



**REPORT OF INDEPENDENT CONTRACTOR(S) (DE 542) REV. 3 (3-05)
PRINTING SPECIFICATIONS
COMPUTER OR LASER GENERATED ALTERNATE FORMS**

The Employment Development Department (EDD) provides DE 542 forms suitable for laser printers at no cost to our customers.

These specifications will assist you in creating an alternate (facsimile) DE 542 form that we can image with our equipment. A sample alternate DE 542 and an original Report of Independent Contractor(s) (DE 542) 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 542 form is the correct template to use to verify that your alternate format is correct. Place the DE 542 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 542. If this is the case, the alternate format has been designed to meet our specifications.

ALL FORMS MUST BE SUBMITTED FOR APPROVAL BEFORE 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

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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 user codes or letters on your forms, please position them above the title "SERVICE-RECIPIENT" field on lines 6 or 7 and print positions 7 thru 25.

Display of Social Security Account (SSA) Numbers: SSA numbers must always contain nine digits. Do not use "/" between digits. Acceptable ways of printing are 012345678 or 012 34 5678 or 012-34-5678 (if your program cannot delete the dashes).

Display of Names: Please show first name, middle initial, and the last name. Our equipment requires that names be printed in the first name, middle initial, last name format. We can not accept names printed with the last name first.

Display of Numbers: Left justify the totals reported (begin printing totals in the first position of the amount field). 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.

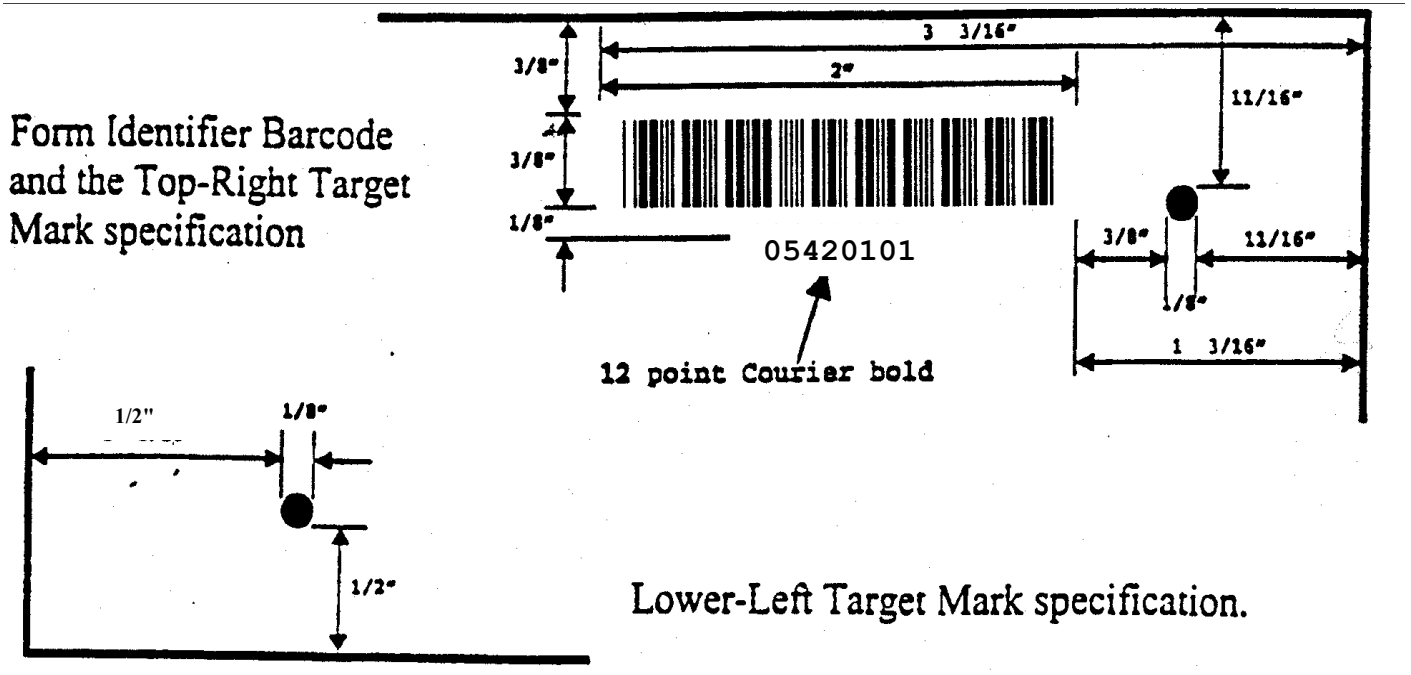
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BARCODE AND TARGET MARK SPECIFICATIONS

