SCHEDULE H (Form 1040)

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, 1040A, 1040NR, 1040NR-EZ, 1040-SS, or 1041.

1996 Attachment Sequence No. 44

OMB No. 1545-0074

See separate instructions.

		Social	Social security number			
		Emplo	yer ide	ntification	numb	 er
A	Did you pay any one household employee cash wages of \$1,000 or more in 1996? (If any house spouse, your child under age 21, your parent, or anyone under age 18, see the line A instruction answer this question.)					
	☐ Yes. Skip questions B and C and go to Part I.☐ No. Go to question B.					
В	Did you withhold Federal income tax during 1996 for any household employee?					
	☐ Yes. Skip question C and go to Part I.☐ No. Go to question C.					
С	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 1995 or 1996 to ho (Do not count cash wages paid in 1995 or 1996 to your spouse, your child under age 21, or you			ployees	?	
	☐ No. Stop. Do not file this schedule.☐ Yes. Skip Part I and go to Part II on the back.					
Pa	rt I Social Security, Medicare, and Income Taxes					
1	Total cash wages subject to social security taxes (see page 3) 1					
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2				
3	Total cash wages subject to Medicare taxes (see page 3)					
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4				
5	Federal income tax withheld, if any	5				_
6	Add lines 2, 4, and 5	6				_
7	Advance earned income credit (EIC) payments, if any	7				
8	Total social security, Medicare, and income 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 1995 or 1996 to ho (Do not count cash wages paid in 1995 or 1996 to your spouse, your child under age 21, or yo			ployees	?	
	No. Stop. Enter the amount from line 8 above on Form 1040, line 50, or Form 1040A, line 2 file Form 1040 or 1040A, see the line 9 instructions on page 4.	27. If y	ou are	e not rec	Juired	to

☐ **Yes.** Go to Part II on the back.

Cat. No. 12187K

 Schedule H (Form 1040) 1996
 Page 2

Par	t II Federal Ui	nemployment (Fl	JTA) Tax						Voc	No
10	Did you pay unemp	olovment contributio	ons to only	, one state	27				Yes	INO
11	Did you pay all stat							see page 4		
12	Were all wages tha	t are taxable for Fl	JTA tax al	so taxable	e for your s	state's unempl	oyment tax?			
Next	: If you answered "									
	If you answered "I	No" to any of the o	questions			A and comple	ete Section B.			
					tion A					
13 14	Name of the state v State reporting num									
• •						1 1	 			
15	Contributions paid							16		
16	Total cash wages s	ubject to FUTA tax	(see page	: 4)				10		
17	FUTA tax. Multiply	line 16 by .008. En	ter the res			n B, and go to	Part III	17		
18	Complete all colum	nns below that appl	y (if you n		tion B	nage 4):				
	(b)	This below that appl		d)		2 page 4).		(h)	(i))
(a) Name	State reporting number	(c) Taxable wages (as defined in state act)	State exp	erience rate riod	(e) State	(f) Multiply col. (c)	(g) Multiply col. (c)	Subtract col. (g) from col. (f). If	Contrib	
of state			From	То	experience rate	by .054	by col. (e)	zero or less, enter -0	unemployme fund	
					I.					
19	Totals						19			
20	Add columns (h) an	nd (i) of line 19				20				
21	Total cash wages s							21		
00	NA deleta la lina a O.1 la co	/ 20/ / 0/2)						22		
22	Multiply line 21 by	6.2% (.062)						22		
23	Multiply line 21 by					23				
24	Enter the smaller of	of line 20 or line 23						24		\vdash
25	FUTA tax. Subtract	line 24 from line 2	2. Enter th	ne result h	ere and go	to Part III		25		
Par	Total Hou	sehold Employm	ent Taxe	es .						
26	Enter the amount fr	rom line 8						26		
20	Litter the amount in	om me o								
27	Add line 17 (or line	•						27		
28	Are you required to Yes. Stop. En	file Form 1040 or a liter the amount fron		above on F	orm 1040	line 50, or Fo	rm 1040A. line	e 27. Do not d	omplet	e
	Part IV b	elow.				, 55, 51 . 5		<i>5 27</i> , 20 1101 5	op.o.	
Par		have to complete I and Signature—C				nuired See t	he line 28 ins	structions on	nage	4
	ss (number and street) or		•	•		quireu. Occ t	110 1110 20 111	Apt., room, or s		··-
Olb. 1	num or poot office at 1	and ZID and								
ony, to	own or post office, state,	and ZIP CODE								
	penalties of perjury, I de									
Jonec	t, and complete. No part	огану рауннені тапе то	a state uner	пріоупіені Ти	па стаппеа а	s a credit was, of I	s to be, deducted	nom me payment	s to emp	ioyees
_										
▼ Ei	mployer's signature					7	Date			