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

2002
Attachment
Sequence No. 44

Social security number

			- 1			
		Employer		r identificatio		number
			` i			
		•				
Α	Did you pay any one household employee cash wages of \$1,300 or more in 2002? (If any house spouse, your child under age 21, your parent, or anyone under age 18, see the line A instruction 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 2002 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 2001 or 2002 to ho (Do not count cash wages paid in 2001 or 2002 to your spouse, your child under age 21, or you				/ees?	
	☐ No. Stop. Do not file this schedule.☐ Yes. Skip lines 1-9 and go to line 10 on the back.					
Pa	rt I Social Security, Medicare, and Income Taxes					
1	Total cash wages subject to social security taxes (see page 3) 1					
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	:			
3	Total cash wages subject to Medicare taxes (see page 3)					
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4				
5	Federal income tax withheld, if any	5	<u> </u>			_
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)	8	}			
9	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2001 or 2002 to ho (Do not count cash wages paid in 2001 or 2002 to your spouse, your child under age 21, or you				/ees?	
	No. Stop. Enter the amount from line 8 above on Form 1040, line 60. If you are not require line 9 instructions on page 4.	d to	file F	orm 1	040,	see the
	☐ Yes. Go to line 10 on the back.					

Cat. No. 12187K

 Schedule H (Form 1040) 2002
 Page 2

Par	t II Federal U	nemployment (F	UTA) Tax								_
									10	Yes	No
10 11	Did you pay all state								10 11		+
12	The second secon								12		
Next	: If you checked the				-		•				
	If you checked the	e "No" box on any	of the lin	es above,	skip Secti	on A and com	plete Section	B.			
				Sec	tion A			V/////			
13	· · · · · · · · · · · · · · · · · · ·										
14	State reporting number as shown on state unemployment tax return ▶										
15											
16								16			+
<u>17</u>	FUTA tax. Multiply	line 16 by .008. En	ter the res			n B, and go to	line 26	17			
18	Complete all colum	nns below that app	ly (if you r		tion B	nago 4):					
	(b)	This below that app		(d)		page 4).		(h)		(i	i)
(a) Name of	State reporting number	(c) Taxable wages (as defined in state act)	State experience rate period		Otate	(f) Multiply col. (c)	(g) Multiply col. (c)	Subtract col. from col. (f)		Contrib paid to	outions o state
state			From	То	experience rate	by .054	by col. (e)	zero or le enter -0		unemplo fur	oyment nd
									\dashv		
							10				
19	Totals						19				T
20	Add columns (h) an	nd (i) of line 19 .				20					
21	Total cash wages s	subject to FUTA tax	(see the li	ine 16 inst	tructions or	n page 4)		21			+
22	Multiply line 21 by	6.2% (.062)						22			
						1 1					
23 24	Multiply line 21 by Enter the smaller of							24			
25 Par	FUTA tax. Subtract	t line 24 from line 2 I sehold Employm			ere and go	to line 26.		25			
· G	101411104		ioni rano								
26	Enter the amount from line 8						26			+	
27	Add line 17 (or line 25) and line 26							27			
28	Are you required to										
	☐ Yes . Stop . Er	nter the amount from	m line 27 a	above on	Form 1040,	line 60. Do n	ot complete				
	No. You may	have to complete									
	t IV Address a ss (number and street) or	and Signature—C				quired. See t	he line 28 ins	structions Apt., roon			4.
Addre	ss (number and street) or	F.O. DOX II IIIdii IS HOL U	elivered to st	ieet address				Apt., 10011	1, 01 30	inte 110.	
City, t	own or post office, state,	and ZIP code									
Under	penalties of perjury, I de	eclare that I have examin	ed this sched	dule includin	g accompanyi	ing statements ar	nd to the best of r	mv knowleda	e and I	belief it	t is true
	t, and complete. No part										
L						L					
F	mployer's signature					<u> </u>	Date				