

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 **03/31/2016**

DUE **04/01/2016**

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY

05/01/2016

YR **16** QTR **1**

EMPLOYER ACCOUNT NO.

047-2951-3

MONEY ON BOOKS
829 W PALMDALE BLVD STE 80
PALMDALE, CA 93551-4261

DO NOT ALTER THIS AREA

DEPT. USE ONLY

P1	P2	C	P	U	S	A
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Mo. Day Yr.

EFFECTIVE DATE

FEIN **47-4106354** **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

D. UNEMPLOYMENT INSURANCE (UI) (Total Employee Wages up to \$ per employee per calendar year)

(D1) UI Rate % **3.40** TIMES (D2) UI TAXABLE WAGES FOR THE QUARTER **0:00** = (D3) UI CONTRIBUTIONS **0:00**

E. EMPLOYMENT TRAINING TAX (ETT)

(E1) ETT Rate % **0.10** 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 = (F3) SDI EMPLOYEE CONTRIBUTIONS WITHHELD **0:00**

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD

H. SUBTOTAL (Add Items D3, E2, F3, and G) **0:00**

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) **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.

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 **GFO** Phone **(818) 3312164** Date **05/23/2016**
(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.

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YR **16** QTR **1**

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047-2951-3

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PALMDALE, CA 93551-4261

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.

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	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
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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 **0.00** J. TOTAL PIT WAGES THIS PAGE **0.00** K. TOTAL PIT WITHHELD THIS PAGE **0.00**

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 *[Signature]* Title CFO (Owner, Accountant, Preparer, etc.) Phone 818) 331-2164 Date 05/23/2016