SCHEDULE H		Household Employm	OMB No.	OMB No. 1545-1971						
(Form 1040)		(For Social Security, Medicare, Withheld Income, and F		Taxes)	20	12				
Department of the Treasury Attach to Form 1040, 1040NR, 1040-SS, or 1041. See separate instructions. 			Attac		achment					
Internal Revenue Service (99) See Separate Instructions.				Sequence No. 44 Social security number						
			-	Employer i	dentification r	number				
A	spouse, your ch question.)	y one household employee cash wages of \$1,800 hild under age 21, your parent, or anyone under age				-				
	 Yes. Skip lines B and C and go to line 1. No. Go to line B. 									
В	B Did you withhold federal income tax during 2012 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 2011 or 2012 to all household employees? (Do not count cash wages paid in 2011 or 2012 to your spouse, your child under age 21, or your parent.)									
	 No. Stop. Do not file this schedule. Yes. Skip lines 1-7 and go to line 8. (Calendar year taxpayers having no household employees in 2012 do not have to complete this form for 2012.) 									
Part I Social Security, Medicare, and Federal Income Taxes										
1	Total cash wage	s subject to social security taxes	1							
2	Social security ta	axes. Multiply line 1 by 10.4% (.104)		2						
3	Total cash wage	s subject to Medicare taxes	3							
4	Medicare taxes.	Multiply line 3 by 2.9% (.029)		4						
		tax withheld, if any		5						
6	Total social sec	curity, Medicare, and federal income taxes. Add line	es 2, 4, and 5	6						
7	 7 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2011 or 2012 to all household employees? (Do not count cash wages paid in 2011 or 2012 to your spouse, your child under age 21, or your parent.) 									
	-	nclude the amount from line 6 above on Form 1040, I nstructions.	ne 59a. If you are not requi	red to file	e Form 1040), see th	ie			
	Yes. Go to I	ine 8.								
For	Privacy Act and Pap	erwork Reduction Act Notice, see the instructions.	Cat. No. 12187K	Sc	chedule H (For	m 1040) 2	2012			

Schedule H (Form 1040) 2012 Page 2											
Part II Federal Unemployment (FUTA) Tax											
		· · ·	-							Yes	No
8	Did you pay unemi	olovment contributi	ons to only one	state? (If vo	ou paid contribu	itions to a cred	lit redu	uction			
•	8 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check "No.")							8			
9									9		
	Were all wages that			• •				-	10		<u> </u>
	froro an magoo ma			o loi youl o				· · L			
Nov	t: If you checked the	"Vos" box on all th	a linas abova ja	molata Sac	tion A						
Nex		"No" box on any o				e Section B					
	Il you checked the	No box on any o		Section A		e dection D.					
44											
	Name of the state w	vnere you paid unen	npioyment contri	butions -							
10	Contributions poid t	to vour ototo unomo	lov mont fund		. 12						
	Contributions paid t		-				10				
	Total cash wages s						13				
14	FUTA tax. Multiply	line 13 by .6% (.006	/	Section B		o to line 23	14				<u> </u>
45											
15	Complete all colum		1			(0)		(m)		(6)	
	(a) Name of state	(b) Taxable wages (as	(c) State experience rat	e State	(e) Multiply col. (b)	(f) Multiply col. (b)	Subt	(g) ract col. (f)	Co	(h) ontribut	tions
		defined in state act)	period	experience	by .054	by col. (d)	from col. (e).			aid to s	
			Energy Te	rate			zero or less,			unemployment	
			From To	_			er	nter -0		fund	
				_							
16	Tatala					16					
						16		-			<u> </u>
	17 Add columns (g) and (h) of line 16 17 18 Total cash wages subject to FUTA tax (see the line 13 instructions) 17										
	_	-					18				
	Multiply line 18 by 6					· · · · ·	19				<u> </u>
20							-				
21	21 Enter the smaller of line 17 or line 20										
~~	(Employers in a credit reduction state must use the worksheet on page H-7 and check here) .								<u> </u>		
22 FUTA tax. Subtract line 21 from line 19. Enter the result here and go to line 23											
Part III Total Household Employment Taxes 23 Enter the amount from line 6. If you checked the "Yes" box on line C of page 1, enter -0											
			ecked the "Yes" t	ox on line C	or page 1, ente	r-U	23				<u> </u>
	Add line 14 (or line 2						24				L
25	Are you required to			E (0)							
	Yes. Stop. Include the amount from line 24 above on Form 1040, line 59a. Do not complete Part IV below.										
No. 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 25 instructions.											
Address (number and street) or P.O. box if mail is not delivered to street address Apt., I					ot., roon	n, or suite no	J.				
<u></u>											
City,	town or post office, state, a	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				
Paid Proparor	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Preparer Use Only	Firm's name				Firm's EIN ►		
Use Only	Firm's address ►				Phone no.		