

QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)



009C0111

Page number 1 of 1

PLEASE TYPE THIS FORM PER INSTRUCTIONS ON REVERSE
You must FILE this report even if you had no payroll. If you had no payroll, complete Items C or D and P.

YR 14 QTR 2

All pages required for submission.

QUARTER ENDED 06/30/2018

DUE 07/01/2018

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY 7/31/2018

EMPLOYER ACCOUNT NO. 123-4567-8

John Smith
Smith Enterprises
123 Health Avenue
Los Angeles, CA 92069

Reconciliation Legend

D/W = Declining/Waiving
K/KP/E = Enrolling in Kaiser Permanent
T/PT/S/PD = Terminated, part-time, seasonal, per diem (ineligible reasons)
BC* = *Initials of other carrier you offer, if any
Example: BC = Blue Cross

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. 7 2nd Mo. 6 3rd Mo. 8

Fields in section A must be completed. The 3rd month cannot be 0.

Voluntary Plan DI wages on this page, if appropriate. (See instructions for Item B.)

C. NO PAYROLL D. OUT OF BUSINESS/NO EMPLOYEES

Date _____

F. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

Linda

A Seymore KP

G. TOTAL SUBJECT WAGES

4,839.00

H. PIT WAGES

4,839.00

I. PIT WITHHELD

000.00

E. SOCIAL SECURITY NUMBER

000-00-1234

F. EMPLOYEE NAME (FIRST NAME)

Martin

(M.I.) (LAST NAME)

I Feelgood S

PIT withheld is required. \$0.00 must be explained.

G. TOTAL SUBJECT WAGES

3,454.65

H. PIT WAGES

3,454.65

I. PIT WITHHELD

32.66

E. SOCIAL SECURITY NUMBER

000-00-0000

F. EMPLOYEE NAME (FIRST NAME)

John

(M.I.) (LAST NAME)

D Garcia KP

G. TOTAL SUBJECT WAGES

4,460.00

H. PIT WAGES

4,460.00

I. PIT WITHHELD

36.50

E. SOCIAL SECURITY NUMBER

000-00-0000

F. EMPLOYEE NAME (FIRST NAME)

Judy

(M.I.) (LAST NAME)

Y Kim T

G. TOTAL SUBJECT WAGES

6,846.34

H. PIT WAGES

6,846.34

I. PIT WITHHELD

100.20

E. SOCIAL SECURITY NUMBER

000-00-0000

F. EMPLOYEE NAME (FIRST NAME)

Oscar

(M.I.) (LAST NAME)

A Ventura D

G. TOTAL SUBJECT WAGES

5,663.74

H. PIT WAGES

5,663.74

I. PIT WITHHELD

64.98

E. SOCIAL SECURITY NUMBER

000-00-0000

F. EMPLOYEE NAME (FIRST NAME)

David

(M.I.) (LAST NAME)

C Best BC

G. TOTAL SUBJECT WAGES

7,800.00

H. PIT WAGES

7,800.00

I. PIT WITHHELD

281.88

E. SOCIAL SECURITY NUMBER

000-00-0000

F. EMPLOYEE NAME (FIRST NAME)

Adam

(M.I.) (LAST NAME)

W Easy PT

G. TOTAL SUBJECT WAGES

40.50

H. PIT WAGES

40.50

I. PIT WITHHELD

0.00

J. TOTAL SUBJECT WAGES THIS PAGE

33,104.23

K. TOTAL PIT WAGES THIS PAGE

33,104.23

L. TOTAL PIT WITHHELD THIS PAGE

516.22

M. GRAND TOTAL SUBJECT WAGES

33,104.23

N. GRAND TOTAL PIT WAGES

33,104.23

O. GRAND TOTAL PIT WITHHELD

622.59

P. I declare that the information herein is true and correct to the best of my knowledge and belief.

Preparer's Signature _____

Title _____

Phone () _____

Date _____

(Owner, Accountant, Preparer, etc.)

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



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A minimum of last four #'s of SSN are required.

Sections J-O are required to include total wages and total withholdings.