2005 Instructions for Schedule H (Form 1040) Household Employment Taxes

Household Employers

Here is the information you need to fill in:

- Schedule H for figuring your household employment taxes.
- Form W-2 for reporting wages paid to your employees.
- Form W-3 for sending Copy A of Form W-2 to the Social Security Administration.

No household employees in 2005? If you did not have any household employees in 2005, you do not have to file Schedule H (Form 1040) for 2005.

New York State employer? If yes, you must use the worksheet on page H-5.

We have been asked:

What do I do after I fill in Schedule H? Enter the taxes from Schedule H on the "Household employment taxes" line of your Form 1040, 1040NR, 1040-SS, or 1041. You do this because these taxes are added to your income taxes.

How do I file Schedule H? File Schedule H with your Form 1040, 1040NR, 1040-SS, or 1041. If you are not filing a 2005 tax return, file Schedule H by itself.

Do I make a separate payment? No. You pay all the taxes to the United States Treasury, even the social security taxes.

When do I pay? Most filers must pay by April 17, 2006.

How many copies of Form W-3 do I send to the Social Security Administration (SSA)? Send one copy of Form W-3 with Copy A of Form(s) W-2 to the SSA, and keep one copy of Form W-3 for your records.

Contents	Page	Contents F	Page
The Basics		Schedule H Form W-2 and Form W-3	
Who Needs To File Form W-2 and Form W-3? Do You Have an Employer Identification Number	. H-2	You Should Also Know	
(EIN)?	. H-2	What's New for 2006Estimated Tax Penalty	
States?		What Records To Keep	
When and Where To File	. H-3	Rules for Business Employers State Disability Payments	
Schedule H		How To Get Forms and PublicationsPrivacy Act and Paperwork Reduction Act Notice	
How To Fill In Schedule H, Form W-2, and Form W-3	. Н-3	Completed Example of Schedule H, Form W-2, and Form W-3	H-7

Important Dates!

By	You must
January 31, 2006	Give your employee Form W-2.
February 28, 2006 (March 31, 2006 if you file electronically)	Send Copy A of Form W-2 with Form W-3 to the Social Security Administration.
April 17, 2006 (see page H-3 for exceptions)	File Schedule H and pay your household employment taxes with your 2005 tax return.

The Basics

Reminder

If you must file a 2005 Form W-2, Wage and Tax Statement, for any household employee, you must also send Form W-3, Transmittal of Wage and Tax Statement, with Copy A of Form(s) W-2 to the Social Security Administration.

Who Needs To File Schedule H?

You must file Schedule H (Form 1040) if you answer "Yes" to any of the questions on lines A, B, or C.

Only 8 lines for most people. Depending on your answers, you may find that you only have to complete lines A, 1 through 4, 6, 8, and 9.

Did you have a household employee? If you hired someone to do household work and you were able to control what work he or she did and how he or she did it, you had a household employee. This is true even if you gave the employee freedom of action. What matters is that you had the right to control the details of how the work was done.

Example. You paid Betty Oak to babysit your child and do light housework 4 days a week in your home. Betty followed your specific instructions about household and child care duties. You provided the household equipment and supplies Betty needed to do her work. Betty is your household employee.

Household work is work done in or around your home. Some examples of workers who do household work are:

Babysitters	Drivers	Nannies
Caretakers	Health aides	Private nurses
Cleaning people	Housekeepers	Yard workers

If a worker is your employee, it does not matter whether the work is full or part-time or that you hired the worker through an agency or from a list provided by an agency or association. Also, it does not matter if the wages paid are for work done hourly, daily, weekly, or by the job.

Note. If a government agency files Schedule H for the worker, you do not need to file it.

Cash wages. Cash wages include wages paid by checks, money orders, etc. Cash wages do not include the value of food, lodging, clothing, or other noncash items you give a household employee.



For 2005, you can generally give your employee transportation benefits such as transit passes worth up to \$105 per month without the benefits counting as cash wages. However, the value of benefits over \$105 a

month is included as wages. See Transportation (Commuting) Benefits in Publication 15-B, Employer's Tax Guide to Fringe Benefits, for more information.

Calendar quarter. A calendar quarter is January through March, April through June, July through September, or October through December.

Workers who are not your employees. Workers you get from an agency are not your employees if the agency is responsible for who does the work and how it is done. Self-employed workers are also not your employees. A worker is self-employed if only he or she can control how the work is done. A self-employed worker usually provides his or her own tools and offers services to the general public in an independent business.

Example. You made an agreement with Paul Brown to care for your lawn. Paul runs a lawn care business and offers his services to the general public. He hires his own helpers and provides his own tools and supplies. Neither Paul nor his helpers are your employees.

For more information, see Publication 926, Household Employer's Tax Guide.

Who Needs To File Form W-2 and Form W-3?

You must file Form W-2 for each household employee to whom you paid \$1,400 or more of cash wages in 2005 that are subject to social security and Medicare taxes. To find out if the wages are subject to these taxes, see the instructions for Schedule H, lines 1 and 3, on page H-4. If the wages are not subject to these taxes but you withheld federal income tax from the wages of any household employee, you must file Form W-2 for that employee.

If you file one or more Forms W-2, you must also file Form W-3.

Do You Have an Employer Identification Number (EIN)?

