01								
00000	000000	1111		3334444444444455555555				77788888
1234	567890 Schedu		56789012345678901234567 H Indiana	89012345678901234567 Department of Revenue	/89012345	67890		89012345 osure
04	State Form	48684		sehold Employment Taxe	es 20	24	Sequence N	
06	(R18 / 9-24)			Form IT-40 or Form IT-40PNR.				
07								
08			This schedule should be filed by a					
09				applicable) tax on household em				
10			Pays those withholding taxes	with the filing of his/her individua	al income tax r	eturn.		
12	Nome of	omolov	er (as shown on individual income tax ret		nployer Social S		lumbor	
13	Iname or e	empioy	er (as shown on individual income tax ret		npioyer Social 3			
14	XXXXX	XXXX	xxxxxxxxxxxxxxxxxxxxxxx	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999 99	9	999	
15				Fe	deral Employer	Identifica	tion Number	
16					99	99999	99	
17	A. Did y	ou file	federal Schedule H for the tax year shown	above?	99	22222	99	
19	X	Yes.	Go to question B.					
20								
21	Х	No.	Stop. Do not file this schedule.					
22								
23	B. Did y	ou with	hold state and/or county income tax for a	ny household employee?				
24 25	X	Yes.	Complete Part II on the back of this sch	edule				
26		163.						
27	X	No.	Stop. Do not file this schedule.					
28								
29	C. Make	e sure y	ou enclose the state copy of your employ	ee's W-2 forms.				
30 31								
32			Complete Part 2 (on page 2) first.	Carry those totals to the Part 1 S	Summary below	V.		
33					, , , , , , , , , , , , , , , , , , ,			
34								
35	Part 1 – S	Summa	ary of Household Employment Taxes					
36	1 Enter	r the to	tal State Tax withheld from Part II, line 2		1	9999	99999999	
38					I			.00
39	2. Enter	r the to	tal County Tax withheld from Part II, line 3		2	9999	99999999	.00
40								
41			and 2. Enter the total here		3	9999	99999999	.00
42			mount on your Indiana individual income t ⁻ -40 Schedule 4, line 2,	ax return on the following lines:				
43 44			-40 Schedule 4, line 2, -40PNR Schedule E, line 2.					
45								
46								
47								
48			of perjury, I declare that I have examined		ying statements	and W-2	forms, and to	o the
49 50	best of m	y know	ledge and belief it is true, correct and con	iplete.				
51								
52								
53	Employer	's signa	ature	Daytime telephone number		Date		
54								
55								
56 57								
58								
59								
60								
61								
62								
63 64				2410000000				
65								
66								

01									
00000	0000011111111112222222223333333333444								
04	567890123456789012345678901234567890123 Part 2 – State and County Tax Withholding	450/890123450	789012.	5450	/8901234	10/0	901.	2343	
05									
06			e 2-digit county code from Indiana Departmental ich the line 3 county tax was withheld.						
07	withholding for more than three household employees.			ity tax v	was withinelu.				
09		Summary:							
10	Line 1. Enter the amount on which you are withholding federal	Add all line 2 amo							
11	income tax (also enter on W-2 boxes 16 and 18.)	Add all line 3 amo	unts and en	ter on I	Part I, line 2.				
12	Line 2. Enter the amount of Indiana state tax withheld (also enter	Note. For detailed info	rmation on h	now to	calculate state	e and			
14		county withholding amo		-			rs,		
15		see Form WH-4 at form Departmental Notice #					_		
16	Line 3. Enter the amount of county tax withheld (also enter on W-2 box 19).	Departmental Notice #	r at <u>nups.//v</u>	<u>/////////////////////////////////////</u>	.gov/dol/liles/d	<u>unu i.pa</u>	<u>l</u> .		
17									
19	Employee Name (First, Middle Initial, Last)	E	Employee Social Security Number						
20			999	99	9999				
21	*****		999	99	9999				
23									
24				1	999999999	<i>)</i> 999.	00		
25 26	State Tax Withheld			2	999999999	9999	00		
27									
28	County Tax Withheld			3	999999999)999.	00		
29 30	County Code Number (2-digit)			4	99				
31									
32									
33 34					a with t Nhumah a				
35	Employee Name (First, Middle Initial, Last)			icial Se	curity Numbe	r			
36	******	XXXXXXXXX	999	99	9999				
37 38									
39	Income			1	999999999	3999.	00		
40					00000000				
41	State Tax Withheld			2	999999999	1999.	00		
43	County Tax Withheld			3	999999999	9999.	00		
44									
45 46	County Code Number (2-digit)			4	99				
40									
48									
49 50	Employee Name (First, Middle Initial, Last)	E	mployee So	cial Se	curity Numbe	r			
51	******	xxxxxxxxx	999	99	9999				
52									
53				1	999999999	2000	00		
54 55				1	999999999	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
56	State Tax Withheld			2	999999999	3999.	00		
57					999999999	2000			
58 59	County Tax Withheld			3		צצבי.	00		
60	County Code Number (2-digit)			4	99				
61									
62 63						++++			
64	241000								
65									
66									