

Notice 587 (Rev. 11-94)

Preparing Form W-2 for Your Household Employee

Important Change for 1994

A new law eliminates the requirement for household employers to report and pay social security and Medicare taxes for employees to whom they paid cash wages of less than \$1,000 for household work in 1994. But household employers must still give Form W-2 to any employee to whom they paid at least \$50 cash wages in any calendar quarter in 1994.

Household employers who paid any employee cash wages of at least \$50 in any quarter but less than \$1,000 in all of 1994 should follow the special rules on page 2 for preparing Form W-2.

Preparing Form W-2 for Household Employees Paid \$1,000 or More in 1994

Here's how to complete Form W-2, Wage and Tax Statement, for your household employee to whom you paid \$1,000 or more in 1994. Please type or print the entries, if possible, using black ink. Make all dollar entries without the dollar sign and comma but with the decimal point (0000.00). Show the cents portion of the money amounts.

Box b—Enter the employer identification number assigned to you by the Internal Revenue Service. It is shown on the Form 942 that you file quarterly with the IRS.

Box c—Enter your own name and address.

Box d—Enter the employee's social security number exactly as shown on the employee's social security card

Box e—Enter the employee's name exactly as shown on the employee's social security card.

Box f—Enter the employee's complete mailing address.

Box 1—Enter the total wages paid. This figure is usually the same as box 3 and box 5, but if you paid the employee's share of social security

a Control number	55555	Void	For Official OMB No. 1		•										
b Employer's identification number						Wages	s, tips, oth	ner compe	nsation	2 Federal income tax withhele					
00-000000						500	0.00								
c Employer's name, address, and ZIP code						Socia	I security	y wages		4 Social security tax withheld					
Mary S. Employer						5000.00					310.00				
218 Main St.					5 Medicare wages and tips						6 Medicare tax withheld				
Anytown, MD 21611					5000.00					72.50					
					7	Socia	I security	tips /		8	Allocate	d tips			
d Employee's social security number						9 Advance EIC payment					10 Dependent care benefits				
000-11-0000															
e Employee's name (first, middle initial, last)						11 Nonqualified plans					12 Benefits included in box 1				
Jane R. Doe															
1642 Any St. Anycity, MD 2	1041				13	See I	nstrs. for	box 13		14	Other				
f Employee's address ar	nd ZIP code					atutory nployee	Deceased	Pension plan	Legal rep.	e	42 S mp.	ubtotal	Deferred compensation		
16 State Employer's sta	te I.D. No. 1	7 State wa	ges, tips, etc.	18 State in	ncome	tax	19 Local	ity name	20 Loca	al wag	es, tips, etc.	21 L	ocal income tax		
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Cat. No. 10134D

Department of the Treasury—Internal Revenue Service

W-2 Wage and Tax Statement 1994

Copy A For Social Security Administration

For Paperwork Reduction Act Notice, see separate instructions.

Note: If you pay the employee's share of social security and Medicare taxes rather than withhold them from the employee's wages, enter the appropriate amount in box 4 and box 6 as if they had been withheld, and include the amounts as other compensation in box 1. However, do not include the amounts as social security wages in box 3 nor as Medicare wages in box 5. In this example, if you had paid the employee's social security and Medicare taxes, the box 1 amount would be \$5382.50. The amounts in the other boxes would stay the same.

and Medicare taxes, box 1 will generally be the amount in either box 3 or box 5 plus the total of boxes 4 and 6.

Box 2—If you withheld Federal income tax from the employee's wages, enter the amount here.

Box 3—Enter the total cash wages subject to social security tax. Do not show more than \$60,600 in this box for 1994. DO NOT include as social security wages any employee's share of social security taxes you paid.

Box 4—Enter the total social security tax withheld from the employee (or paid by you on behalf of that person). **Do not** include the employer's share of social security tax.

Box 5—Enter the total cash wages paid that are subject to Medicare tax. For 1994, the wage base limit for Medicare tax has been eliminated. All 1994 wages are subject to Medicare tax. Do not include as Medicare wages any employee's share of Medicare taxes you paid.

Box 6—Enter the total Medicare tax withheld from the employee (or paid by you on behalf of that person). **Do not** include the employer's share of Medicare tax.

Box 9—Enter the total amount (if any) paid to the employee as advance earned income credit (EIC).

Box 15—If you had only one employee last year, put an X in the "942 emp." box and send only Copy A to the Social Security
Administration. If you had more than one employee, leave the "942 emp." box blank, and file Form W-3, Transmittal of Wage and Tax Statements, with the W-2 forms.

Caution: If you file Form W-3, be sure to put an X in the "942" box on the Form W-3.

Mailing Instructions

Household employers should send Form W-2, Copy A (and Form W-3 if they had more than one employee) to:

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

Send your Form 942 and any tax payment to the Internal Revenue Service. See the Form 942 instructions for the correct IRS address.