If you do not have an EIN, see Form SS-4, Application for Employer Identification Number. The instructions explain how you can get an EIN immediately over the internet, by telephone, or in about 4 weeks if you apply by mail. See *How To Get Forms and Publications* on page H-7 for details on how to get forms and

publications including Form SS-4. Do not use a social security number in place of an EIN.

Can Your Employee Legally Work in the United States?

It is unlawful to employ an alien who cannot legally work in the United States. When you hire a household employee to work for you on a regular basis, you and the employee must each complete part of the U.S. Citizenship and Immigration Services (USCIS) Form I-9, Employment Eligibility Verification. The Bureau was formerly called the Immigration and Naturalization Service, or INS. You must verify that the employee is either a U.S. citizen or an alien who can legally work and you must keep Form I-9 for your records. You can get the form and the USCIS Handbook for Employers by calling 1-800-870-3676, or by visiting the USCIS website at *www. uscis.gov.*

What About State Employment Taxes?

If you employed a household employee in 2005, you probably have to pay contributions to your state unemployment fund for 2005. To find out if you do, contact your state unemployment tax agency right away. You should also find out if you need to pay or collect other state employment taxes or carry workers' compensation insurance.

When and Where To File

Schedule H

If you file Forms 1040, 1040NR, 1040-SS, or 1041 for 2005, remember to attach Schedule H to it. Mail your return by April 17, 2006, to the address shown in your tax return booklet.

Exceptions. If you get an extension of time to file your return, file it with Schedule H by the extended due date. If you are a fiscal year filer, file your return and Schedule H by the due date of your fiscal year return, including extensions.

Note. If you are a calendar year taxpayer and have no household employees for 2005, you do not have to file Form 1040 (Schedule H) for 2005.

If you are not required to file a 2005 tax return (for example, because your income is below the amount that requires you to file), you must file Schedule H by April 17, 2006. Complete Schedule H and put it in an envelope with your check or money order. Do not send cash. See the list of addresses on page H-10. Mail your completed Schedule H and payment to the address listed for the place where you live. Make your check or money order payable to the "United States Treasury" for the total household employment taxes due. Enter your name, address, social security number, daytime phone number, and "2005 Schedule H" on your check or money

order. Household employers that are tax-exempt, such as churches, may file Schedule H by itself.

Form W-2 and Form W-3

By January 31, 2006, you must give Copies B, C, and 2 of Form W-2 to each employee. You will meet this requirement if the form is properly addressed, mailed, and postmarked no later than January 31, 2006.

By February 28, 2006, (March 31, 2006, if you file electronically) send Copy A of all Forms W-2 with Form W-3 to the Social Security Administration (SSA). Mail Copy A of all Forms W-2 with Form W-3 to:

Social Security Administration Data Operations Center Wilkes-Barre, PA 18769-0001

For certified mail, the ZIP code is 18769-0002. If you use a carrier other than the U.S. Postal Service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997."

Note. Check with your state, city, or local tax department to find out if you must send Copy 1 of Form W-2.

Penalties. You may have to pay a penalty if you do not give Forms W-2 to your employees or file Copy A of the forms with the SSA. You may also have to pay a penalty if you do not show your employee's social security number on Form W-2 or do not provide correct information on the form.

How To Fill In Schedule H, Form W-2, and Form W-3

Schedule H



If you were notified that your household employee received payments from a state disability plan, see page H-6.

Social security number. Enter your social security number. (Form 1041 filers, do not enter a number in this space. But be sure to enter your EIN in the space provided.)

Employer identification number (EIN). An EIN is a nine-digit number assigned by the IRS. The digits are arranged as follows: 00-0000000. Enter your EIN in the space provided. If you do not have an EIN, see *Do You Have an Employer Identification Number (EIN)?* earlier. If you applied for an EIN but have not received it, enter "Applied For." Do not use your social security number as an EIN.

Line A. To figure the total cash wages you paid in 2005 to each household employee, do not count amounts paid to any of the following individuals.

- Your spouse.
- Your child who was under age 21.
- Your parent. (See Exception for parents below.)

• Your employee who was under age 18 at any time during 2005. If the employee was not a student, see *Exception for employees under age 18* below.

Exception for parents. Count the cash wages you paid your parent for work in or around your home if both 1 and 2 below apply.

1. Your child who lived with you was under age 18 or had a physical or mental condition that required the personal care of an adult for at least 4 continuous weeks in a calendar quarter.

2. You were divorced and not remarried, a widow or widower, or married to and living with a person whose physical or mental condition prevented him or her from caring for the child during that 4-week period.

Exception for employees under age 18. Count the cash wages you paid to a person who was under age 18 and not a student if providing household services was his or her principal occupation.

Part I. Social Security, Medicare, and Income Taxes

Social security and Medicare taxes pay for retirement, disability, and health benefits for workers and their families. You and your employees pay these taxes in equal amounts.

For social security, the tax rate is 6.2% each for you and your employee. For Medicare, the rate is 1.45% each. If you did not deduct the employee's share from his or her wages, you must pay the employee's share and your share (a total of 12.4% for social security and 2.9% for Medicare). See *Form W-2 and Form W-3* on page H-5 for more information.

Lines 1 and 3. Enter on lines 1 and 3 the total cash wages (defined on page H-2) paid in 2005 to each household employee who meets the \$1,400 test, explained later. However, if you paid any household employee cash wages of more than \$90,000 in 2005, include on line 1 only the first \$90,000 of that employee's cash wages. On line 3, include that employee's total cash wages.