Form Identification: A form identification barcode is added to the DE 542 to help EDD identify the forms automatically. The Form Identifier String "05420101" is encoded in Code 3 of 9 (also called Code 39) barcode format. This barcode 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 with a red circle around them. The top right target mark is 11/16 inch off the top and right paper edges, and the bottom left target mark is 1/2 inch off the left paper edge and 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 Report of Independent Contractor(s). 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 marks is “**B5420101**” printed in the 12 point Courier bold font. The print and line position for the Form Identifier String are listed below:

<u>ITEM</u>	<u>PRINT LINES</u>	<u>PRINT POSITIONS</u>	<u>PRINT FORMAT</u>
Form Identifier String	6	60 thru 67	B5420101

The following is a sample of the correct position for the Form Identifier String on the alternate DE 542 form:

DE 542 EDD 12345

B5420101

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ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
DE 542	4	6 thru 13	DE 542
FORM APPROVAL NUMBER (Assigned by EDD)	4	27 thru 36	EDD 12345
BARCODE/TARGET MARKS	Instructions are on page 3.		
FORM IDENTIFIER STRING	Instructions are on page 4.		
<u>SERVICE-RECIPIENT</u>	8	6 thru 41	use bold print
DATE	11	6 thru 17	MMDDYY
FEDERAL ID. NO.	11	20 thru 37	NN NNNNNN
CA EMPLOYER ACCOUNT NO.	11	40 thru 55	NNN NNNN N
SOCIAL SECURITY NO.	11	58 thru 75	NNN NN NNNN
SERVICE-RECIPIENT NAME/BUSINESS NAME	15	6 thru 55	
CONTACT PERSON	15	58 thru 81	
ADDRESS	19	6 thru 55	
TELEPHONE NO.	19	58 thru 63 66 thru 79	NNN NNN NNNN
CITY	23	6 thru 51	
STATE	23	58 thru 61	
ZIP	23	66 thru 75	NNNNN
<u>SERVICE-PROVIDER</u>	27	6 thru 40	use bold print
NAME (Print all capital letters)	30, 41, 52	6 thru 35 37 40 thru 81	FIRST NAME MI LAST NAME

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SOCIAL SECURITY NO. 32, 43, 54 6 thru 23 NNN NN NNNN

N=Numeric

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ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
ADDRESS	32, 43, 54	25 thru 81	Address Format
CITY	34, 45, 56	6 thru 51	
STATE	34, 45, 56	58 thru 61	
ZIP	34, 45, 56	66 thru 75	NNNN
START DATE OF CONTRACT	36, 47, 58	6 thru 17	MMDDYY
AMOUNT OF CONTRACT	36, 47, 58	21 thru 43	NNN NNN NNN NN
CONTRACT EXPIRATION DATE	36, 47, 58	49 thru 60	MMDDYY
CHECK HERE IF CONTRACT IS ONGOING	36, 47, 58	71	X

N=Numeric

If you have any questions about these specifications, you may call the Alternate Forms Coordinator at (916) 255-0649.

DE 542

EDD 12345

B5420101

SERVICE-RECIPIENT

110600 12 3456789 123 4567 8 123 45 6789

SAMPLE BUSINESS NAME

MARY SMITH

1234 SAMPLE STREET

916 123 4567

SACRAMENTO

CA 95827

SERVICE-PROVIDER

ALICIA

A RASPBERRY

123 45 6789

1234 RASPBERRY STREET

SACRAMENTO

CA 95810

110600

1 200 00

123100

X

WALTER

W PINEAPPLE

123 45 6789

5678 PINEAPPLE DRIVE 123

CARMICHAEL

CA 95811

111000

8 000 00

022801

X

GEORGE

G WATERMELON

123 45 6789

90123 WATERMELON COURT B

STOCKTON

CA 95812

112700

795 00

033101

X