Preparing Form W-2 for Household Employees Paid Less Than \$1,000 in 1994

Use the following instructions to prepare Form W-2 for each employee to whom you paid cash wages of at least \$50 in any calendar quarter in 1994, but less than \$1,000 in the entire year.

Please type or print the entries, if possible, using black ink. Make all dollar entries without the dollar sign and comma but with the decimal point (0000.00). Show the cents portion of the money amounts.

Box b—Enter the employer identification number assigned to you by the Internal Revenue Service. It is shown on the Form 942 that you filed quarterly with the IRS.

Box c—Enter your own name and address.

Box d—Enter the employee's social security number exactly as shown on the employee's social security card.

Box e—Enter the employee's name exactly as shown on the employee's social security card.

Box f—Enter the employee's complete mailing address.

Box 1—Enter the total wages paid in 1994. DO NOT include the employee's share of social security and Medicare taxes you **paid**.

Box 2—Enter any Federal income tax withheld from the employee's wages.

Box 3—Enter the total cash wages paid in 1994, if you paid at least \$50 in any calendar quarter, but less than \$1,000 in the entire year. DO NOT include as social security wages any employee's share of social security tax **you paid** rather than withheld from the employee's wages.

Box 4—Enter the total social security tax you **withheld** from the employee, but have not refunded or obtained written consent to get the refund on the employee's behalf.

Box 5—Enter the total cash wages paid in 1994, if you paid at least \$50 in any calendar quarter, but less than \$1,000 in 1994. DO NOT include as Medicare wages any employee's share of Medicare tax you **paid** rather than withheld from the employee's wages.

a Control number	55555	Void	For Official OMB No. 1		•									
b Employer's identification number						Wages	s, tips, oth	er compe	ensation	2	Federal	income	e tax withh	ield
00-000000						800	.00							
c Employer's name, address, and ZIP code						Socia	I security	wages		4 Social security tax withheld				∍ld
Jean A. Lake						800	.00							
219 Main Street					5 Medicare wages and tips					6 Medicare tax withheld				
Anytown, MD 21611						800	.00							
						Socia	I security	tips		8	Allocated tips			
d Employee's social security number						9 Advance EIC payment					Depend	ent car	e benefits	
000-11-0000														
e Employee's name (first, middle initial, last)						11 Nonqualified plans					12 Benefits included in box 1			
George R. Doe														
					13	See I	nstrs. for	box 13		14	Other			
2642 Any Street														
Anycity, MD 21041														
						atutory nployee	Deceased	Pension plan	Legal rep.	ė	mp.	ubtotal	Deferred compensation	on
f Employee's address and ZIP code						<u> </u>					<u> </u>			
16 State Employer's sta	te I.D. No. 1	7 State wa	ges, tips, etc.	18 State in	come	tax	19 Locali	ty name	20 Loca	al wag	es, tips, etc.	21 L	ocal income ta	ax
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see separate instructions.

W-2 Wage and Tax 1994

Copy A For Social Security Administration

Box 6—Enter the total Medicare tax you **withheld** from the employee, but have not refunded or obtained written consent to get the refund on the employee's behalf.

Box 9—Enter the total amount of any advance earned income credit (EIC) payments you made to the employee.

Box 15—If you had only one employee last year, put an X in the "942 emp." box and send only Copy A to the Social Security
Administration. If you had more than one employee, leave the "942 emp." box blank, and file Form W-3, Transmittal of Wage and Tax Statements, with Copy A of the W-2 forms.

Caution: If you file Form W-3, be sure to put an X in the "942" box on the Form W-3.

Mailing Instructions

Household employers should send Form W-2, Copy A (and Form W-3 if they had more than one employee) to:

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

Send your Form 942 and any tax payment to the Internal Revenue Service. See the Form 942 instructions for the correct IRS address.

Example 1:

Jean A. Lake paid George R. Doe \$800 for household work in the second guarter of 1994. George Doe did not request income tax withholding or advance EIC payments. Mrs. Lake timely filed Form 942 for the second quarter and **paid** \$122.40 for social security and Medicare taxes. None of the \$122.40 was withheld from Mr. Doe's wages. Mrs. Lake intends to file a claim for refund of the social security and Medicare taxes she paid. By January 31, 1995, she completes Form W-2 as follows (see filled-in sample above):

Box 1. 800.00 (\$800 wages entered does not include the employee's share of social security and Medicare taxes paid by Mrs. Lake).

Box 3. 800.00 (social security)

Box 3. 800.00 (social security wages).

Box 4. Leave blank.

Box 5. 800.00 (Medicare wages).

Box 6. Leave blank.

Example 2:

The situation is the same except Mrs. Lake withheld social security and Medicare taxes from Mr. Doe's wages. She did not refund the withheld amounts or get written consent from Mr. Doe to claim the refund on his behalf. Mrs. Lake enters 49.60 in Box 4 and 11.60 in Box 6.

