

**SCHEDULE H
(Form 1040)**

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, 1040-SR, 1040-NR, 1040-SS, or 1041.**

▶ **Go to www.irs.gov/ScheduleH for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **44**

Name of employer

Social security number

Employer identification number

Calendar year taxpayers having no household employees in 2020 don't have to complete this form for 2020.

- A** Did you pay **any one** household employee cash wages of \$2,200 or more in 2020? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)
- Yes.** Skip lines B and C and go to line 1a.
 No. Go to line B.
- B** Did you withhold federal income tax during 2020 for any household employee?
- Yes.** Skip line C and go to line 7.
 No. Go to line C.
- C** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2019 or 2020 to **all** household employees? (**Don't** count cash wages paid in 2019 or 2020 to your spouse, your child under age 21, or your parent.)
- No. Stop.** Don't file this schedule.
 Yes. Skip lines 1a–9 and go to line 10.

Part I Social Security, Medicare, and Federal Income Taxes

1a	Total cash wages subject to social security tax	1a		
b	Qualified sick and family wages included on line 1a	1b		
2a	Social security tax. Multiply line 1a by 12.4% (0.124)			2a
b	Employer share of social security tax on qualified sick and family leave wages. Multiply line 1b by 6.2% (0.062)			2b
c	Total social security tax. Subtract line 2b from line 2a			2c
3	Total cash wages subject to Medicare tax	3		
4	Medicare tax. Multiply line 3 by 2.9% (0.029)			4
5	Total cash wages subject to Additional Medicare Tax withholding	5		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)			6
7	Federal income tax withheld, if any			7
8a	Total social security, Medicare, and federal income taxes. Add lines 2c, 4, 6, and 7.			8a
b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 3			8b
c	Total social security, Medicare, and federal income taxes after nonrefundable credit. Subtract line 8b from line 8a			8c
d	Maximum amount of the employer share of social security tax that can be deferred (see instructions).			8d
e	Refundable portion of credit for qualified sick and family leave wages from Worksheet 3			8e
f	Qualified sick leave wages			8f
g	Qualified health plan expenses allocable to qualified sick leave wages			8g
h	Qualified family leave wages			8h
i	Qualified health plan expenses allocable to qualified family leave wages			8i
9	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees? (Don't count cash wages paid in 2019 or 2020 to your spouse, your child under age 21, or your parent.)			
	<input type="checkbox"/> No. Stop. Include the amount from line 8c above on Schedule 2 (Form 1040), line 7a. Include the amount, if any, from line 8e on Schedule 3 (Form 1040), line 12b. If you're not required to file Form 1040, see the line 9 instructions.			
	<input type="checkbox"/> Yes. Go to line 10.			

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No"	10	
11 Did you pay all state unemployment contributions for 2020 by April 15, 2021? Fiscal year filers, see instructions	11	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12	

Next: If you checked the **"Yes"** box on **all** the lines above, complete Section A.
 If you checked the **"No"** box on **any** of the lines above, skip Section A and complete Section B.

Section A

13 Name of the state where you paid unemployment contributions ▶		
14 Contributions paid to your state unemployment fund	14	
15 Total cash wages subject to FUTA tax		15
16 FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25		16

Section B

17 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-.	(h) Contributions paid to state unemployment fund
		From	To					

18 Totals		18	
19 Add columns (g) and (h) of line 18	19		
20 Total cash wages subject to FUTA tax (see the line 15 instructions)		20	
21 Multiply line 20 by 6.0% (0.06)		21	
22 Multiply line 20 by 5.4% (0.054)	22		
23 Enter the smaller of line 19 or line 22. (If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here) <input type="checkbox"/>		23	
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25		24	

Part III Total Household Employment Taxes

25 Enter the amount from line 8c. If you checked the "Yes" box on line C of page 1, enter -0-	25	
26 Add line 16 (or line 24) and line 25	26	
27 Are you required to file Form 1040? <input type="checkbox"/> Yes. Stop. Include the amount from line 26 above on Schedule 2 (Form 1040), line 7a. Include the amount, if any, from line 8e, on Schedule 3 (Form 1040), line 12b. Don't complete Part IV below. <input type="checkbox"/> 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 27 instructions.

Address (number and street) or P.O. box if mail isn't delivered to street address	Apt., room, or suite no.
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City, town or post office, state, 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
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			