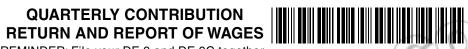


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	QUARTER ENDED	DUE	DELINQUENT IF NOT POSTMARKED OR RECEIVED BY	
	ENDED	OFF	国的思	EMPLOYER ACCOUNT NUMBER
GL.		VIII		DO NOT ALTER THIS AREA
	FEIN	A. NO WAGES	PAID THIS QUARTER	B. OUT OF BUSINESS/NO EMPLOYEES
	ADDITIONAL FEINS			B1. M M D D Y Y Y Y
	C. TOTAL SUBJECT WAGE	ES PAID THIS QUARTER		05
	D. UNEMPLOYMENT INSUF	RANCE (UI) (Total Employee	Wages up to \$ per	employee per calendar year)
	(D1) UI Rate %	(D2) UI TAXABLE WAGES FO	OR THE QUARTER	(D3) UI CONTRIBUTIONS
	E. EMPLOYMENT TRAINING (E1) ETT Rate %	(B) 3U	r the Quarter (D2) =	(E2) ETT CONTRIBUTIONS
CL	F. STATE DISABILITY INSU	JRANCE (SDI) (Total Employ (F2) SDI TAXABLE WAGES I		per employee per calendar year) (F3) SDI EMPLOYEE CONTRIBUTIONS WITHHELD
	G. CALIFORNIA PERSONAL	_ INCOME TAX (PIT) WITH	HHELD	
	H. SUBTOTAL (Add Items I	D3, E2, F3, and G)		
	I. LESS: CONTRIBUTIONS (DO NOT INCLU	S AND WITHHOLDINGS PADE PENALTY AND INTER		TO BE GOT
	J. TOTAL TAXES DUE OR G	OVERPAID (Item H minus	Item I)	7
	Department, PO Box 826276, Return and Report of Wages (Sacramento, CA 94230-6276 Continuation), DE 9C, as this	6. NOTE: Do not mail payments may delay processing and res	and mail to: Employment Development salong with the DE 9 and <i>Quarterly Contribution</i> sult in erroneous penalty and interest charges. To avoid a noncompliance penalty.
	K. I declare that the above,	to the best of my knowledg erroneous deductions to the	e and belief, is true and corre	ect. If a refund was claimed, a reasonable effort
7	Signature Required	erroneous deductions to the		Phone () Date
Da.			(Owner, Accountant, Preparer, etc.)	ox 989071 / West Sacramento CA 95798-9071
	DE 9 Rev. 3 (3-17) (INTE		Page 1 of 2	File Online - It's Fast, Easy, and Secure! Visit www.edd.ca.gov.

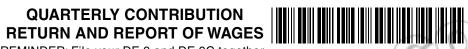




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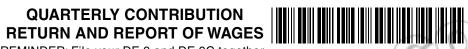




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