



**ANNUAL RECONCILIATION STATEMENT (DE 7) REV. 5 (4-07)  
PRINTING SPECIFICATIONS  
COMPUTER OR LASER GENERATED ALTERNATE FORMS**

The Employment Development Department (EDD) provides DE 7 forms suitable for laser printers at no cost to our customers.

These specifications will assist you in creating an alternate (facsimile) DE 7 form that we can image with our equipment. A sample alternate DE 7 and an original Annual Reconciliation Statement (DE 7) are included with these specifications. The sample alternate format should not be used to align with your alternate format as reproduction has caused distortion.

Please use the print and line positions provided in these specifications to create your alternate form. The DE 7 form is the correct template to use to verify that your alternate format is correct. Place the DE 7 over or under your alternate format and visually verify that the data on your alternate form is printing within the corresponding boxes on the DE 7. If this is the case, the alternate format has been designed to meet our specifications.

**ALL FORMS MUST BE SUBMITTED FOR APPROVAL PRIOR TO USE**

Please submit a sample deck for testing and approval. The test deck should include 25 original documents, no photocopies. You may use dummy data and repeat the data on all the pages.

The test deck should be mailed to the following address:

Alternate Forms Coordinator  
Information Management Group/MIC 96  
Employment Development Department  
P.O. Box 826880  
Sacramento, CA 94280-0001

For express mail, make sure to include my telephone number, (916) 255-0649, on the air bill. The street address is: 9815 C Goethe Road, Sacramento, CA 95827, Attn: Alternate Forms Coordinator, MIC 96.

**TEST SAMPLES MUST MEET A 95% OR BETTER READ RATE TO BE APPROVED**

**DE 7PS Rev. 1 (11-07)**  
**DE 7 REV. 5 (4-07) PRINTING SPECIFICATIONS**  
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GENERAL REQUIREMENTS

Paper: Use 8 1/2" by 11" white, 20-pound bond paper. NCR paper or recycled paper will not feed into the scanners and is not acceptable.

Alignment: The top edge of the form is zero, the bottom of the form is line 66, the left edge is print position zero, and the right edge is print position 85. Print six vertical lines per inch and 10 horizontal print positions per inch.

Ink: Use black ink only. If possible, use non-ferric ink as ferric ink contains metal which interferes with our automated mail sorting equipment.

Printer: Do not use a dot matrix printer. Dot matrix printing will not meet the 95% read rate requirement.

Font Size: Please use 10 or 12 point Lucinda Console or Courier font to print the data to be captured. Data to be captured is indicated by bold print. **Do not print your alternate format in bold type**, unless indicated. ALL LETTERS MUST BE PRINTED IN UPPER CASE ONLY.

EDD Approval Number: This number will be assigned to forms that EDD has tested and approved.

Non-scannable file copies: If you provide your customers with copies that are not Optical Character Reader (OCR) compatible, please advise them **not** to submit their file copies to EDD. We have found that the warning "**DO NOT SEND THIS COPY TO EDD**" is effective when printed on the file copy.

User codes: If you print code numbers or letters on your forms, please position them above the Employer Name and Address between lines 10 and 13 and print positions 10 thru 45.

Display of Numbers: Left justify the wage totals reported (begin printing wage totals in the first position of the wage fields). Use decimal points or spaces between digits as appropriate, for example: 32 417.98 or 32 417 98. Do not use dollar signs or commas.

Year Ended/Due/Delinquent: The year ends December 31 and the Annual Reconciliation Return is due January 1 and is delinquent if not postmarked by January 31. If January 31 falls on a Saturday, Sunday or holiday, the delinquent date becomes the next working day.

