

Schedule IN-H Rev. 12/99 SF#48684

Indiana Household Employment Taxes

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

Attachment	
Sequence No.	12

Year

This schedule should be filed by	an individual who:
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- 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.

	•	yer (as shown on individual income tax return)	Coolai Cooan	Social Security Number		
			Federal Empl	loyer Identification Number		
Dia	d vou file	e federal Schedule H for the tax year shown above?				
_	-	·				
		Go to question B. Stop. Do not file this schedule.				
Die	d you wit					
		Complete Part II on the back of this schedule. Stop. Do not file this schedule.				
_		Make sure you attach the state copy of your employee's W-2 forms.				
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	ake sure		he Part I Sum	mary below		
	ake sure	you attach the state copy of your employee's W-2 forms. Complete Part II first. Carry those totals to the state copy of your employee's W-2 forms.	:he Part I Sumr	mary below.		
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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; our fax-on-demand system at 317-233-2329; or access our web site on the Internet at: http://www.ai.org/dor/

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
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 Income Tax Withheld	3.	
County Code Number	4.	