

**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 12/31/2024

DUE 01/31/2025

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY 01/31/2025

YR 24 QTR 4

EMPLOYER ACCOUNT NO. 123-4567-8

**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

**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, 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 Preparer Phone ( ) Date 12/31/2024  
(Owner, Accountant, Preparer, etc.)



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