

QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES

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QTR

REMINDER: File your DE 9 and DE 9C together. PLEASE TYPE THIS FORM-DO NOT ALTER PREPRINTED INFORMATION

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PALMDALE, CA 93551-4261						and the Sunday of the Lore			
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FEINS					narring o) In covering	ons .u		
C. TOTAL SUBJECT	WAGES PAID	THIS QUARTER				They I I	.50		
		UI) (Total Employee Wages	s up to \$	per employ	vee per calenda	ar vear)			
(D1) UI Rate %		UI TAXABLE WAGES FOR THE		per empley	(D3) UI CONT		m3 .3	VI	
3.40	TIMES		0.00	T. 12 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -			0.0	00	
E. EMPLOYMENT TO	RAINING TAX (ETT)			(E2) ETT CON	TRIBUTIONS			
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F. STATE DISABILIT	Y INSURANCE	(SDI) (Total Employee Wa	ages up to \$	per em	ployee per cale	endar year)	ited d	V.	
(F1) SDI Rate %	(F2)	SDI TAXABLE WAGES FOR TH	HE QUARTER		(F3) SDI EMPL	OYEE CONTRIBU	TIONS WITH	HHELD	
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		Production and the comments of			AND DOWN	per or present to mentioned budy.	No. 1	Te al	
H. SUBTOTAL (Add	Items D3, E2,	F3, and G)	ne eveléh me		- dhemyli esatu	a enifeM M	0,0	00	

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.

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)

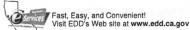
K. I declare that the above, to the best of my knowledge and belief, is true and correct. If a refund was claimed, a reasonable effort was made to refund any erroneous deductions to the affected employee(s).

Owner, Accountant, Preparer, etc.) Phone (818) 3312164 Date 05/23/2016 unde Title _ Signature Required

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

DE 9 Rev. 2 (7-14) (INTERNET)

Page 1 of 2



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QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION) REMINDER: File your DE 9 and DE 9C together.





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QUARTER 03/31/2016

_{DUE} 04/01/2016

You must FILE this report even if you had no payroll. If you had no payroll, complete Items C and O. DELINQUENT IF NOT POSTMARKED OF RECEIVED BY

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EMPLOYER ACCOUNT NO.

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PALMDALE, CA 93551-4261	Mo. Day Yr. WIC								
ments control and the second	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.								
B. Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page. C. V NO PAYROLL									
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L. GRAND TOTAL SUBJECT WAGES M. GRAND TOTAL PIT WAGES N. GRAND TOTAL PIT WITHHELD									
O. I declare that the information herein is true and correct to the best of my knowledge and belief.									
Signature Required Phone 818) 331-2164 Date 05/23/2016									
(Owner, Accountant, Preparer, etc.)									

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



