

# QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES



REMINDER: File your DE 9 and DE 9C together.

PLEASE TYPE THIS FORM—DO NOT ALTER PREPRINTED INFORMATION

00090112

QUARTER  
ENDED

DUE

DELINQUENT IF  
NOT POSTMARKED  
OR RECEIVED BY

YR	QTR
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EMPLOYER ACCOUNT NO.

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DEPT. USE ONLY	<b>DO NOT ALTER THIS AREA</b>							
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	T	:	:	:	:	:	:	:
EFFECTIVE DATE		Mo.	Day	Yr.				
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FEIN **A. NO WAGES PAID THIS QUARTER** ☐ **B. OUT OF BUSINESS/NO EMPLOYEES** ☐

ADDITIONAL  
FEINS

**B1. OUT OF BUSINESS DATE**

M	M	D	D	Y	Y	Y	Y
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**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
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**E. EMPLOYMENT TRAINING TAX (ETT)**

(E1) ETT Rate %		TIMES	UI Taxable Wages for the Quarter (D2) .....	=	(E2) ETT CONTRIBUTIONS
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**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
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**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. **NOTE:** Do not mail payments along with the DE 9 and *Quarterly Contribution Return and Report of Wages (Continuation)* (DE 9C), as this may delay processing and 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.** 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 Required \_\_\_\_\_ 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