

**QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES**



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

00090112

PLEASE TYPE THIS FORM—DO NOT ALTER PREPRINTED INFORMATION

QUARTER ENDED 03 31 18 DUE 04 01 18 DELINQUENT IF NOT POSTMARKED OR RECEIVED BY 04 30 18 YR 1 8 QTR 1

EMPLOYER ACCOUNT NUMBER  
3 2 1 1 2 3 4 1

JOHN SMITH  
WASHINGTON NAILS & SPA  
1234 SUNSET BLVD.  
WESTMINSTER, CA 92683

**DO NOT ALTER THIS AREA**

DEPT. USE ONLY

P1 P2 C P U S A  
T  
EFFECTIVE DATE Mo. Day Yr.

FEIN 95 1234557 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

C. TOTAL SUBJECT WAGES PAID THIS QUARTER ..... 4 800 00

D. UNEMPLOYMENT INSURANCE (UI) (Total Employee Wages up to \$ 7,000 per employee per calendar year)  
(D1) UI Rate % 3.40 TIMES (D2) UI TAXABLE WAGES FOR THE QUARTER 4 800 00 = (D3) UI CONTRIBUTIONS 163 20

E. EMPLOYMENT TRAINING TAX (ETT)  
(E1) ETT Rate % 0.10 TIMES UI Taxable Wages for the Quarter (D2) ..... = (E2) ETT CONTRIBUTIONS 4 80

F. STATE DISABILITY INSURANCE (SDI) (Total Employee Wages up to \$ 114,967 per employee per calendar year)  
(F1) SDI Rate % 1.00 TIMES (F2) SDI TAXABLE WAGES FOR THE QUARTER 4 800 00 = (F3) SDI EMPLOYEE CONTRIBUTIONS WITHHELD 48 00

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD ..... 22 88

H. SUBTOTAL (Add Items D3, E2, F3, and G) ..... 238 88

I. LESS: CONTRIBUTIONS AND WITHHOLDINGS PAID FOR THE QUARTER ..... (DO NOT INCLUDE PENALTY AND INTEREST PAYMENTS) 0 00

J. TOTAL TAXES DUE OR OVERPAID (Item H minus Item I) ..... 238 88

If amount due, prepare a Payroll Tax Deposit, DE 88, include the correct payment quarter, and mail to: Employment Development Department, PO 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 *[Signature]* Title ACCOUNTANT Phone (714) 531 3637 Date 01 06 18  
(Owner, Accountant, Preparer, etc.)

SIGN AND MAIL TO: State of California / Employment Development Department / P O Box 989071 / West Sacramento CA 95798-9071

**QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)**



009C0111

Page number 1 of 1

REMINDER: File your DE 9 and DE 9C together.  
You must FILE this report even if you had no payroll. If you had no payroll, complete Items C and O.

QUARTER ENDED 03 31 18

DUE 04 01 18

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY 04 30 18

YR 18 OTR 1

EMPLOYER ACCOUNT NUMBER  
321 1234 1

JOHN SMITH  
WASHINGTON NAILS & SPA  
1234 SUNSET BLVD.  
WESTMINSTER, CA 92683

**DO NOT ALTER THIS AREA**

P1  C  T  S  W  A

EFFECTIVE DATE  
Mo. Day Yr. WIC

A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo.	2nd Mo.	3rd Mo.
2	0	0

B.  Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page. Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.) C.  NO PAYROLL

D. SOCIAL SECURITY NUMBER 586 60 2002 E. EMPLOYEE NAME (FIRST NAME) JANE (M.I.) (LAST NAME) BROWN

F. TOTAL SUBJECT WAGES 3 200 00 G. PIT WAGES 3 200 00 H. PIT WITHHELD 22 88

D. SOCIAL SECURITY NUMBER 586 01 1001 E. EMPLOYEE NAME (FIRST NAME) JOHN (M.I.) (LAST NAME) SMITH

F. TOTAL SUBJECT WAGES 1 600 00 G. PIT WAGES 1 600 00 H. PIT WITHHELD 0 00

D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) (M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES G. PIT WAGES H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) (M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES G. PIT WAGES H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) (M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES G. PIT WAGES H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) (M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES G. PIT WAGES H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) (M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES G. PIT WAGES H. PIT WITHHELD

I. TOTAL SUBJECT WAGES THIS PAGE 4 800 00 J. TOTAL PIT WAGES THIS PAGE 4 800 00 K. TOTAL PIT WITHHELD THIS PAGE 22 88

L. GRAND TOTAL SUBJECT WAGES 4 800 00 M. GRAND TOTAL PIT WAGES 4 800 00 N. GRAND TOTAL PIT WITHHELD 22 88

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature Required [Signature] Title ACCOUNTANT Phone ( 714 ) 531 3637 Date 01 06 18  
(Owner, Accountant, Preparer, etc.)

SIGN AND MAIL TO: State of California / Employment Development Department / PO Box 989071 / West Sacramento CA 95798-9071

