Schedule IN-H State Form 48684

(R9 / 9-15)

Indiana Household Employment Taxes
Attach to Form IT-40, Form IT-40PNR or Form IT-40P

2015

Enclosure Sequence No. **12**

This schedule should be filed by an individual who:

- withholds state and county (if applicable) tax on household employees, AND
- pays those withholding taxes with the filing of his/her individual income tax return.

| | pays are seeming takes than the immig or | | |
|----|---|-------------------------|------------------------------|
| N | Name of employer (as shown on individual income tax return) | Employer So | ocial Security Number |
| | | | |
| Α | A Did you file federal Schedule H for the tax year shown above Yes. Go to question B. | | ederal Identification Number |
| | No. Stop. Do not file this schedule. | | |
| В | B Did you withhold state and/or county income tax for any hou | sehold employee? | |
| | Yes. Complete Part II on the back of this schedule. | | |
| | No. Stop. Do not file this schedule. | | |
| С | Make sure you enclose the state copy of your employee's W | -2 forms. | |
| | Complete Part II first. Carry those to | als to the Part I Summa | ary below. |
| Pa | Part 1: Summary of Household E | mployment Taxes | |
| 1. | Enter the total State Tax withheld from Part II, line 2 | | 1 .00 |
| 2. | 2. Enter the total County Tax withheld from Part II, line 3 | | 2 .00 |
| 3. | Add lines 1 and 2. Enter the total here | | |
| | Under penalties of perjury, I declare that I have examined this sch and to the best of my knowledge and belief it is true, correct and | | g statements and W-2 forms, |
| Em | Employer's signature Daytin | ne telephone number | Date |

Part II: State and County Tax Withholding

Enter below the employee's name and Social Security number as it appears on his/her W-2 form. Attach additional pages if withholding for more than three household employees.

Line 1 - Enter the amount on which you are withholding federal income tax (also enter on W-2 boxes 16 and 18.)

Line 2 - Enter the amount of Indiana state tax withheld (also enter on W-2 box 17. Also, enter "IN" on W-2 box 15.)

Line 3 - Enter the amount of county tax withheld (also enter on W-2 box 19).

Line 4 - Enter the 2-digit county code from Indiana Departmental Notice #1 for which the line 3 county tax was withheld.

Summary -

- ♦ Add all line 2 amounts and enter on Part I, line 1.
- ♦ Add all line 3 amounts and enter on Part I, line 2.

Note: Get Form WH-4 and Departmental Notice #1 for detailed information on how to calculate state and county withholding amounts and to get the county code numbers. This information is available on our web site at www.in.gov/dor/3489.htm and www.in.gov/dor/3618.htm

| Employee Name (First, M.I., Last) | Employee Social Security Number |
|-----------------------------------|---------------------------------|
| | |
| | |
| Income | |
| State Tax Withheld | |
| County Tax Withheld | |
| County Code Number (2-digit) | 4 |
| | |
| Employee Name (First, M.I., Last) | Employee Social Security Number |
| | |
| Income | 1 .0 |
| State Tax Withheld | |
| County Tax Withheld | |
| County Code Number (2-digit) | |
| | |
| Employee Name (First, M.I., Last) | Employee Social Security Number |
| | |
| | |
| Income | |
| State Tax Withheld | 2 .0 |
| County Tax Withheld | |
| County Code Number (2 digit) | 4 |