\$1,400 test. Any household employee to whom you paid cash wages of \$1,400 or more in 2005 meets this test. The test applies to cash wages paid in 2005 regardless of when the wages were earned. To figure the total cash wages you paid in 2005 to each household employee, see the instructions for line A, earlier.

Lines 5 and 7. Enter on line 5 any federal income tax you withheld from the wages you paid your household employees in 2005. On line 7, enter any advance EIC payments you made to your household employees in 2005.

Line 9. For each calendar quarter of 2004 and 2005, add the cash wages you paid to all your household employees in that quarter. Is the total for any quarter in 2004 or 2005 \$1,000 or more?

Yes. Complete Part II of Schedule H.

No. Follow the instructions in the chart below.

lf you file Form	Then enter the amount from Schedule H, line 8, on
1040	line 62
1040NR	line 57
1040-SS	Part I, line 4
1041	Schedule G, line 6

If you do not file any of the above forms, complete Part IV of Schedule H and follow the instructions under *When and Where To File* on page H-3.

Part II. Federal Unemployment (FUTA) Tax

FUTA tax, with state unemployment systems, provides for payments of unemployment compensation to workers who have lost their jobs. Most employers pay both a federal and state unemployment tax.

The FUTA tax rate is 6.2%. But see *Credit for contributions paid to state* below. Do not deduct the FUTA tax from your employee's wages. You must pay it from your own funds.

Credit for contributions paid to state. You may be able to take a credit of up to 5.4% against the FUTA tax, resulting in a net tax rate of 0.8%. But to do so, you must pay all the required contributions for 2005 to your state unemployment fund by April 17, 2006. Fiscal year filers must pay all required contributions for 2005 by the due date of their federal income tax returns (not including extension). If you pay contributions to the State of New York, see the instructions for *Line 24*.

Contributions are payments that a state requires you, as an employer, to make to its unemployment fund for the payment of unemployment benefits. However, contributions do not include:

• Any payment such as FUTA tax deducted or deductible from your employees' pay;

• Penalties, interest, or special administrative taxes not included in the contributions rate the state gave you; and

• Voluntary contributions you paid to get a lower experience rate.

Lines 10 through 12. Answer the questions on lines 10 through 12 to see if you should complete Section A or Section B of Part II.

Fiscal year filers. If you paid all state unemployment contributions for 2005 by the due date of your return (not including extensions), check the "Yes" box on line 11. Otherwise, check the "No" box.

Line 13. Enter the two-letter abbreviation of the name of the state (or the District of Columbia, Puerto Rico, or the Virgin Islands) to which you paid unemployment contributions.

Line 15. Enter the total contributions (defined earlier) you paid to your state unemployment fund for 2005. If you did not have to make contributions because your state gave you a zero percent experience rate, enter "0% rate" on line 15.

Line 16. Enter the total cash wages you paid in 2005 to each household employee, including employees paid less than \$1,000. However, do not include cash wages paid in 2005 to any of the following individuals.

- Your spouse.
- Your child who was under age 21.
- Your parent.

If you paid any household employee more than \$7,000 in 2005, include on line 16 only the first \$7,000 of that employee's cash wages.

Line 18. Complete all columns that apply. If you do not, you will not get a credit. If you need more space, attach a statement using the same format as line 18. Your state will provide the experience rate. If you do not know your rate, contact your state unemployment tax agency.

You must complete columns (a), (b), (c), and (i), even if you were not given an experience rate. If you were given an experience rate of 5.4% or higher, you must also complete columns (d) and (e). If you were given a rate of less than 5.4%, you must complete all columns.

If you were given a rate for only part of the year, or the rate changed during the year, you must complete a separate line for each rate period.

Column (c). Enter the taxable wages on which you must pay taxes to the unemployment fund of the state shown in column (a). If your experience rate is zero percent, enter the amount of wages you would have had to pay taxes on if that rate had not been granted.

Column (i). Enter the total contributions (defined earlier) you paid to the state unemployment fund for 2005 by April 17, 2006. Fiscal year filers, enter the total contributions you paid to the state unemployment fund for 2005 by the due date of your return (not including extensions). If you are claiming excess credits as payments of state unemployment contributions, attach a copy of the letter from your state.

Line 24. Complete the worksheet below **only** if you are a New York State employer.

Part III. Total Household Employment Taxes

Line 28. Follow the instructions in the chart below.

lf you file Form	Then do not complete Part IV but enter the amount from Schedule H, line 27, on
1040	line 62
1040NR	line 57
1040-SS	Part I, line 4
1041	Schedule G, line 6

If you do not file any of the above forms, complete Part IV of Schedule H and follow the instructions under *When and Where To File* on page H-3.

Form W-2 and Form W-3

If you file Form W-2, you must also file Form W-3

You must report both cash and noncash wages in box 1, as well as tips and other compensation. The completed Forms W-2 and W-3 in the example (see page H-9) show how the entries are made.

Employee's portion of taxes paid by employer. If you paid the employee's share of social security and Medicare taxes, the following rules apply. See pages H-7, H-8, and H-9.

• Enter the amount you paid for the employee in boxes 4 and 6 (do not include your share of these taxes).

