

**2023 Sch H - Household Employment Taxes**

<b>TSJ</b>	<input type="text"/>	Employer Identification Number	<input type="text"/>	<small>Note: Only certain EINs are permitted on Schedule H. See the EIN field help for additional information.</small>			<b>Yes</b>	<b>No</b>
<b>A</b>	Did taxpayer pay any one household employee cash wages of \$2,600 or more?			<b>If "Yes," skip lines B and C and go to line 1a.</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>B</b>	Did taxpayer withhold federal income tax during 2023?			<b>If "Yes," skip line C and go to line 7.</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>C</b>	Did taxpayer pay total cash wages of \$1,000 or more during any quarter of 2022 or 2023 to ALL household employees?			<b>If "No," stop. Don't file this schedule. If "Yes," skip lines 1a-9 and go to line 10.</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Part I</b>					<b>2022</b>	<b>2023</b>		
<b>1(a)</b>	Total cash wages subject to Social Security taxes				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>1(b)</b>	Qualified sick and family wages taken 4/1/2020 - 3/31/2021 included on line 1a				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3</b>	Total cash wages subject to Medicare taxes				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>5</b>	Total cash wages subject to additional Medicare Tax withholding				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>7</b>	Federal income tax withheld				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>8(a)</b>	State disability FICA taxes withheld, if any				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>8(b)</b>	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 3				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>8(c)</b>	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 4				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>8(e)</b>	Refundable portion of credit for qualified sick and family leave wages from Worksheet 3				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>8(f)</b>	Refundable portion of credit for qualified sick and family leave wages from Worksheet 4				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>8(g)</b>	Qualified sick leave wages taken before 4/1/2021				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Line 3 amount not included on line 8g due to Social Security wage base limitation				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Line 8g amount excluded from the definition of employment under sections 3121(b)(1)-(22)				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>8(h)</b>	Qualified health plan expenses allocable to qualified sick leave wages reported on line 8g				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>8(i)</b>	Qualified family leave wages taken before 4/1/2021				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Line 3 amount not included on line 8i due to Social Security wage base limitation				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Line 8i amount excluded from the definition of employment under section 3121(b)(1)-(22)				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>8(j)</b>	Qualified health plan expenses allocable to qualified family leave wages reported on 8i				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>8(k)</b>	Qualified sick wages for leave taken from 4/1/2021 - 9/30/2021				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Line 8k amount not included on lines 1a and 3 under section sections 3121(b)(1)-(22)				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Line 8k amount not included on line 1a due to Social Security wage base limitation				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>8(l)</b>	Qualified health plan expenses allocable to qualified sick leave wages reported on line 8k				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Amounts under certain collectively bargained agreements allocable to line 8l				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>8(m)</b>	Qualified family leave wages taken from 4/1/2021 - 9/30/2021				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Line 8m amount not included on lines 1a and 3 under sections 3121(b)(1)-(22)				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Line 8m amount not included on line 1a due to Social Security wage base limitation				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>8(n)</b>	Qualified health plan expenses allocable to qualified family leave wages reported on line 8m				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Amounts under certain collectively bargained agreements allocable to line 8n				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>9</b>	Did taxpayer pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees?				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Part II - If line 9 is answered "Yes," Part II of Schedule H is required.</b>							<input type="text"/>	<input type="text"/>
<b>10</b>	Did taxpayer pay unemployment contributions to only one state? (If paid to a credit reduction state, select "No.")				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>11</b>	Did taxpayer pay all state unemployment contributions by 4/15/2024?				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>12</b>	Were all wages that are taxable for FUTA tax also taxable for the taxpayer's state unemployment tax?				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Section A - If line 10, 11, or 12 is "No," skip Section A, and complete Section B.</b>							<input type="text"/>	<input type="text"/>
<b>13</b>	State where taxpayer paid unemployment contributions				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>14</b>	Contributions paid to state unemployment fund				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>15</b>	Total cash wages subject to FUTA tax				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Section B</b>								
<b>17 (a)</b>	State	<input type="text"/>			<input type="text"/>			
<b>(b)</b>	Taxable wages	<input type="text"/>			<input type="text"/>			
<b>(c)</b>	State experience rate period	From <input type="text"/>	To <input type="text"/>	From <input type="text"/>	To <input type="text"/>			
<b>(d)</b>	State experience rate as decimal	<input type="text"/>			<input type="text"/>			
<b>(h)</b>	Contributions paid to state unemployment fund	<input type="text"/>			<input type="text"/>			
<b>20</b>	Total cash wages subject to FUTA tax				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>23</b>	Enter amount from line 5 of the credit reduction state worksheet, and mark the box below				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	Employer is located in credit reduction state						
<b>Part III</b>	<b>27</b>	Is taxpayer required to file Form 1040?				<input type="text"/>	<input type="text"/>	<input type="text"/>