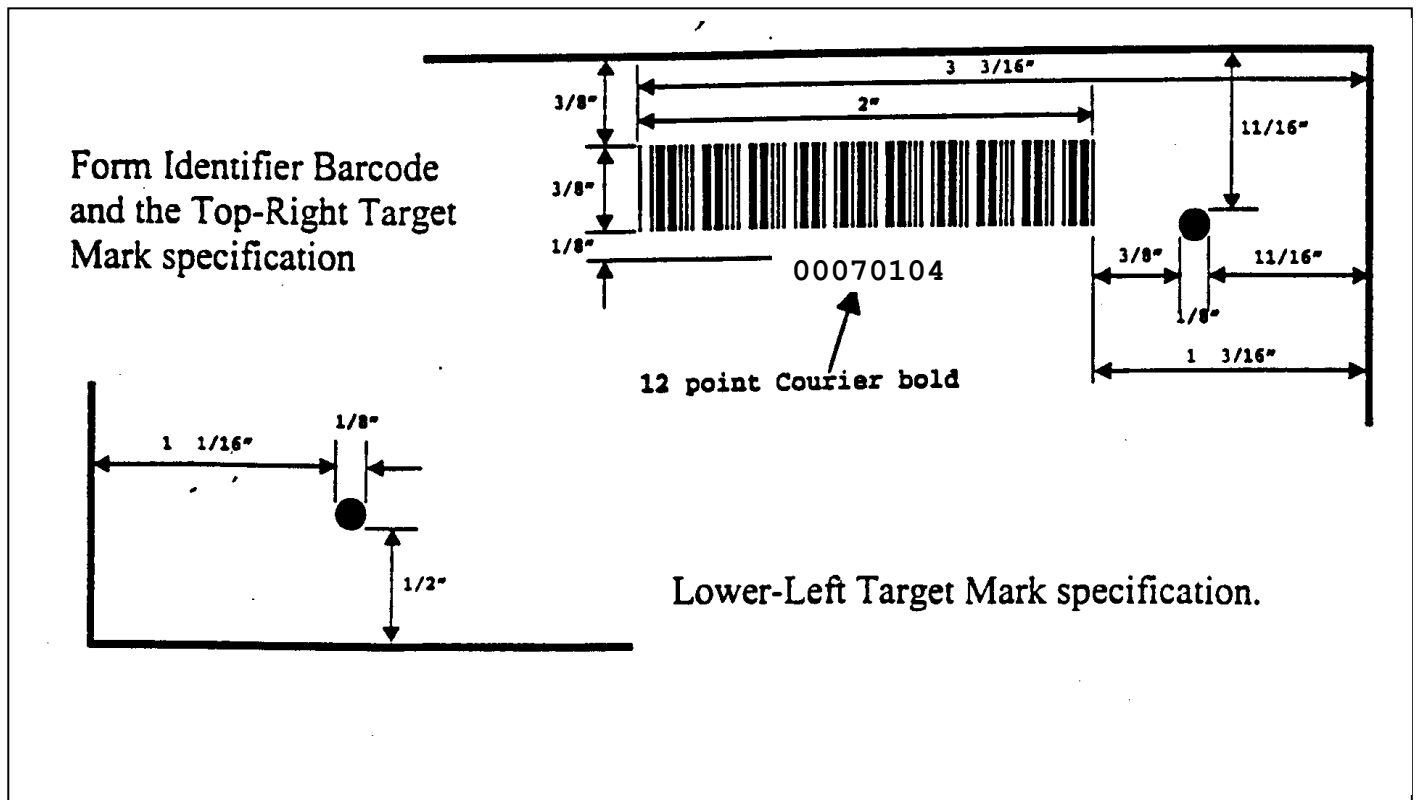
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**BARCODE AND TARGET MARK SPECIFICATIONS**

Form Identification: A form identification barcode is added to the DE 7 to help EDD identify the forms automatically. The Form Identifier String “**00070104**” is encoded in Code 3 of 9 bar code format (also called Code 39). This bar code is 2 inches wide, 3/8 inches high, is located 3/8 inch below the top paper edge and 1 3/16 inch off the right paper edge. The Form Identifier String should be printed 1/8 inch beneath the barcode in 12 point Courier bold font.

Target Marks: Two target marks are placed on the top right and lower left corners to help the EDD equipment de-skew the scanned forms. Target marks are black circles 1/8 inch in diameter. The top right target mark is 11/16 inch off the top and right paper edges, and the bottom left target mark is 1 1/16 inch off the left paper edge and 1/2 inch off the bottom paper edge.