• Add the amounts in boxes 4 and 6 to the amount in box 3 (or box 5 if that amount is larger).

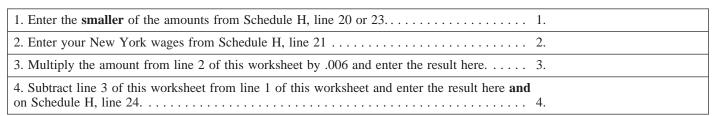
• Enter the total in box 1.



On Form W-3, put an "X" in the "Hshld. emp." box of box b.

Worksheet for New York State Employers—Line 24

Keep for Your Records



You Should Also Know

What's New for 2006



The tax rates mentioned in the instructions for Parts I and II of Schedule H will not change. However, the cash wage threshold that you pay to any one household employee increases to \$1,500 for 2006. The 2006 Em-

ployee Social Security and Medicare Tax Withholding Table *is in Publication 926, Household Employer's Tax Guide.*

Limit on Wages Subject to Social Security Tax. The \$90,000 amount in the instructions for Part I of Schedule H will increase to \$94,200.

Estimated Tax Penalty

You may need to increase the federal income tax withheld from your pay, pension, annuity, etc. or pay estimated tax payments to avoid an estimated tax penalty based on your household employment taxes shown on line 27 of Schedule H (Form 1040). You may increase your federal income tax withheld by filing a new Form W-4, Employee's Withholding Allowance Certificate, or Form W-4P, Withholding Certificate for Pension or Annuity Payments. Make estimated tax payments by filing Form 1040-ES, Estimated Tax for Individuals. For more information, see Publication 505, Tax Withholding and Estimated Tax.



Estimated tax payments must be made during the tax year that the tax liability is incurred.

Exception. You will not be penalized for failure to make estimated tax payments if both 1 and 2 below apply for the year.

1. You will not have federal income tax withheld from wages, pensions, or any other payments you receive.

2. Your income taxes, excluding your household employment taxes, would not be enough to require payment of estimated taxes.

What Records To Keep

You must keep copies of Schedule H and related Forms W-2, W-3, W-4, and W-5, Earned Income Credit Advance Payment Certificate, for at least 4 years after the due date for filing Schedule H or the date the taxes were paid, whichever is later. If you have to file Form W-2, also keep a record of each employee's name and social security number. Each payday, you should record the dates and amounts of:

- Cash and noncash wage payments.
- Any employee social security tax withheld.
- Any employee Medicare tax withheld.
- Any federal income tax withheld.
- Any advance EIC payments you made.

What Is the Earned Income Credit (EIC)?

The EIC is a refundable tax credit for certain workers.

Which employees must I notify about the EIC? You must notify your household employee about the EIC if you agreed to withhold federal income tax from the employee's wages but did not do so because the income tax withholding tables showed that no tax should be withheld.

Note. You are encouraged to notify each employee whose wages for 2005 were less than \$35,263 (\$37,263 if married filing jointly) that he or she may be eligible for the EIC.

How and when must I notify my employees? You must give the employee one of the following:

• The official IRS Form W-2, that has the required information about the EIC on the back of Copy B.

• A substitute Form W-2 with the same EIC information on the back of the employee's copy that is on Copy B of the official IRS Form W-2.

• Notice 797, Possible Federal Tax Refund Due to the Earned Income Credit (EIC).

• Your written statement with the same wording as Notice 797.

If you are not required to give the employee a Form W-2, you must provide the notification by February 7, 2006.

You must hand the notice directly to the employee or send it by First-Class Mail to the employee's last known address.

How do my employees claim the EIC? Eligible employees claim the EIC on their 2005 tax returns.

How do my employees get advance EIC payments? Eligible employees who have a qualifying child can get part of the credit with their pay during the year by giving you a completed Form W-5. You must include advance EIC payments with wages paid to these employees. For details, including tables that show you how to figure the amount to add to the employee's net pay, see Publication 15 (Circular E), Employer's Tax Guide.

Rules For Business Employers

Do not use Schedule H if you chose to report employment taxes for your household employees along with your other employees on Form 941, Employer's Quarterly Federal Tax Return, or Form 943, Employer's Annual Federal Tax Return for Agricultural Employees. If you report this way, be sure to include your household employees' wages on your Form 940 (or Form 940-EZ), Employer's Annual Federal Unemployment (FUTA) Tax Return.

State Disability Payments

Certain state disability plan payments to household employees are treated as wages subject to social security and Medicare taxes. If your employee received payments from a plan that withheld the employee's share of social security and Medicare taxes, include the payments on lines 1 and 3 and complete the rest of Part I through line 5. Add lines 2, 4, and 5. From that total, subtract the amount of these taxes withheld by the state. Enter the result on line 6. Also, enter "disability" and the amount subtracted on the dotted line next to line 6. See the notice issued by the state for more details.

How to Get Forms and Publications

To get the IRS forms and publications mentioned in these instructions (including Notice 797), visit the IRS website at *www.irs.gov* or call 1-800-TAX-FORM (1-800-829-3676).

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages, including income tax withholding. This form is used to determine the amount of the taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your employer identification number (EIN).

