SCHEI	DULE H	
(Form	1040)	

Department of the Treasury

Internal Revenue Service

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes
► Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, 1040-SS, 1040-T, or 1041.
► See separate instructions.

Name of employer (as shown on return)

	OMB No. 1545-0074							
kes)	1995							
	Attachment							
	Sequence No. 44							
Social security number								
Employer identification number								

A Did you pay **any one** household employee cash wages of \$1,000 or more in 1995? (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 3 before you answer this question.)

No. Go to question B.

B Did you withhold Federal income tax during 1995 for any household employee?

Yes.	Skip	question C	c and	go	to	Part I	١.
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- \Box No. Go to question C.
- C Did you pay total cash wages of \$1,000 or more in any calendar quarter of 1994 or 1995 to household employees? (Do not count cash wages paid in 1994 or 1995 to your spouse, your child under age 21, or your parent.)

No. Stop. Do not file this schedule.

Yes. Skip Part I and go to Part II on the back.

Part I Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page 4) 1		
1			
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	
3	Total cash wages subject to Medicare taxes (see page 4) 3		
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	
5	Federal income tax withheld, if any	5	
6	Add lines 2, 4, and 5	6	
7	Advance earned income credit (EIC) payments, if any	7	
	Total social security, Medicare, and income 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 1994 or 1995 to household employees?
(Do not count cash wages paid in 1994 or 1995 to your spouse, your child under age 21, or your parent.)

□ No. Stop. Take the amount from line 8 above and enter it on Form 1040, line 53, or Form 1040A, line 27. If you are not required to file Form 1040 or 1040A, see the line 9 instructions on page 4.

Yes. Go to Part II on the back.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Sched	ule H (Form 1040) 1995									Page 2
Par	t II Federal U	nemployment (Fl	JTA) Tax							
10 11	Did you pay unemp Did you pay all stat									No
12										
Next	" If you answered " If you answered "	Yes" to all of the q No" to any of the c		above, sk	ip Section		ete Section B.			
					tion A					T
13 14										
15 16	Contributions paid to Total cash wages s					15		16		
17	FUTA tax. Multiply	line 16 by 008 Ent	er the res	ult here s	kin Sectio	n B and go to	Part III	17		
					tion B					<u> </u>
18	Complete all colum	nns below that appl	y (if you n	eed more	space, see	e page 5):		1		
(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	State expe	d) erience rate riod	(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0	(i) Contrib paid to unemplo fur	utions state syment
19	Totals						19			<u> </u>
20 21								21		
22	2 Multiply line 21 by 6.2% (.062)							22		<u> </u>
23 24								24		
25 Par	FUTA tax. Subtract	t line 24 from line 22 sehold Employm			ere and go	to Part III		25		
26	Enter the amount fr							26		
27	27 Add line 17 (or line 25) and line 26					27				
28	complete	file Form 1040 or 1 ke the amount from Part IV below. have to complete F	n line 27 a			n Form 1040,	line 53, or Fo	rm 1040A, line	e 27. D	o not
Par		and Signature—C			only if re	quired. See tl	he line 28 ins			5.
Addre	ss (number and street) or	P.O. box if mail is not de	livered to str	eet address				Apt., room, or s	uite no.	
City, t	own or post office, state,	and ZIP code						1		

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.

Employer's signature

Date