

## ANNUAL RECONCILIATION STATEMENT

PLEASE TYPE THIS FORM - DO NOT ALTER PREPRINTED INFORMATION



00070104



YEA	R ENDED DUE	DELINQUENT IF NOT POSTMARKED OR RECEIVED BY  EMPLOYER ACCOUNT  DO NOT ALTER THIS AREA	
F	DITIONAL	A. NO WAGES PAID THIS YEAR CHECK BOX IF: B. OUT OF BUSINESS  Date	
C. D.	TOTAL SUBJECT WAGES PAID THIS CALENDAR YEAR  UNEMPLOYMENT INSURANCE (UI) (Total Employee Wages up to  (D1) UI %  (D2) UI TAXABLE WAGES	per employee per calendar year)  (D3) UI CONTRIBUTIONS	:
E	EMPLOYMENT TRAINING TAX (ETT)	=	!
_	(E1) ETT %  TIMES UI Taxable Wages (D2)	(E2) ETT CONTRIBUTIONS	
F.	STATE DISABILITY INSURANCE (SDI) (Total Employee Wages up to \$	per employee per calendar year)	
	(F1) SDI % (F2) SDI TAXABLE WAGES TIMES	(F3) SDI EMPLOYEE CONTRIBUTIONS	WITHHELD
G. H. I.	CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD	mployment Development Department, P.O. Box 826276, Sacramento, CA 9423	00-6276.
No. Be sure to sign this declaration: I declare that the information herein is true and correct to the best of my knowledge and belief.			
Signa	•	Phone ( ) Date	
	(Owner, Accountant, Preparer, etc.)	<u></u>	