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated burden for individual taxpayers filing this form is approved under OMB control number 1545-0074 and is included in the estimates shown in the instructions for their individual income tax return. The estimated burden for all other taxpayers who file this form is shown below. **Recordkeeping**, 1hr., 38 min.; Learning about the law or the form, 30 min.; Preparing the form, 54 min.; Copying, assembling, and sending the form to the IRS, 34 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send Schedule H (Form 1040) to this address. Instead, see *When and Where to File* on page H-3.

Completed Example of Schedule H, Form W-2, and Form W-3

On February 14, 2005, Susan Green hired Helen Maple to clean her house every Wednesday. Susan did not have a household employee in 2004.

Susan paid Helen \$50 every Wednesday for her day's work. Susan decided not to withhold Helen's share of the social security and Medicare taxes from the wages she paid Helen. Instead, she will pay Helen's share of these taxes from her own funds. Susan did not withhold federal income tax because Helen did not give her a Form W-4 to request withholding and no withholding is otherwise required. Susan also did not pay Helen advance earned income credit payments because Helen did not give her a Form W-5.

Helen was employed by Susan for the rest of the year (a total of 46 weeks). The following is some of the information Susan will need to complete Schedule H, Form W-2, and Form W-3.

Helen's total cash wages	\$2,300.00 (\$50 x 46 weeks)
Social security tax	\$142.60 (\$2,300 x 6.2% (.062))
Medicare tax	\$33.35 (\$2,300 x 1.45% (.0145))
Helen's total cash wages each qu1st quarter2nd quarter3rd quarter4th quarter	arter: \$300.00 (\$50 x 6 weeks) \$650.00 (\$50 x 13 weeks) \$650.00 (\$50 x 13 weeks) \$700.00 (\$50 x 14 weeks)
Amount included in box 1 of For Cash wagesHelen's share of social secu SusanHelen's share of Medicare t Total	

(Fo	CHEDULE H Form 1040) partment of the Treasury erral Revenue Service (99) Household Employment Taxes (For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Ta Attach to Form 1040, 1040NR, 1040-SS, or 1041. See separate instructions.		Attachment Sequence No. 44				
Internal Revenue Service (99) See separate instructions. Name of employer Instruction (19)		Social	Social security number				
			00	0 11 1111			
	Susan Green		-	yer identification nu 1 2 3 4 5			
Α	 A Did you pay any one household employee cash wages of \$1,400 or more in 2005? (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-3 before you answer this question.) ✓ Yes. Skip lines B and C and go to line 1. 						
\approx	No. Go to			****	\approx		
Pa	rt I Social Se	curity, Medicare, and Income Taxes					
1	Total cash wage	es subject to social security taxes (see page H-3)					
2	5	axes. Multiply line 1 by 12.4% (.124)	2	285	20		
3	Total cash wage	es subject to Medicare taxes (see page H-3) 3 2, 300 00					
4	Medicare taxes.	Multiply line 3 by 2.9% (.029)	4	66	70		
5	Federal income	tax withheld, if any	5				
6	Total social sec	curity, Medicare, and income taxes (add lines 2, 4, and 5)	6	351	90		
7	Advance earned	l income credit (EIC) payments, if any	7				
8	Net taxes (subt	ract line 7 from line 6)	8	351	90		
9	, , ,	al cash wages of \$1,000 or more in any calendar quarter of 2004 or 2005 to ho ash wages paid in 2004 or 2005 to your spouse, your child under age 21, or you		1 2			
~~		Enter the amount from line 8 above on Form 1040, line 62. If you are not require nstructions on page H-4.		e Form 1040, se	e the		

Note: Although not shown, Susan also enters on Form W-2 the required state or local income tax information in boxes 15 through 20. Visit the SSA website at www.socialsecurity.gov/employer to file Copy A of Form W-2 electronically.

