

**QUARTERLY CONTRIBUTION
RETURN AND REPORT OF WAGES**



PLEASE TYPE THIS FORM—DO NOT ALTER PREPRINTED INFORMATION

00090111

QUARTER
ENDED

DUE

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY

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

EMPLOYER ACCOUNT NO.

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DO NOT ALTER THIS AREA

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Mo.	Day	Yr.											
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FEIN

ADDITIONAL
FEINS

CHECK
BOX IF:

A. NO WAGES PAID THIS QUARTER

☐

B. OUT OF BUSINESS/NO EMPLOYEES

☐

Date

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

E. EMPLOYMENT TRAINING TAX (ETT)

(E1) ETT Rate %

TIMES

UI Taxable Wages for the Quarter (D2)

=

(E2) ETT CONTRIBUTIONS

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

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, P.O. Box 826276, Sacramento, CA 94230-6276. Mailing payments with the DE 9 form delays payment processing and may 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. Be sure to sign this declaration: *I declare that the information herein is true and correct to the best of my knowledge and belief.*

Signature _____ 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