The following is a sample of the correct format for the barcode and target marks:



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**FORM IDENTIFIER STRING SPECIFICATIONS (No Barcode/Target Marks)**

EDD prefers that you provide the barcode and target marks on your alternate format to ensure the most accurate processing of your Annual Reconciliation Return. If it is not possible to include the barcode and target marks, submit your alternate form test samples with the unique FORM IDENTIFIER STRING used to identify alternate formats without barcode/target marks. The correct format for the Form Identifier String without barcode/target mark is “**B0070104**” printed in the 12 point Courier bold font. The print and line position for the Form Identifier String are listed below:

<b><u>ITEM</u></b>	<b><u>PRINT LINES</u></b>	<b><u>PRINT POSITIONS</u></b>	<b><u>PRINT FORMAT</u></b>
Form Identifier String	6	60 thru 67	<b>B0070104</b>

The following is a sample of the correct position for the Form Identifier String on the alternate DE 7 form:

DE 7                    EDD 12345

B0070104

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<b>ITEM</b>	<b>PRINT LINES</b>	<b>PRINT POSITIONS</b>	<b>PRINT FORMAT</b>
DE 7	4	6 thru 11	DE 7
FORM APPROVAL NUMBER	4	26 thru 36	EDD 12345
<b>BARCODE/TARGET MARKS</b>	<b>Instructions are on page 3.</b>		
<b>FORM IDENTIFIER STRING</b>	<b>Instructions are on page 4.</b>		
YEAR ENDED/DUE/DELINQUENT	9	6 thru 61	MM DD YY
<b>YEAR</b>	<b>9</b>	<b>73 thru 78</b>	<b>NNNN</b>
<b>EMPLOYER ACCOUNT NO.</b>	<b>12</b>	<b>62 thru 78</b>	<b>NNN NNNN N</b>
EMPLOYER NAME & ADDRESS	16-20	10 thru 45	ADDRESS FORMAT
<b>FEIN</b>	<b>24</b>	<b>15 thru 29</b>	<b>NN NNNNNNN</b>
<b>ADDITIONAL FEINS</b>	<b>26</b>	<b>19 thru 32</b>	<b>NN NNNNNNN</b>
<b>ADDITIONAL FEINS</b>	<b>26</b>	<b>37 thru 50</b>	<b>NN NNNNNNN</b>
<b>A. NO WAGES PAID THIS YEAR</b>	<b>24</b>	<b>58 thru 72</b>	<b>A. NO WAGES</b>
<b>X</b>	<b>24</b>	<b>78</b>	<b>X</b>
<b>B. OUT OF BUSINESS</b>	<b>26</b>	<b>58 thru 72</b>	<b>B. OUT OF BUSINESS</b>
<b>X</b>	<b>26</b>	<b>78</b>	<b>X</b>
Do not print A. or B. when filing an alternate DE 7 unless they apply to that reconciliation report. Both fields must be printed on the test samples submitted to verify correct field positions.			
<b>C. TOTAL WAGES PAID</b>	<b>29</b>	<b>6 thru 43</b>	<b>C. TOTAL SUBJECT WAGES PAID THIS YEAR</b>
<b>AMOUNT</b>	<b>29</b>	<b>59 thru 78</b>	<b>N NNN NNN NNN NN</b>

