## Schedule IN-H State Form 48684 (R14 / 9-20)

## **Indiana Household Employment Taxes**

Attach to Form IT-40 or Form IT-40PNR

This schedule should be filed by an individual who:

2020

Enclosure Sequence No. 12

Nam	ne of employer (as shown on individual income tax return)  Em	ployer Social Sec	curity Number
A D	Pid you file federal Schedule H for the tax year shown above?  Yes. Go to question B.  No. Stop. Do not file this schedule.	deral Employer Id	lentification Number
B D	Did you withhold state and/or county income tax for any household employee?		
	Yes. Complete Part II on the back of this schedule.		
	No. Stop. Do not file this schedule.		
C M	fake sure you enclose the state copy of your employee's W-2 forms.		
	Complete Part II (on page 2) first. Carry those totals to the	Part I Summa	ry below.
Part	1: Summary of Household Employment Tax	es	
1. E	Enter the total State Tax withheld from Part II, line 2	1	.00
2. E	Enter the total County Tax withheld from Part II, line 3	2	.00
3. A	Enter the total County Tax withheld from Part II, line 3  add lines 1 and 2. Enter the total here Enter this amount on your Indiana individual income tax return on the following line Form IT-40 Schedule 4, line 2, Form IT-40PNR Schedule E, line 2.	3	.00
3. A E Unde	add lines 1 and 2. Enter the total here Enter this amount on your Indiana individual income tax return on the following lin  Form IT-40 Schedule 4, line 2,	anes:	.00

## 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		
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		
ounty Tax Withheld		
County Code Number (2-digit)	4	