

QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES



REMINDER: File your DE 9 and DE 9C together.

00090112

PLEASE TYPE THIS FORM—DO NOT ALTER PREPRINTED INFORMATION

QUARTER
ENDED

DUE

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY

YR	QTR
<div></div>	<div></div>

EMPLOYER ACCOUNT NUMBER

<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
-------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------

DEPT. USE ONLY	DO NOT ALTER THIS AREA							
	P1	P2	C	P	U	S	A	
	:	:	:	:	:	:	:	:
	:	:	:	:	:	:	:	:
	T							
	:							
	:							
	EFFECTIVE DATE	Mo.	Day	Yr.				
		<div></div>	<div></div>	<div></div>				

FEIN **A. NO WAGES PAID THIS QUARTER** ☐ **B. OUT OF BUSINESS/NO EMPLOYEES** ☐

ADDITIONAL
FEINS

B1. OUT OF BUSINESS DATE

M	M	D	D	Y	Y	Y	Y
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

C. TOTAL SUBJECT WAGES PAID THIS QUARTER

D. UNEMPLOYMENT INSURANCE (UI) (Total Employee Wages up to \$ per employee per calendar year)

(D1) UI Rate %		TIMES	(D2) UI TAXABLE WAGES FOR THE QUARTER		=	(D3) UI CONTRIBUTIONS	
<div></div>			<div></div>			<div></div>	

E. EMPLOYMENT TRAINING TAX (ETT)

(E1) ETT Rate %		TIMES	UI Taxable Wages for the Quarter (D2)	=	(E2) ETT CONTRIBUTIONS	
<div></div>					<div></div>	

F. STATE DISABILITY INSURANCE (SDI) (Total Employee Wages up to \$ per employee per calendar year)

(F1) SDI Rate %		TIMES	(F2) SDI TAXABLE WAGES FOR THE QUARTER		=	(F3) SDI EMPLOYEE CONTRIBUTIONS WITHHELD	
<div></div>			<div></div>			<div></div>	

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD

H. SUBTOTAL (Add Items D3, E2, F3, and G)

I. LESS: CONTRIBUTIONS AND WITHHOLDINGS PAID FOR THE QUARTER
(DO NOT INCLUDE PENALTY AND INTEREST PAYMENTS)

J. TOTAL TAXES DUE OR OVERPAID (Item H minus Item I)

If amount due, prepare a *Payroll Tax Deposit*, DE 88, include the correct payment quarter, and mail to: Employment Development Department, PO Box 826276, Sacramento, CA 94230-6276. **NOTE:** Do not mail payments along with the DE 9 and *Quarterly Contribution Return and Report of Wages (Continuation)*, DE 9C, as this may delay processing and result in erroneous penalty and interest charges. **Mandatory Electronic Funds Transfer (EFT)** filers must remit all SDI/PIT deposits by EFT to avoid a noncompliance penalty.

K. I declare that the above, to the best of my knowledge and belief, is true and correct. If a refund was claimed, a reasonable effort was made to refund any erroneous deductions to the affected employee(s).

Signature *Required* _____ Title _____ Phone (____) _____ Date _____
(Owner, Accountant, Preparer, etc.)

SIGN AND MAIL TO: State of California / Employment Development Department / P O Box 989071 / West Sacramento CA 95798-9071

QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES



REMINDER: File your DE 9 and DE 9C together.

00090112

PLEASE TYPE THIS FORM—DO NOT ALTER PREPRINTED INFORMATION

QUARTER
ENDED

DUE

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY

YR	QTR
<input type="text"/>	<input type="text"/>

EMPLOYER ACCOUNT NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

DEPT. USE ONLY	DO NOT ALTER THIS AREA							
	P1	P2	C	P	U	S	A	
	II	II	II	II	II	II	II	II
	II	II	II	II	II	II	II	II
	T	II	II	II	II	II	II	II
EFFECTIVE DATE		Mo.	Day	Yr.				
		<input type="text"/>	<input type="text"/>	<input type="text"/>				

FEIN **A. NO WAGES PAID THIS QUARTER** ☐ **B. OUT OF BUSINESS/NO EMPLOYEES** ☐

ADDITIONAL
FEINS

B1. OUT OF BUSINESS DATE

M	M	D	D	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. TOTAL SUBJECT WAGES PAID THIS QUARTER

D. UNEMPLOYMENT INSURANCE (UI) (Total Employee Wages up to \$ per employee per calendar year)

(D1) UI Rate %	TIMES	(D2) UI TAXABLE WAGES FOR THE QUARTER	=	(D3) UI CONTRIBUTIONS
<input type="text"/>		<input type="text"/>		<input type="text"/>

E. EMPLOYMENT TRAINING TAX (ETT)

(E1) ETT Rate %	TIMES	UI Taxable Wages for the Quarter (D2)	=	(E2) ETT CONTRIBUTIONS
<input type="text"/>				<input type="text"/>