Control number 22222 Void	OMB No. 1545-		
Employer identification number (EIN) 00-1234567		1 Wages, tips, other compen 2475.95	sation 2 Federal income tax withheld
Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld
Susan Green 16 Gray Street		2300.00 5 Medicare wages and tip	142.60 is 6 Medicare tax withheld
Anyplace, CA 92665		2300.00	33.35
		7 Social security tips	8 Allocated tips
Employee's social security number 000-00-4567		9 Advance EIC payment	10 Dependent care benefits
Employee's first name and initial Last name		11 Nonqualified plans	12a See instructions for box 12
Helen R. Maple		13 Statutory Retirement Thi employee plan sicl	rd-party < pay 12b
19 Pine Avenue Anycity, CA 92666			
Anycity, CA 92000		14 Other	12c
			d 12d
Employee's address and ZIP code			
State Employer's state ID number 16 State wages, 1	tips, etc. 17 State incor	me tax 18 Local wages, tips,	etc. 19 Local income tax 20 Locality na
m VV ⁻ Z Statement by A For Social Security Administration — Send this re page with Form W-3 to the Social Security ninistration; photocopies are not acceptable.	Cat. No. ⁻	10134D	
by A For Social Security Administration — Send this re page with Form W-3 to the Social Security ninistration; photocopies are not acceptable.	Cat. No. ⁻	10134D	For Privacy Act and Paperwork Reducti Act Notice, see back of Copy
a Control number 33333 For Good Control Number	Cat. No. ⁻ Official Use Only ► B No. 1545-0008		Act Notice, see back of Copy
a Control number 33333 For of other of other	Cat. No Official Use Only ► B No. 1545-0008 1 Wages, tips, of 2.4.75 C	ther compensation 2 25	Act Notice, see back of Copy
y A For Social Security Administration — Send this re page with Form W-3 to the Social Security ninistration; photocopies are not acceptable.	Cat. No. 1 Official Use Only ► B No. 1545-0008 1 Wages, tips, or 2475.0 3 Social securi	ther compensation 2 5 ty wages 4	Act Notice, see back of Copy Federal income tax withheld Social security tax withheld
a Control number 33333 For one of the second security and the second security and the second security and the second security and the second se	Cat. No Official Use Only ► B No. 1545-0008 1 Wages, tips, of 2475, C 3 Social securi 2300,(er 5 Medicare wa	ther compensation 2 35 ty wages 4 20 ges and tips 6	Act Notice, see back of Copy Federal income tax withheld Social security tax withheld 142.60 Medicare tax withheld
a Control number 33333 For or one b 941 Military 943 Hahld. Helicare Third- c Total number of Forms W-2 d Establishment number i 1 i i i 1 i i i 1 i i i 1 i i i 1 i i i 1 i i i 1 i i i i i i i i i i i 1 i i i 1 i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i <td>Cat. No Official Use Only ► B No. 1545-0008 -party 3 Social securi 2300.(</td> <td>ther compensation 2 by wages 4 O ges and tips 6 O</td> <td>Act Notice, see back of Copy Federal income tax withheld Social security tax withheld 142.60</td>	Cat. No Official Use Only ► B No. 1545-0008 -party 3 Social securi 2300.(ther compensation 2 by wages 4 O ges and tips 6 O	Act Notice, see back of Copy Federal income tax withheld Social security tax withheld 142.60
A For Social Security Administration — Send this re page with Form W-3 to the Social Security ninistration; photocopies are not acceptable.	Cat. No Official Use Only ► B No. 1545-0008 	ther compensation 2 5 ty wages 4 00 4 ges and tips 6 00 8 ty tips 8	Act Notice, see back of Copy Federal income tax withheld Social security tax withheld 142.60 Medicare tax withheld 33.35
a Control number 33333 For one of the second security and the second second security and the second security and the second	Cat. No Official Use Only ► B No. 1545-0008 1 Wages, tips, of 2475,C 3 Social securi 2300.(r 5 Medicare wa 2300.(7 Social securi 9 Advance EIC	ther compensation 2 25 by wages 4 20 ges and tips 6 20 by tips 8 payments 10	Act Notice, see back of Copy Federal income tax withheld Social security tax withheld 142.60 Medicare tax withheld 33.35 Allocated tips Dependent care benefits
 b Social Security Administration — Send this re page with Form W-3 to the Social Security ininistration; photocopies are not acceptable. a Control number b Sind of Payer c Total number of Forms W-2 d Establishment number c Total number of Forms W-2 d Establishment number CO-1234567 f Employer's name 	Cat. No Official Use Only ► B No. 1545-0008 1 Wages, tips, of 2475.2 3 Social securi 23000.(ler 5 Medicare wa 2300.(7 Social securi 9 Advance EIC 11 Nonqualified	ther compensation 2 55 ty wages 4 00 4 ges and tips 6 00 5 00 5 10 8 payments 10 plans 12	Act Notice, see back of Copy Federal income tax withheld Social security tax withheld 142.60 Medicare tax withheld 33.35 Allocated tips
a Control number Security Administration — Send this b 941 Mulitary 943 Hand Hand Hand Hand of 941 Mulitary 943 Hand Hand Hand Hand of Payer CT-1 Band Medicare c Total number of Forms W-2 d Establishment number i Total number of Forms W-2 d Establishment number f Employer identification number (EIN) 00-1234567 G f Employer's name SUGAN Green SUGAN Green	Cat. No Official Use Only ► B No. 1545-0008 1 Wages, tips, of 2475.2 3 Social securi 23000.(ler 5 Medicare wa 2300.(7 Social securi 9 Advance EIC 11 Nonqualified	ther compensation 2 25 by wages 4 20 ges and tips 6 20 by tips 8 payments 10	Act Notice, see back of Copy Federal income tax withheld Social security tax withheld 142.60 Medicare tax withheld 33.35 Allocated tips Dependent care benefits
 a Control number b Sind Security Administration — Send this repage with Form W-3 to the Social Security ininistration; photocopies are not acceptable. a Control number b Sind Security S	Cat. No Official Use Only ► B No. 1545-0008 -party ay 2300.(Fr 5 Medicare wa 2300.(7 Social securi 9 Advance EIC 11 Nonqualified 13 For third-part	ther compensation 2 55 ty wages 4 00 4 ges and tips 6 00 5 00 5 10 8 payments 10 plans 12	Act Notice, see back of Copy Federal income tax withheld Social security tax withheld 142.60 Medicare tax withheld 33.35 Allocated tips Dependent care benefits Deferred compensation
 a Control number b 941 Military 943 b 941 Military 943 b 941 Hishd. Medicare Third-of Payer c Total number of Forms W-2 d Establishment number e Employer identification number (EIN) 00-1234567 f Employer's name Susan Green 16 Gray Street 	Cat. No Official Use Only ► B No. 1545-0008 -party ay 2300.(Fr 5 Medicare wa 2300.(7 Social securi 9 Advance EIC 11 Nonqualified 13 For third-part	ther compensation 2 5 ty wages 4 00 ges and tips 6 00 ty tips 8 payments 10 plans 12 ty sick pay use only	Act Notice, see back of Copy Federal income tax withheld Social security tax withheld 142.60 Medicare tax withheld 33.35 Allocated tips Dependent care benefits Deferred compensation
 a Control number b 941 Military 943 b 941 Military 943 b 941 Military 943 b 941 Hishd. Medicare Third-of Payer c Total number of Forms W-2 d Establishment number e Employer identification number (EIN) 00-1234567 f Employer's name Susan Green 16 Gray Street Anyplace, CA 92665 g Employer's address and ZIP code 	Cat. No Official Use Only ► B No. 1545-0008 -party ay 2300.(Fr 5 Medicare wa 2300.(7 Social securi 9 Advance EIC 11 Nonqualified 13 For third-part	ther compensation 2 15 ty wages 4 20 15 ty wages 4 20 16 17 10 12 12 ty sick pay use only 17 18 19 19 19 10 12 12 12 13 14 15 10 12 12 13 14 15 15 16 16 17 17 18 19 19 19 19 19 19 19 19 19 19	Act Notice, see back of Copy Federal income tax withheld Social security tax withheld 142.60 Medicare tax withheld 33.35 Allocated tips Dependent care benefits Deferred compensation
