions for 2024 by April 15, 2025? Fiscal year filers, see instructions . . . . .	<b>11</b>	
<b>12</b> Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? . . . . .	<b>12</b>	

**Next:** If you checked the "Yes" box on **all** the lines above, complete Section A.  
If you checked the "No" box on **any** of the lines above, skip Section A and complete Section B.

**Section A**

<b>13</b> Name of the state where you paid unemployment contributions . . . . .	
<b>14</b> Contributions paid to your state unemployment fund . . . . .	<b>14</b>
<b>15</b> Total cash wages subject to FUTA tax . . . . .	<b>15</b>
<b>16</b> <b>FUTA tax.</b> Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 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 defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-.	(h) Contributions paid to state unemployment fund
		From	To					

<b>18</b> Totals . . . . .	<b>18</b>
<b>19</b> Add columns (g) and (h) of line 18 . . . . .	<b>19</b>
<b>20</b> Total cash wages subject to FUTA tax (see the line 15 instructions) . . . . .	<b>20</b>
<b>21</b> Multiply line 20 by 6.0% (0.06) . . . . .	<b>21</b>
<b>22</b> Multiply line 20 by 5.4% (0.054) . . . . .	<b>22</b>
<b>23</b> 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) . . . . . <input type="checkbox"/>	<b>23</b>
<b>24</b> <b>FUTA tax.</b> Subtract line 23 from line 21. Enter the result here and go to line 25 . . . . .	<b>24</b>

**Part III Total Household Employment Taxes**

<b>25</b> Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0- . . . . .	<b>25</b>
<b>26</b> Add line 16 (or line 24) and line 25 . . . . .	<b>26</b>
<b>27</b> Are you required to file Form 1040? <input type="checkbox"/> <b>Yes. Stop.</b> Include the amount from line 26 above on Schedule 2 (Form 1040), line 9. <b>Don't</b> complete Part IV below. <input type="checkbox"/> <b>No.</b> 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 _____
<b>Paid Preparer Use Only</b>	Print/Type preparer's name _____
	Preparer's signature _____
	Date _____
	Check <input type="checkbox"/> if self-employed PTIN _____
	Firm's name _____ Firm's EIN _____
	Firm's address _____ Phone no. _____