

GLOBAL HANDS 360

Confirmation No.:
Date Requested:
Account Number:

0-604-820-512April 2, 2020
910-2995-9

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Quarterly Contribution Return and Report of Wages (DE 9) Quarter Ended: March 31, 2020				
A. No Wages Paid This Quarter		[X]		
B. Out of Business/	'No Employees	[1]		
C. Total Subject Wages Paid This Quarter \$0.00				
D. Unemployment Insurance (UI) UI Rate % UI Taxable W		(Total employee wages up to 7,000.00 per employee per calandar year)		
0.00 x	\$0.00	=	\$0.00	
E. Employment Training Tax (ETT) ETT Rate % ETT Taxable Wages				
0.00 x	\$0.00	=	\$0.00	
F. State Disability Insurance SDI Rate % SDI Taxable W		(Total employee wages up to 122,909.00 per employee per year) Wages	calendar	
1.00 x	\$0.00	=	\$0.00	
G. California Person	nal Income Tax	(PIT) Withheld	\$0.00	
H. Subtotal			\$0.00	
Less: (Contributions and Withholdings Paid for the Year) (DO NOT Include Penalty and Interest Payments)			\$0.00	
J. Total Taxes Due	or Overpaid	(Item H minus Item I)	\$0.00	



Quarter Ended: March 31, 2020

Date Requested: **Account Number:** April 2, 2020 910-2995-9

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Quarterly Contribution Re	eturn and Report of Wages	(Continuation) (DE	: 9C)
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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.

[] B. Reporting Voluntary DI wages [X] C. No Payroll

H. Total PIT

Wages

0

F. First Name

[] D. Out of Business

G. Total Subject

Wages

1st Month 0

E. SSN

2nd Month

3rd Month

Last Name

0

MI

M. Grand Total Subject Wages

N. Grand Total PIT Wages

O. Grand Total PIT Withheld

0.00

I. Total PIT

Withheld

Wage

Code