 a Control number BAJJJJ For Gocial Security Administration — Send this re page with Form W-3 to the Social Security ninistration; photocopies are not acceptable. a Control number BJJJJ For Gocial Security Administration — Send this repage with Form W-3 to the Social Security ninistration; photocopies are not acceptable. a Control number BJJJJ For Gocial Security Administration — Send this repage with Form W-3 to the Social Security ninistration; photocopies are not acceptable. b Kind	Cat. No Official Use Only ► B No. 1545-0008 1 Wages, tips, of 2475, C 3 Social securi 2300.(r 5 Medicare wa 2300.(7 Social securi 9 Advance EIC 11 Nonqualified 13 For third-part 14 Income tax w	ther compensation 2 5 y wages 4 00 ges and tips 6 00 plans 10 plans 12 ry sick pay use only /ithheld by payer of third-party sic tips, etc. 17	Act Notice, see back of Copy Federal income tax withheld Social security tax withheld 142.60 Medicare tax withheld 33.35 Allocated tips Dependent care benefits Deferred compensation k pay State income tax
 a Control number BAJJJJ For Gocial Security Administration — Send this re page with Form W-3 to the Social Security ninistration; photocopies are not acceptable. a Control number BJJJJ For Gocial Security Administration — Send this repage with Form W-3 to the Social Security ninistration; photocopies are not acceptable. a Control number BJJJJ For Gocial Security Administration — Send this repage with Form W-3 to the Social Security ninistration; photocopies are not acceptable. b Kind	Cat. No Official Use Only ► B No. 1545-0008 1 Wages, tips, or 24775.2 3 Social securi 2300.(7 Social securi 9 Advance EIC 11 Nonqualified 13 For third-part 14 Income tax w	ther compensation 2 5 y wages 4 00 ges and tips 6 00 plans 10 plans 12 y sick pay use only //thheld by payer of third-party sic tips, etc. 17	Act Notice, see back of Copy Federal income tax withheld Social security tax withheld 142.60 Medicare tax withheld 33.35 Allocated tips Dependent care benefits Deferred compensation k pay
 a Control number BAJJJJ For Gocial Security Administration — Send this re page with Form W-3 to the Social Security ninistration; photocopies are not acceptable. a Control number BJJJJ For Gocial Security Administration — Send this repage with Form W-3 to the Social Security ninistration; photocopies are not acceptable. a Control number BJJJJ For Gocial Security Administration — Send this repage with Form W-3 to the Social Security ninistration; photocopies are not acceptable. b Kind	Cat. No Official Use Only ► B No. 1545-0008 1 Wages, tips, or 2475, C 3 Social securi 2300,(7 Social securi 9 Advance EIC 11 Nonqualified 13 For third-part 14 Income tax w 16 State wages, 18 Local wages, Telephone nurr	ther compensation 2 15 15 19 wages 4 20 19 ges and tips 6 20 10 ges and tips 8 10 plans 12 12 ry sick pay use only 12 ry sick pay use only 14 ritheld by payer of third-party sic 15 rithes, etc. 17 17 tips, etc. 19 19 rithes 12 rithes, 12 rithes, 13 rithes, 14 rithes, 15 r	Act Notice, see back of Copy Federal income tax withheld Social security tax withheld 142.60 Medicare tax withheld 33.35 Allocated tips Dependent care benefits Deferred compensation k pay State income tax
 a Control number BAT For Social Security Administration — Send this re page with Form W-3 to the Social Security ininistration; photocopies are not acceptable. a Control number BAT Military Control number of Forms W-2 Content of	Cat. No Official Use Only ► B No. 1545-0008 1 Wages, tips, or 24775.2 3 Social securi 2300.(7 Social securi 9 Advance EIC 11 Nonqualified 13 For third-part 14 Income tax w 16 State wages, 18 Local wages,	ther compensation 2 15 15 19 wages 4 20 19 ges and tips 6 20 10 ges and tips 8 10 plans 12 12 ry sick pay use only 12 ry sick pay use only 14 ritheld by payer of third-party sic 15 rithes, etc. 17 17 tips, etc. 19 19 rithes 12 rithes, 12 rithes, 13 rithes, 14 rithes, 15 r	Act Notice, see back of Copy Federal income tax withheld Social security tax withheld 142.60 Medicare tax withheld 33.35 Allocated tips Dependent care benefits Deferred compensation k pay State income tax Local income tax
a Control number 33333 For year b 941 Military 943 b 941 Military 943 b 941 Military 943 b 941 Military 943 c Total number CT-1 emp. gott emp. c Total number of Forms W-2 d Establishment number c Total number of Forms W-2 d Establishment number c Total number of Forms W-2 d Establishment number f Employer identification number (EIN) OO-1234567 f Employer's name SUBAN Green 16 Gray Street Anyplace, CA 92665 g g Employer's address and ZIP code h Other EIN used this year 15 State Employer's state ID number Contact person Email address Email address	Cat. No Official Use Only B No. 1545-0008 Party 3 Social securi 23/00/. r 5 Medicare wa 23/00/. 7 Social securi 9 Advance EIC 11 Nonqualified 13 For third-part 14 Income tax w 16 State wages, 18 Local wages, Telephone num (123) 2 Fax number ()	ther compensation 2 5 ty wages 4 00 4 ges and tips 6 00 8 payments 10 plans 12 ry sick pay use only withheld by payer of third-party sic 10 12 ry sick pay use only 12 13 14 15 16 10 12 12 15 16 17 19 19 19 19 19 19 19 19 19 19	Act Notice, see back of Copy Federal income tax withheld Social security tax withheld 142.60 Medicare tax withheld 33.35 Allocated tips Dependent care benefits Deferred compensation k pay State income tax Local income tax For Official Use Only
 a Control number b Stand Security Administration — Send this repage with Form W-3 to the Social Security ininistration; photocopies are not acceptable. a Control number b Stand Security Administration b Stand Security Administration c Total number of Forms W-2 c Total number of Forms W-2 d Establishment number c Total number of Forms W-2 d Establishment number e Employer's name Susan Green 16 Gray Street Anyplace, CA 92665 g Employer's address and ZIP code h Other EIN used this year 15 State Employer's state ID number 	Cat. No Official Use Only B No. 1545-0008 Party 3 Social securi 23/00/. r 5 Medicare wa 23/00/. 7 Social securi 9 Advance EIC 11 Nonqualified 13 For third-part 14 Income tax w 16 State wages, 18 Local wages, Telephone num (123) 2 Fax number ()	ther compensation 2 5 ty wages 4 00 4 ges and tips 6 00 8 payments 10 plans 12 ry sick pay use only withheld by payer of third-party sic 10 12 ry sick pay use only 12 13 14 15 16 10 12 12 15 16 17 19 19 19 19 19 19 19 19 19 19	Act Notice, see back of Copy Federal income tax withheld Social security tax withheld 142.60 Medicare tax withheld 33.35 Allocated tips Dependent care benefits Deferred compensation k pay State income tax Local income tax For Official Use Only
 a Control number B B B B B B B B B B B B B B B B B B B	Cat. No Official Use Only B No. 1545-0008 Party 3 Social securi 23/00/. r 5 Medicare wa 23/00/. 7 Social securi 9 Advance EIC 11 Nonqualified 13 For third-part 14 Income tax w 16 State wages, 18 Local wages, Telephone num (123) 2 Fax number ()	ther compensation 2 5 ty wages 4 00 4 ges and tips 6 00 8 payments 10 plans 12 ry sick pay use only withheld by payer of third-party sic 10 12 ry sick pay use only 12 13 14 15 16 10 12 12 15 16 17 19 19 19 19 19 19 19 19 19 19	Act Notice, see back of Copy Federal income tax withheld Social security tax withheld 142.60 Medicare tax withheld 33.35 Allocated tips Dependent care benefits Deferred compensation k pay State income tax Local income tax For Official Use Only