F. STATE DISABILITY INSURANCE (SDI) (Total Employee Wages up to \$ per employee per calendar year)

(F1) SDI Rate %	TIMES	(F2) SDI TAXABLE WAGES FOR THE QUARTER	=	(F3) SDI EMPLOYEE CONTRIBUTIONS WITHHELD
<input type="text"/>		<input type="text"/>		<input type="text"/>

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD

H. SUBTOTAL (Add Items D3, E2, F3, and G)

I. LESS: CONTRIBUTIONS AND WITHHOLDINGS PAID FOR THE QUARTER
(DO NOT INCLUDE PENALTY AND INTEREST PAYMENTS)

J. TOTAL TAXES DUE OR OVERPAID (Item H minus Item I)

If amount due, prepare a *Payroll Tax Deposit*, DE 88, include the correct payment quarter, and mail to: Employment Development Department, PO Box 826276, Sacramento, CA 94230-6276. **NOTE:** Do not mail payments along with the DE 9 and *Quarterly Contribution Return and Report of Wages (Continuation)*, **DE 9C**, as this may delay processing and result in erroneous penalty and interest charges. **Mandatory Electronic Funds Transfer (EFT)** filers must remit all SDI/PIT deposits by EFT to avoid a noncompliance penalty.

K. I declare that the above, to the best of my knowledge and belief, is true and correct. If a refund was claimed, a reasonable effort was made to refund any erroneous deductions to the affected employee(s).

Signature *Required* _____ Title _____ Phone (____) _____ Date _____
(Owner, Accountant, Preparer, etc.)

SIGN AND MAIL TO: State of California / Employment Development Department / P O Box 989071 / West Sacramento CA 95798-9071

**QUARTERLY CONTRIBUTION
RETURN AND REPORT OF WAGES**



REMINDER: File your DE 9 and DE 9C together.

00090112

PLEASE TYPE THIS FORM—DO NOT ALTER PREPRINTED INFORMATION

QUARTER
ENDED

DUE

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY

YR	QTR

EMPLOYER ACCOUNT NUMBER

--	--	--	--	--	--	--

DEPT. USE ONLY	DO NOT ALTER THIS AREA							
	P1	P2	C	P	U	S	A	
	:	:	:	:	:	:	:	:
	T	:	:	:	:	:	:	:
EFFECTIVE DATE		Mo.	Day	Yr.				

FEIN **A. NO WAGES PAID THIS QUARTER** ☐ **B. OUT OF BUSINESS/NO EMPLOYEES** ☐

ADDITIONAL
FEINS

<input type="text"/>	<input type="text"/>
----------------------	----------------------

B1. OUT OF BUSINESS DATE

M	M	D	D	Y	Y	Y

C. TOTAL SUBJECT WAGES PAID THIS QUARTER

D. UNEMPLOYMENT INSURANCE (UI) (Total Employee Wages up to \$ per employee per calendar year)

(D1) UI Rate %	TIMES	(D2) UI TAXABLE WAGES FOR THE QUARTER	=	(D3) UI CONTRIBUTIONS
<input type="text"/>		<input type="text"/>		<input type="text"/>

E. EMPLOYMENT TRAINING TAX (ETT)

(E1) ETT Rate %	TIMES	UI Taxable Wages for the Quarter (D2)	=	(E2) ETT CONTRIBUTIONS
<input type="text"/>				<input type="text"/>

F. STATE DISABILITY INSURANCE (SDI) (Total Employee Wages up to \$ per employee per calendar year)

(F1) SDI Rate %	TIMES	(F2) SDI TAXABLE WAGES FOR THE QUARTER	=	(F3) SDI EMPLOYEE CONTRIBUTIONS WITHHELD
<input type="text"/>		<input type="text"/>		<input type="text"/>

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD

H. SUBTOTAL (Add Items D3, E2, F3, and G)

I. LESS: CONTRIBUTIONS AND WITHHOLDINGS PAID FOR THE QUARTER
(DO NOT INCLUDE PENALTY AND INTEREST PAYMENTS)

J. TOTAL TAXES DUE OR OVERPAID (Item H minus Item I)

If amount due, prepare a *Payroll Tax Deposit*, DE 88, include the correct payment quarter, and mail to: Employment Development Department, PO Box 826276, Sacramento, CA 94230-6276. **NOTE:** Do not mail payments along with the DE 9 and *Quarterly Contribution Return and Report of Wages (Continuation)*, DE 9C, as this may delay processing and result in erroneous penalty and interest charges. **Mandatory Electronic Funds Transfer (EFT)** filers must remit all SDI/PIT deposits by EFT to avoid a noncompliance penalty.

K. I declare that the above, to the best of my knowledge and belief, is true and correct. If a refund was claimed, a reasonable effort was made to refund any erroneous deductions to the affected employee(s).

Signature *Required* _____ Title _____ Phone (____) _____ Date _____
(Owner, Accountant, Preparer, etc.)

SIGN AND MAIL TO: State of California / Employment Development Department / P O Box 989071 / West Sacramento CA 95798-9071