Indiana Household Employment Taxes Schedule IN-H Enclosure

Sequence No. 12

State Form 48684 (R16 / 9-22)

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

· withholds state and county (if applicable) tax on household employees, AND

			•	pays those withholding taxes with the filing of his/her individual incor	ne tax ı	etu	rn.	
1	Name	of	emp	loyer (as shown on individual income tax return) Employer	er Socia	ıl Se	ecurity Num	per
X	XXXX	XΣ	XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99	9	9999	DP
			<u>.</u>		Employ	er I	dentification	Number
Α		yo	u filo	e federal Schedule H for the tax year shown above?		99	99999	DQ
H	X	Y	es.	Go to question B.				
H	X	N	lo.	Stop. Do not file this schedule.				
В	Did	yo	u wi	thhold state and/or county income tax for any household employee?				
_	X	Y	es.	Complete Part II on the back of this schedule.				
+	X	N	lo.	Stop. Do not file this schedule.				
С	Mal	ce s	sure	you enclose the state copy of your employee's W-2 forms.				
		С	om	plete Part II (on page 2) first. Carry those totals to the Part	Sum	ıma	ary below	' -
D	art 1			Summary of Household Employment Taxes				
	arti			Guillilary of Household Employment Taxes				
1.	Ent	er t	he t	otal State Tax withheld from Part II, line 2	1	9	9999999	999.00
2.	Ent	er t	he 1	otal County Tax withheld from Part II, line 3	2	9	9999999	999.00
				sal county tax withheld from tart if, line 5				
3.	Add	l lir	es	and 2. Enter the total here	3	9	9999999	999.00
4	Ent			amount on your Indiana individual income tax return on the following lines:				
H				m IT-40 Schedule 4, line 2,				
+		•	For	m IT-40PNR Schedule E, line 2.				
\dagger		on	altie	s of perjury, I declare that I have examined this schedule, including accompa	nying s	ate	ments and V	V-2 forms
Ur	nder p	יווסי		t of my knowledge and belief it is true, correct and complete.				
			bes	of my knowledge and belief it is true, correct and complete.				
			bes	t of my knowledge and belief it is tide, correct and complete.				
			bes	tof my knowledge and belief it is tide, correct and complete.				
			bes					
ar	nd to t	he		nature Daytime telephone number		Da	ate	——————————————————————————————————————
ar	nd to t	he				Da	ate	-
ar	nd to t	he				Da	ate	-
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01							
000000001111111111122222222233333333333					778		
234567890123456789012345678901234567890123 04 Part II: State and County Tax Withholding	Line 4 - Enter the	7090123 ≥ 2-digit c	400 ount	y code from India	ุ่วบไ เทล		
05	Departmental Notice	#1 for which	ch th	e line 3 county tax w	/as		
06 Enter below the employee's name and Social Security number	withheld.						
07 as it appears on his/her W-2 form. Attach additional pages if							
08 withholding for more than three household employees.	Summary -						
0 9 1 0 Line 1 - Enter the amount on which you are withholding federal	Add all line 2 amounts and enter on Part I, line 1.						
income tax (also enter on W-2 boxes 16 and 18.)	◆ Add all line 3 am	ounts and	enter	on Part I, line 2.			
12	Nata Cat Fama Mul	1 D		4-181-4: 44 6 1-4-:	11		
1 3 Line 2 - Enter the amount of Indiana state tax withheld (also	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						
1 4 enter on W-2 box 17. Also, enter "IN" on W-2 box 15.)							
15 16 Line 3 - Enter the amount of county tax withheld (also enter	is available on our we						
on W-2 box 19).	aspx?id=2702 and w	/ww.in.gov/d	lor/fi	les/reference/dn01.p	df		
18			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		111111111		
9 Employee Name (First, M.I., Last)	E	Employee Social Security Number					
20							
1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	999	99	9999	$\perp \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$		
22					\blacksquare		
23 24 Income			1	99999999999	0 0		
24 Income					UU		
26 State Tax Withheld			2	99999999999.	00		
27							
28 County Tax Withheld			3	99999999999.	00		
29				99			
County Code Number (2-digit)			4	99			
32							
33							
Employee Name (First, M.I., Last)	cial S	Security Number					
35	YYYYYYYY	999	99	9999			
36 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999	99	9999			
38							
39 Income			1	99999999999.	00		
10							
1 State Tax Withheld			2	99999999999.	00		
-2				999999999999	0.0		
3 County Tax Withheld			3	99999999999.	00		
5 County Code Number (2-digit)			4	99	+		
6					\top		
7					11111111		
8					-		
9 Employee Name (First, M.I., Last)	E	mployee So	cial S	ecurity Number	+		
0 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	999	99	9999	+		
2					+		
3							
54 Income			1	99999999999.	00		
55				0000000000			
6 State Tax Withheld			2	99999999999.	00		
57 58 County Tax Withheld			3	99999999999	00		
59					5 0		
O County Code Number (2-digit)			4	99			
51							
					#		
3 2410000	00000				+		
54 55					+		
66					+		