N=Numeric

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<b>ITEM</b>	<b>PRINT LINES</b>	<b>PRINT POSITIONS</b>	<b>PRINT FORMAT</b>
<b>D. UNEMPLOYMENT INSURANCE</b>	<b>31</b>	<b>6 thru 32</b>	<b>D. UNEMPLOYMENT INSURANCE</b>
(Wages up to \$_____)	31	33 thru 48	<i>Use 8 pt. Font</i>
<b>D1. UI PERCENTAGE</b>	<b>33</b>	<b>13 thru 21</b>	<b>N.NN%</b>
<b>D2. UI TAXABLE WAGES</b>	<b>33</b>	<b>28 thru 48</b>	<b>N NNN NNN NNN NN</b>
<b>D3. UI CONTRIBUTIONS</b>	<b>33</b>	<b>59 thru 78</b>	<b>N NNN NNN NNN NN</b>
<b>E. EMPLOYMENT TRAINING TAX</b>	<b>35</b>	<b>6 thru 32</b>	<b>E. EMPLOYMENT TRAINING TAX</b>
<b>E1. ETT PERCENTAGE</b>	<b>37</b>	<b>13 thru 21</b>	<b>N.NN%</b>
<b>E2. ETT CONTRIBUTION</b>	<b>37</b>	<b>59 thru 78</b>	<b>N NNN NNN NNN NN</b>
<b>F. DISABILITY INSURANCE</b>	<b>39</b>	<b>6 thru 28</b>	<b>F. STATE DISABILITY INSURANCE</b>
(Total Employee wages up to a maximum limit) THIS LINE IS OPTIONAL	39	31 thru 63	<i>Use 8 pt. Font</i>
<b>F1. DI PERCENTAGE</b>	<b>43</b>	<b>13 thru 21</b>	<b>N.NN%</b>
<b>F2. DI TAXABLE WAGES</b>	<b>43</b>	<b>28 thru 48</b>	<b>N NNN NNN NNN NN</b>
<b>F3. DI CONTRIBUTIONS WITHHELD</b>	<b>43</b>	<b>59 thru 78</b>	<b>N NNN NNN NNN NN</b>
<b>G. CALIFORNIA PERSONAL INCOME</b>	<b>50</b>	<b>6 thru 32</b>	<b>G. CALIFORNIA PIT WITHHELD</b>
<b>PIT AMOUNT</b>	<b>50</b>	<b>59 thru 78</b>	<b>N NNN NNN NNN NN</b>
<b>H. SUBTOTAL</b>	<b>53</b>	<b>6 thru 16</b>	<b>H. SUBTOTAL</b>
<b>SUBTOTAL AMOUNT</b>	<b>53</b>	<b>59 thru 78</b>	<b>N NNN NNN NNN NN</b>
<b>I. LESS: PREVIOUS PAYMENTS</b> (Please do not use minus signs or brackets when reporting previous payments)	<b>55</b>	<b>6 thru 30</b>	<b>I. LESS: PREVIOUS PAYMENTS</b>
<b>PREVIOUS PAID AMOUNT</b>	<b>55</b>	<b>59 thru 78</b>	<b>N NNN NNN NNN NN</b>

N=Numeric

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<b>ITEM</b>	<b>PRINT LINES</b>	<b>PRINT POSITIONS</b>	<b>PRINT FORMAT</b>
<b>J. TOTAL TAXES DUE OR OVERPAID</b>	<b>57</b>	<b>6 thru 35</b>	<b>J. TOTAL TAXES DUE OR OVERPAID</b>
<b>DUE OR OVERPAID AMOUNT</b>	<b>57</b>	<b>59 thru 78</b>	<b>N NNN NNN NNN NN</b>
K. DECLARATION	60	6 thru 52	I declare the information herein is correct to the best of my knowledge and belief.
If you are unable to change the font size for this field, shorten the declaration to be able to print on one line.			I declare the information herein is correct to the best of my knowledge.
SIGNATURE LINE	62	16 thru 82	Format as convenient**

**N=NUMERIC**

**\*\*If your alternate format contains barcode and target marks, there must be a blank space around the lower left hand target mark. Please visually check your alternate format to be certain that at least a 1/2 inch space is between the target mark and the beginning of the signature line.**

If you have questions, please contact the Alternate Forms Coordinator at (916) 255-0649.

DE 7

EDD 99999

B0070104

YEAR ENDED \_\_\_\_\_ DUE \_\_\_\_\_ DELINQUENT \_\_\_\_\_ 2004

123 4567 8

PAYROLL SECTION  
CALIFORNIA CORPORATION  
BUSINESS PARK CENTER  
P O BOX 1234  
ANY CITY, CA 95511-1234

99 0123456	A.NO WAGES	X
98 6543210      97 2345678	B.OUT OF BUSINESS	X
C. TOTAL SUBJECT WAGES PAID THIS YEAR	222 333 444 555 66	
D. UNEMPLOYMENT INSURANCE (Wages to \$7,000) 0.00% X	22 333 444 555 66	759 337 114 87
E. EMPLOYMENT TRAINING TAX 0.00% X		22 333 444 56
F. STATE DISABILITY INSURANCE (Wages to \$31,767) 0.00% X	99 333 444 555 66	993 334 445 55
G. CALIFORNIA PIT WITHHELD		888 777 666 55
H. SUBTOTAL		2 663 782 671 53
I. LESS PREVIOUS PAYMENTS		2 552 671 560 42
J. TOTAL TAXES DUE OR OVERPAID		111 111 111 1

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

\_\_\_\_\_  
Signature Title Phone Date