

DE 9

EDD 11214



00090112

QUARTER

ENDED 03/31/2021 DUE 04/30/2021 DELINQUENT 04/30/2021

21 1

021-2967-4

K4BQT 24-Apr-2021 18:28 160869762

JM ROLL OFF SERVICE INC

6267 WATCHER ST

BELL GARDENS CA 90201

46 2652290

A.NO WAGES

B.OUT OF BUSINESS

B1

C. TOTAL SUBJECT WAGES PAID THIS QUARTER 25 900 00

D. UNEMPLOYMENT INSURANCE (Wages up to \$7,000)

1.70 % X 16 500 00 280 49

E. EMPLOYMENT TRAINING TAX

0.10 % X 16 500 00 16 50

F. STATE DISABILITY INSURANCE (Total Employee wages up to a maximum limit)

1.20 % X 25 900 00 310 80

G. CALIFORNIA PIT WITHHELD 787 27

H. SUBTOTAL 1 395 06

I. LESS: PREVIOUS PAYMENTS 1 395 06

J. TOTAL TAXES DUE OR OVERPAID 00

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

ADP
Title

ATTY-IN-FACT

(877) 706-0510
Phone04-18-2021
Date

**QUARTERLY CONTRIBUTION
RETURN AND REPORT OF WAGES
(CONTINUATION)**



009C0111

Page number 1 of 1

REMINDER: File your DE 9 and DE 9C together.
You must FILE this report even if you had no payroll. If you had no payroll,
complete Items C and O.

YR QTR
21 1

QUARTER ENDED 03/31/2021 DUE 04/30/2021 DELINQUENT IF NOT POSTMARKED OR RECEIVED BY 04/30/2021

EMPLOYER ACCOUNT NO.
021-2967-4

JM ROLL OFF SERVICE INC

6267 WATCHER ST

BELL GARDENS CA 90201

A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo.	2nd Mo.	3rd Mo.
2	2	3

B. Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.) C. NO PAYROLL

D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
606 31 3471	JOSE	A RODRIGUEZ	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
13 000 00	13 000 00	462 80	

D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
622 19 6411	MIGUEL A	BARRIENTOS	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
2 500 00	2 500 00	38 86	

D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
814 28 4220	CESAR	A RODRIGUEZ	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	
10 400 00	10 400 00	285 61	

D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	

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F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	

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F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	

D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	
F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD	

I. TOTAL SUBJECT WAGES THIS PAGE	J. TOTAL PIT WAGES THIS PAGE	K. TOTAL PIT WITHHELD THIS PAGE
25 900 00	25 900 00	787 27

L. GRAND TOTAL SUBJECT WAGES	M. GRAND TOTAL PIT WAGES	N. GRAND TOTAL PIT WITHHELD
25 900 00	25 900 00	787 27

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature H.A. Hualy Title ADP ATTY-IN-FACT Phone (877) 706-0510 Date 04-18-2021
(Owner, Accountant, Preparer, etc.)

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