		ŀ	OMB No. 1545-0074			
		 (For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Tax ▶ Attach to Form 1040, 1040NR, 1040NR-EZ, 1040-SS, or 1041. 	xes)	2000		
Depar ntern	tment of the Treasury al Revenue Service (99)	 See separate instructions. 		Attachi Sequer	ment nce No.	44
	e of employer		Social	security n		
			Employ	er identifi	cation n	umber
Α		one household employee cash wages of \$1,200 or more in 2000? (If any house ild under age 21, your parent, or anyone under age 18, see the line A instructions stion.)			-	
	☐ Yes. Skip lin☐ No. Go to I	ues B and C and go to line 1. ine B.				
в	Did you withhold	Federal income tax during 2000 for any household employee?				
	☐ Yes. Skip lin☐ No. Go to I	e C and go to line 5. ine C.				
С	5 1 5	al cash wages of \$1,000 or more in any calendar quarter of 1999 or 2000 to hou ash wages paid in 1999 or 2000 to your spouse, your child under age 21, or you			yees?	
		Do not file this schedule. les 1-9 and go to line 10 on the back.				
Ра	rt I Social S	ecurity, Medicare, and Income Taxes				
1	Total cash wage	s subject to social security taxes (see page 3) 1				
2	Social security t	axes. Multiply line 1 by 12.4% (.124)	2			
3	Total cash wage	s subject to Medicare taxes (see page 3) 3				
4	Medicare taxes.	Multiply line 3 by 2.9% (.029)	4			
5	Federal income	tax withheld, if any	5			
6		curity, Medicare, and income taxes (add lines 2, 4, and 5)	6			
7		income credit (EIC) payments, if any	7			
8		ract line 7 from line 6)	8			<u> </u>
9		al cash wages of \$1,000 or more in any calendar quarter of 1999 or 2000 to hou ash wages paid in 1999 or 2000 to your spouse, your child under age 21, or you			/ees?	
		nter the amount from line 8 above on Form 1040, line 56. If you are not required astructions on page 4.	d to file	Form 1	040, se	ee the

 \Box Yes. Go to line 10 on the back.

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	ule H (Form 1040) 2000		ITA) Tax								Page 2	
Par	Federal U	Jnemployment (Fl	JIA) lax							Yes	No	
10 11 12	Did you pay all sta	nployment contributio ate unemployment co nat are taxable for Fl	ontributions	for 2000	by April 1	6, 2001? Fisca	l year filers, se		10 je 4 11)		
Next	•	he " Yes " box on all he " No " box on any			•		plete Section	B.				
				Sec	tion A							
13 14												
15 16												
17	FUTA tax. Multiply	y line 16 by .008. En	ter the resu	ult here, s	kip Sectior	n B, and go to	line 26	17				
				Sec	tion B							
18	8 Complete all columns below that apply (if you need more space, see page 4):											
(a) Name of state	(b) State reporting numbe as shown on state unemployment tax return	er (c) Taxable wages (as defined in state act)	(d) State experience rate period From To		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	from zero	(h) act col. (g) col. (f). If o r less, ter -0	(i) Contributions paid to state unemploymen fund		
							19					
19 20 21		nnd (i) of line 19 subject to FUTA tax				20 20 20 20 20 20 20 20		21				
22	Multiply line 21 by					23	 	22				
23 24		/ 5.4% (.054) of line 20 or line 23						24				
25		ct line 24 from line 2			ere and go	to line 26.		25				
Par	t III Total Ho	usehold Employm	ent Taxes	5								
26	Enter the amount	from line 8						26				
	Are you required t Yes. Stop. E Part IV No. You ma	Inter the amount from below. In have to complete	n line 27 al Part IV. See	pove on F e page 4	for details.			27				
Par Addre		and Signature—C			only if red	quired. See tl	he line 28 ins		ions on room, or s		4.	
City, t	own or post office, state	e, 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.

Employer's signature

 $\textcircled{\baselinetwidth}$

Date