



Indiana Household Employment Taxes

► Attach to Form IT-40, Form IT-40PNR or Form IT-40P ◀

1997

This schedule should be filed by an individual who:

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

lame of employer (as shown on individual income tax return)			Social Security Number		
			Federal Empl	oyer Identification Number	
Did you	u file federal Schedule H for 1997?				
☐ Ye					
Did you withhold state and/or county income tax for any household employee?					
☐ Ye	· · · · · · · · · · · · · · · · · ·	lule.			
Make sure you attach the state copy of your employee's W-2 forms.					
	Complete Part II first. Carry the	ose totals to t	he Part I Sumr	nary below.	
Part I	. , , , ,			1	
1. En	Summary of Household Employ ter the total State Tax withheld from Part II, line ter the total County Tax withheld from Part II, line	e 2		1 2	
 En En Ad 	ter the total State Tax withheld from Part II, line	e 2	>		
1. En 2. En 3. Ad En	ter the total State Tax withheld from Part II, line ter the total County Tax withheld from Part II, line d lines 1 and 2. Enter the total here ter this amount on your Indiana individual incom Form IT-40 line 16, Form IT-40PNR line 14, or	e 2 ine 3 e tax return on th	e following lines:	3	

Part II State and County Tax Withholding

Enter below the employee's name and social security number as it appears on their W-2 form. Attach additional pages if withholding for more than three household employees.

Line 1 - Enter the amount on which you are collecting federal income tax (also enter on W-2 boxes 17 and 20.)

Line 2 - Enter the amount of Indiana state tax withheld (also enter on W-2 box 18. Also, enter "IN" on W-2 box 16.)

Line 3 - Enter the amount of county tax withheld (also enter on W-2 box 21.)

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 Departmental Notice #1 for detailed information on how to calculate state and county withholding amounts and to get the county code numbers. Contact the Department at 317-232-2240 for this information.

Employee Name (First, M.I., Last)		Social Security Number
Income	1.	
State Income Tax Withheld	2.	
County Income Tax Withheld	3.	
County Code Number	4.	
Employee Name (First, M.I., Last)		Social Security Number
Income	1.	
State Income Tax Withheld	2.	
County IncomeTax Withheld	3.	
County Code Number	4.	
Employee Name (First, M.I., Last)		Social Security Number
Income	1.	
State Income Tax Withheld	2.	
County Income Tax Withheld	3.	
County Code Number	4.	