



UI-HA Report for Household Employers Instructions

You may file on-line at <https://mytax.illinois.gov>

Step 1

- Line 1a** Enter your 7-digit Illinois Unemployment Insurance Account Number.
- Line 1b** Enter the nine digit Federal Employer's Identification number (FEIN) assigned to you by the Internal Revenue Service.
- Line 2** Enter your first name, middle initial and last name.
- Line 3** Enter the street address.
- Line 4** Enter the city, state and zip code.

Step 2

Lines 7 through 15 - use one line for each employee

Column A

Print the last and first name(s) of your household employee(s).

Column B

Complete this item by entering your employee's social security number.

Columns C through F (quarters)

Enter the total wages paid to each employee for each quarter of the year. If no wages were paid for that quarter, please enter "0".

Wages include (a) salaries, commissions and bonuses, tips reported to the employer, separation pay, vacation pay, prizes, sick pay, payments on account of retirement; (b) the reasonable cash value of remuneration paid other than cash, such as goods, meals and lodging; and (c) any remuneration for services performed within the State which is considered wages under the Federal Unemployment Tax Act.

Line 15 If you had more than eight household employees during 2017, use an additional sheet of paper and include the information in Step 2 for each additional worker. Total each Column C through F on the attachment, and write the totals on Line 15 in the appropriate column.

Line 16a Add Lines 7 through 15 within each column. This is the total wages paid for each quarter.

Step 3

Line 16b Copy totals from line 16a above.

Line 17 Write in the total wages paid in excess of the unemployment insurance taxable wage base amount for **each** worker. For 2017, the taxable wage base amount is \$12,960 for each worker. An employer must pay unemployment insurance contributions on only the first \$12,960 in wages for each employee.

Example: You have one household employee that you pay \$5,000 each quarter. During the first and second quarter, the wages paid to the employee total \$10,000, so you would enter "0" in each column for the first and second quarters. During the third quarter, the total amount paid to the employee reaches \$15,000 which exceeds the \$12,960 unemployment insurance taxable wage base by \$2,040. So the amount to be entered on Line 17 for the third quarter, is \$2,040 (\$15,000-\$12,960). The fourth quarter wages of \$5,000 must be entered on Line 17 for the fourth quarter since the wage base was met during the third quarter.

	1st quarter	2nd quarter	3rd quarter	4th quarter
Ex Line 17	\$ 0	\$ 0	\$2,040	\$5,000

Step 3 *continued*

Line 18 Subtract Line 17 from Line 16b and enter the result on Line 18. These are your taxable wages.

Lines 19 and 20

For each quarter, calculate your unemployment insurance contribution. Within each column, complete either Line 19 or 20, whichever is applicable.

Line 21 Quarter totals: Enter the amount from Line 19 or 20 in each column. This is your contribution due for each quarter.

Line 22. Grand total. Add the quarterly totals from Line 21 (Columns C, D, E and F) and enter the result on Line 22. This is your total unemployment insurance contributions for 2017.

Step 4

Line 23-26 Enter the total number of employees (full or part time) who are covered by unemployment insurance and who performed services during or received pay for the payroll period including the 12th of each month of the quarter. Include workers who have earned more than \$12,960 in the calendar year and those on vacation or paid sick leave. Exclude workers on strike.

Step 5

Line 27 Write the amount shown on line 22. This is your total unemployment insurance contribution for 2017.

Line 28 Write the amount of any previous payment made to the Illinois Department of Employment Security for the liability shown on Line 27.

Line 29 Subtract Line 28 from Line 27. This is the amount of unemployment insurance contribution due.

Make your check payable to the **Illinois Department of Employment Security**.

Step 6

Line 30 If you have stopped employing workers, write the date of the last day you employed workers.

Step 7

Line 31 This report must be signed by the person named in Step 1, Line 2. If signed by any other person, a Power of Attorney must be attached.

MAIL YOUR COMPLETED REPORT ALONG WITH YOUR CHECK TO:

ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY
PO BOX 19300
SPRINGFIELD IL 62794-9300

General Instructions

What if I do not file or pay by the due date?

If you do not file a processable return or pay the tax you owe by the due date, you will owe penalty and interest.

What if I need to correct information I reported? Where may I obtain help or more information?

For other related forms or help with questions regarding unemployment insurance, please call the Unemployment Insurance Hotline toll-free at (800) 247-4984. The TTY number for the hearing impaired is (866) 212-8831.

Step 4: Number of employees who are covered for unemployment insurance

Write the total number of covered workers (full and part time) who performed services during or received pay for the payroll period including the 12th of each month of each quarter. If none, write "0"

- | | | | | | | | | | | |
|-----------|-------------|----------|------------|-------|----------|-------------|-------|----------|--------------|-------|
| 23 | 1st quarter | A | January 12 | _____ | B | February 12 | _____ | C | March 12 | _____ |
| 24 | 2nd quarter | A | April 12 | _____ | B | May 12 | _____ | C | June 12 | _____ |
| 25 | 3rd quarter | A | July 12 | _____ | B | August 12 | _____ | C | September 12 | _____ |
| 26 | 4th quarter | A | October 12 | _____ | B | November 12 | _____ | C | December 12 | _____ |

Step 5: Figure your total unemployment insurance contribution due

- 27** Write the amount from Line 22. **27** _____ | _____
- 28** Write the amount of any previous payment to the Illinois Department of Employment Security for the liability shown on Line 27. **28** _____ | _____
- 29** Subtract Line 28 from Line 27. Make your check payable to the **Illinois Department of Employment Security**. **29** _____ | _____

Step 6: Complete if you are no longer employing workers

- 30** Write the date you stopped employing workers. **30** ____ / ____ / ____
month day year

Step 7: Sign below

Under penalties of perjury, I state that I have examined this report and, to the best of my knowledge, it is true, correct, and complete.

- 31** _____ (____) _____
Household employer's signature (full name) month day year Daytime telephone number

Filing deadline: **April 17, 2018**

You may file and pay on-line at <https://mytax.illinois.gov>

Mail your completed report along with your check to:

**ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY
PO BOX 19300
SPRINGFIELD IL 62794-9300**

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined under 820 ILCS405/100-3200. Disclosure of this information is REQUIRED. Failure to disclose this information may result in statutorily prescribed liability and sanction, including penalties and or interest. This form has been approved by the Forms Management Center.