SCHEDULE H (Form 1040)

Name of employer

Department of the Treasury Internal Revenue Service (99)

Household Employment Taxes

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

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

► See separate instructions.

OMB No. 1545-0074 Attachment Sequence No. 44

Social security number

			- 1						
		Em	nploye	rident	numb	ımber			
Α	Did you pay any one household employee cash wages of \$1,400 or more in 2003? (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.☐ No. Go to line B.								
В	Did you withhold Federal income tax during 2003 for any household employee?								
	☐ Yes. Skip line C and go to line 5.☐ No. Go to line C.								
С	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2002 or 2003 to all (Do not count cash wages paid in 2002 or 2003 to your spouse, your child under age 21, or you				nploye	es?			
	 No. Stop. Do not file this schedule. Yes. Skip lines 1-9 and go to line 10 on the back. (Calendar year taxpayers having no house do not have to complete this form for 2003.) 	ehol	d em	ploye	es in :	2003			
Pa	rt I Social Security, Medicare, and Income Taxes								
1	Total cash wages subject to social security taxes (see page H-3)								
2	Social security taxes. Multiply line 1 by 12.4% (.124)		2						
3	Total cash wages subject to Medicare taxes (see page H-3)	_///							
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	-	4				—		
5	Federal income tax withheld, if any	!	5			+	_		
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	-	6						
7	Advance earned income credit (EIC) payments, if any	-	7						
8	Net taxes (subtract line 7 from line 6)	L	8						
9	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2002 or 2003 to ho (Do not count cash wages paid in 2002 or 2003 to your spouse, your child under age 21, or yo				oyeesî	•			
	No. Stop. Enter the amount from line 8 above on Form 1040, line 59. If you are not require line 9 instructions on page H-3.	d to	file I	Form	1040,	see 1	:he		
	Ves. Go to line 10 on the back								

Cat. No. 12187K

 Schedule H (Form 1040) 2003
 Page 2

Par	t II 💮 Fe	deral Ur	nemployment (Fl	JTA) Tax								
						_				10	Yes	No
10			loyment contributio							10 11		
11 12		-	e unemployment cor t are taxable for FU				-		page H-4	12		
		-	e "Yes" box on all			•	•			•	•	
•0/11	-		e "No" box on any			•		plete Section	B.			
					Sec	tion A			1/////			
13												
14	State reporting number as shown on state unemployment tax return ▶											
15	Contributions paid to your state unemployment fund (see page H-4).											
16	Total cash wages subject to FUTA tax (see page H-4)											
17	FUTA tax.	Multiply	line 16 by .008. Ent	er the res	sult here, s	skip Section	n B, and go to	line 26	17			
						tion B						
18			nns below that appl	y (if you n 	eed more	space, see	e page H-4):		4.			
(a) Name	(b) State reporting number	ng number	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State	(f)	(g) Multiply col. (c)	Subtract co		(i) Contrib	utions
of state	as shown unemployr	ment tax				experience rate	Multiply col. (c) by .054	by col. (e)	zero or le	ess, L	paid to inemplo	oyment
	retu	rn		From	То				enter -C)	fur	na
19	Totals .							19				
20			d (i) of line 19 ubject to FUTA tax				20		21			
21	iolai casii	wayes si	ubject to FUTA tax	(see the ii	HE TO HIST	iructions of	грауе п-4) .					
22	Multiply lin	e 21 by 6	6.2% (.062)						22			
23	Multiply lin	e 21 hv ^p	5.4% (.054)				23					
24		-	of line 20 or line 23.						24			
25	FIITΔ tay	Subtract	line 24 from line 22) Enter th	ne result h	ere and an	to line 26		25			
Par			sehold Employm			ere and go	to line 20		23			
26	Enter the a	mount fr	om line 8						26			
27	Add line 1	7 (or line	25) and line 26.						27			
28	Are you re	quired to	file Form 1040?									
		Stop . En Part IV b	ter the amount fron	n line 27 a	above on I	Form 1040,	line 59. Do n	ot complete				
	☐ No.	You may	have to complete F									
Par Addre			nd Signature—C				quired. See t	he line 28 ins	Structions Apt., roon			H-4.
- dui e	33 (Humber an	u street, or	1 .O. DOX II Maii is not de	invered to st	reet address				Αρί., 10011	i, or su	ite no.	
City, t	own or post of	fice, state,	and ZIP code									
l Inder	nenalties of r	eriury I dec	clare that I have examine	nd this scher	tule includin	a accompanyi	na statements an	nd to the hest of r	ny knowleda	e and h	nelief it	is true
			of any payment made to									
_							L					
E	mployer's sign						─	Date				