

2020 Sch H - Household Employment Taxes

TSJ	<input type="text" value="1"/>	Employer Identification Number	<input type="text" value="2"/>		Yes	No	
A	Did taxpayer pay any one household employee cash wages of \$2,200 or more? If "Yes," skip lines B and C and go to line 1. If "No," go to line B.					<input type="text" value="3"/>	<input type="text" value="4"/>
B	Did taxpayer withhold federal income tax during 2020? If "Yes," skip line C and go to line 7. If "No," go to line C.					<input type="text" value="5"/>	<input type="text" value="6"/>
C	Did taxpayer pay total cash wages of \$1,000 or more during any quarter of 2019 or 2020 to all household employees? If "No," stop. Don't file this schedule. If "Yes," skip lines 1-9 and go to line 10.					<input type="text" value="7"/>	<input type="text" value="8"/>

H
13-2

	2019	2020	
1(a) Total cash wages subject to Social Security taxes		<input type="text" value="9"/>	
1(b) Qualified sick and family wages included on line 1a		<input type="text" value="10"/>	
3 Total cash wages subject to Medicare taxes		<input type="text" value="11"/>	
5 Total cash wages subject to Additional Medicare Tax withholding		<input type="text" value="12"/>	
7 Federal income tax withheld		<input type="text" value="13"/>	
8(b) Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 3		<input type="text" value="14"/>	
8(d) Maximum amount of the employer share of Social Security tax that can be deferred		<input type="text" value="15"/>	
8(e) Refundable portion of credit for qualified sick and family leave wages from Worksheet 3		<input type="text" value="16"/>	
8(f) Qualified sick leave wages		<input type="text" value="17"/>	
8(g) Qualified health plan expenses allocable to qualified sick leave wages		<input type="text" value="18"/>	
8(h) Qualified family leave wages		<input type="text" value="19"/>	
8(i) Qualified health plan expenses allocable to qualified family leave wages		<input type="text" value="20"/>	
		Yes	No
9 Did taxpayer pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?		<input type="text" value="21"/>	<input type="text" value="22"/>

If item 9 is answered "Yes," Part II of Schedule H is required.

Part II

10 Did taxpayer pay unemployment contributions to only one state? If paid to a credit reduction state, select "No."		<input type="text" value="23"/>	<input type="text" value="24"/>
11 Did taxpayer pay all state unemployment contributions by 4/15/2021?		<input type="text" value="25"/>	<input type="text" value="26"/>
12 Were all wages that are taxable for FUTA tax also taxable for state's unemployment tax?		<input type="text" value="27"/>	<input type="text" value="28"/>

If item 10, 11, or 12 is answered "No," skip Section A.

Section A

13 Name of the state where taxpayer must pay unemployment			<input type="text" value="29"/>
14 Contributions paid to state unemployment fund		<input type="text" value="30"/>	
15 Total cash wages subject to FUTA tax		<input type="text" value="31"/>	

Section B

17 (a) Name of state	<input type="text" value="32"/>	<input type="text" value="38"/>
(b) Taxable wages	<input type="text" value="33"/>	<input type="text" value="39"/>
(c) State experience rate period	From <input type="text" value="34"/>	To <input type="text" value="35"/>
	From <input type="text" value="40"/>	To <input type="text" value="41"/>
(d) State experience rate as decimal	<input type="text" value="36"/>	<input type="text" value="42"/>
(h) Contributions paid to state unemployment fund	<input type="text" value="37"/>	<input type="text" value="43"/>
20 Total cash wages subject to FUTA tax		<input type="text" value="44"/>
23 For household employers who must use credit reduction state worksheet, enter worksheet line 5 amount here and mark box below		<input type="text" value="45"/>
<input type="text" value="46"/>	Employer is located in credit reduction state	

Part III

27 Is taxpayer required to file Form 1040?		<input type="text" value="47"/>	<input type="text" value="48"/>
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