Note: When you fill in Forms W-2 and W-3, please— • Type or print entries, if possible, using black ink.

• Do not round money amounts—show the cents portion.

• Enter all money amounts without the dollar sign and comma, but with the decimal point (for example, 2475.95 **not** \$2,475.95).

Do You Have To File Form 1040, 1040NR, 1040-SS, or 1041?

- Yes Attach Schedule H to that form and mail to the address in your tax return booklet.
- No Mail your completed Schedule H and payment to the Internal Revenue Service for the place where you live. No street address is needed. See When and Where To File on page H-3 for the information to enter on your payment.

IF you live in	THEN use this address	IF you live in	THEN use this address	
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	Atlanta, GA 39901-0002	Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington,	Fresno, CA 93888-0002	
District of Columbia, Maine, Maryland, Massachusetts,	Andover, MA 05501-0002	Wyoming		
New Hampshire, New York, Vermont		Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri,	Kansas City, MO 64999-0002	
New Jersey, Pennsylvania	Philadelphia, PA 19255-0002	North Dakota, Ohio, Wisconsin		
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee,	Austin, TX 73301-0002	American Samoa, Guam, Puerto Rico, Virgin Islands	Philadelphia, PA 19255-0215	
Texas, West Virginia		Foreign country, all APO and FPO addresses	Austin, TX 73301-0215	