



**MAGNETIC MEDIA - SUBMITTAL SHEET  
QUARTERLY WAGE AND WITHHOLDING INFORMATION**

Complete Parts I, II, III, and IV of form. Do not complete a *Quarterly Wage and Withholding Report* (DE 6) unless additional quarterly wages are being reported. Questions regarding quarterly reporting may be directed to (916) 654-6845. Mail completed DE 166 and labeled media to:

Magnetic Media Production Unit, MIC 15  
Employment Development Department  
P.O. Box 826204  
Sacramento, CA 94230-6204

**Note:** If using land carrier, i.e., UPS or Federal Express, use:  
800 Capitol Mall, MIC 15A  
Sacramento, CA 95814

**PART I - SUBMITTER / CONTACT INFORMATION**

**DATE SENT:** \_\_\_\_\_

SUBMITTING FIRM NAME AND ADDRESS	PLEASE ENTER REPORTING PERIOD.  DE 6 - QUARTER _____ YEAR _____
ENTER ADDRESS TO WHICH MEDIA SHOULD BE RETURNED*	NUMBER OF FIRMS REPORTED ON FILE: _____ <input type="checkbox"/> CHECK IF THIS IS A TEST FILE.
<input type="checkbox"/> CHECK FOR CHANGE OF ADDRESS *NOTE: CD-Rs and diskettes not returned unless requested.	NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON TO CONTACT FOR TECHNICAL INFORMATION REGARDING FILE.  (      ) EXT: _____

**PART II - FIRM(S) BEING REPORTED**

(Attach additional sheets if needed. Computer printouts of the required data may also be attached.)

EMPLOYER NAME (FIRM #1)			EMPLOYER NAME (FIRM #2)		
EMPLOYER ACCT. NO.	BRANCH	FEDERAL ID NUMBER	EMPLOYER ACCT. NO.	BRANCH	FEDERAL ID NUMBER
TOTAL SUBJECT WAGES REPORTED ON MEDIA FILE \$			TOTAL SUBJECT WAGES REPORTED ON MEDIA FILE \$		
TOTAL PIT WAGES REPORTED ON MEDIA FILE \$			TOTAL PIT WAGES REPORTED ON MEDIA FILE \$		
TOTAL PIT WITHHELD ON MEDIA FILE \$			TOTAL PIT WITHHELD ON MEDIA FILE \$		
TOTAL NUMBER OF EMPLOYEES REPORTED ON MEDIA FILE #			TOTAL NUMBER OF EMPLOYEES REPORTED ON MEDIA FILE #		
TOTAL SUBJECT WAGES REPORTED ON PAPER (IF ANY) \$			TOTAL SUBJECT WAGES REPORTED ON PAPER (IF ANY) \$		

**PART III - MAGNETIC MEDIA FILE INFORMATION**

<input type="checkbox"/> CD-R <input type="checkbox"/> 3 1/2" DISKETTE <input type="checkbox"/> IBM 3480 TAPE CARTRIDGES <input type="checkbox"/> IBM 3490 TAPE CARTRIDGES	LIST ANY EXTERNAL TAPE CARTRIDGE FILE IDENTIFICATION NUMBERS _____ _____ _____
---	---

**PART IV - DECLARATION**

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

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_