

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 03/31/2017

DUE 04/30/2017

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY

04/30/2017

YR 17 QTR 1

EMPLOYER ACCOUNT NUMBER

123-4567-8

CRAZY CONSTRUCTION, INC
123 KENNEDY DR.
TROUT CITY, CA 90210

DO NOT ALTER THIS AREA

DEPT. USE ONLY

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

FEIN 11-1234567 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 37,432:81

D. UNEMPLOYMENT INSURANCE (UI) (Total Employee Wages up to \$ per employee per calendar year)
(D1) UI Rate % 4.40 TIMES (D2) UI TAXABLE WAGES FOR THE QUARTER 37,432:81 = (D3) UI CONTRIBUTIONS 1,647:04

E. EMPLOYMENT TRAINING TAX (ETT)
(E1) ETT Rate % TIMES UI Taxable Wages for the Quarter (D2) = (E2) ETT CONTRIBUTIONS 0:00

F. STATE DISABILITY INSURANCE (SDI) (Total Employee Wages up to \$ per employee per calendar year)
(F1) SDI Rate % 0.90 TIMES (F2) SDI TAXABLE WAGES FOR THE QUARTER 37,432:81 = (F3) SDI EMPLOYEE CONTRIBUTIONS WITHHELD 336:90

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD 423:92

H. SUBTOTAL (Add Items D3, E2, F3, and G) 2,407:86

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) 2,407:86

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 Sara Loren Title PREPARER Phone (555) 859-7711 Date 04/20/2017
(Owner, Accountant, Preparer, etc.)

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