

REPORT OF NEW EMPLOYEE(S)
See detailed instructions on reverse. Please type or print.
NOTE: Report new employees within 20 days of start-of-work date.



00340600



DATE CA EMPLOYER ACCOUNT NO. BRANCH CODE FEDERAL ID NO.

BUSINESS NAME		CONTACT PERSON		TELEPHONE NO.	
ADDRESS	STREET	CITY	STATE	ZIP	
EMPLOYEE FIRST NAME	MI	EMPLOYEE LAST NAME			
SOCIAL SECURITY NO.	STREET NO.	STREET NAME	UNIT/APT		
CITY		STATE	ZIP	START-OF-WORK DATE	

EMPLOYEE FIRST NAME		MI		EMPLOYEE LAST NAME	
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SOCIAL SECURITY NO.	STREET NO.	STREET NAME	UNIT/APT		
CITY		STATE	ZIP	START-OF-WORK DATE	

INSTRUCTIONS FOR COMPLETING THE REPORT OF NEW EMPLOYEE(S)

WHO MUST BE REPORTED:

Federal law requires all employers to report all newly hired or rehired workers to the Employment Development Department (EDD) within 20 days of their start-of-work date. State and county agencies use this information to assist them in locating parents who are delinquent in their child support obligations.

An individual is considered a **new hire** on the first day in which he/she performs services for wages. An individual is considered a **rehire** if the employer/employee relationship has ended and the returning individual is required to submit a Form W-4 to the employer.

WHAT MUST BE REPORTED ON THIS FORM:

Employer's:

- California Employer Account Number
on each form completed
- Branch Code - Complete only if employer was assigned a Branch Code number
- Federal Employer Identification Number
- Business name and address
- Contact person and telephone number

Employee's

- First name, middle initial, and last name
- Social Security Number
- Home address
- Start-of-work date

HOW TO COMPLETE THIS FORM:

Please complete the following information in the spaces provided. If you type the information, ignore the boxes and type in UPPER CASE as shown. Do not use dashes or slashes.

EMPLOYEE FIRST NAME	MI	EMPLOYEE LAST NAME	UNIT/APT
IMOGENE	A	SAMPLE	
SOCIAL SECURITY NO.	STREET NO.	STREET NAME	
123456789	1234	ANY STREET	312

If you **handwrite this form**, print each letter or number in a separate box as shown. Do not use commas or periods.

EMPLOYEE FIRST NAME	MI	EMPLOYEE LAST NAME	UNIT/APT
I M O G E N E	A	S A M P L E	
SOCIAL SECURITY NO.	STREET NO.	STREET NAME	
1 2 3 4 5 6 7 8 9	1 2 3 4	A N Y S T R E E T	3 1 2

ADDITIONAL INFORMATION:

If you have any questions concerning the new employee reporting requirement, you may visit our Web site at www.edd.ca.gov/Payroll_Taxes/New_Hire_Reporting.htm, call the New Employee Registry and Independent Contractor Reporting telephone line at (916) 657-0529, call the Taxpayer Assistance Center at (888) 745-3886, or visit your local Employment Tax Office listed in the *California Employer's Guide* (DE 44).

To obtain additional DE 34 forms:

- Visit our Web site at www.edd.ca.gov/Forms/default.asp; or
- For 25 or more forms, call (916) 322-2835
- For less than 25 forms, call (916) 657-0529 or call (888) 745-3886

HOW TO REPORT:



For a faster, easier, and more convenient method of reporting your DE 34 information, you are encouraged to report online using any of the options available with EDD's Expanded e-Services for Business. Visit our Web site at <https://eddservices.edd.ca.gov> to choose the option that is best for you.

To file a DE 34 form, complete the information in the spaces provided on the form and fax it to (916) 319-4400 or mail it to the following address:

EMPLOYMENT DEVELOPMENT DEPARTMENT
Document Management Group, MIC 96
P.O. Box 997016
West Sacramento, CA 95799-7016