

**QUARTERLY WAGE AND WITHHOLDING REPORT, DE 6 REV 3 (1-98)
PRINTING SPECIFICATIONS
COMPUTER OR LASER GENERATED ALTERNATE FORMS**

These specifications will assist you in creating an alternate (facsimile) DE 6 form that we can image with our new equipment. A sample alternate DE 6 and, if available, a copy of the revised DE 6, Quarterly Wage and Withholding Report are included with these specification. 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.

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 you may repeat the data on several pages. However, we need the following specific items included in the test deck submitted:

- One page that has grand totals and all 7 wage items listed,
- One report with more than seven employees (2 or more pages) including grand totals and all the optional fields (Voluntary Plan DI, No Payroll and Final Return).

The test deck should be mailed to the following address:

Alternate Forms Coordinator
Image and Capture 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 airbill. The street address is: 9815-C Goethe Road, Sacramento, CA 95827, Attn: Alternate Forms Coordinator, MIC 96.

GENERAL REQUIREMENTS

Non scannable file copies: If you provide your customers with copies that are not OCR compatible, please advise them **not** to send their file copies to EDD. You may print your warning on the file copy in the “Department Use Only” position on the original DE 6. We have found that the warning **DO NOT SEND THIS COPY TO EDD** is effective.

Dot Matrix: Dot matrix printers are not compatible with the new equipment and we will not be approving alternate formats printed with dot matrix printers (test samples must meet a 95% or better read rate to be approved - dot matrix reports do not meet this criteria). EDD will still accept wage and withholding reports printed by dot matrix on the DE 6 form.

User Codes: If you print code numbers or letters on your forms, please position them above the Employer Name and Address field on lines 11 or 12 and print positions 10 thru 45.

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

Paper: Use 8 ½” by 11” white, 20-pound bond paper. NCR paper or recycled paper will not feed into the scanners and is not acceptable.

Ink: Black ink only. If possible, use non-ferric as ferric ink contains metal and is used to print micro-code on checks.

Font Type: **Please use 10 or 12 point Courier or Helvetica 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.**

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.

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

Display of Social Security Account (SSA) Numbers: SSA numbers must always contain nine digits. Do not use “-“ or “/” between digits. Acceptable ways of printing are:

012345678
012 34 5678

Display of Employee Names: Please show first name, middle initial, and the last name of each employee. Our new equipment requires that employee names be printed in the first name, middle initial, last name format. We can no longer accept employee names printed with the last name first. **All letters must be printed in upper case only.**

Quarter Ended/Due Date/Delinquent Date: Quarters end on March 31, June 30, September 30, and December 31. Returns are delinquent if not postmarked on or before the last day of the month following the end of the quarter. If this date falls on a Saturday, Sunday, or holiday, the delinquent date becomes the next working day. For 2001 delinquency dates are: April 30, 2001; July 31, 2001; October 31, 2001, and January 31, 2002.

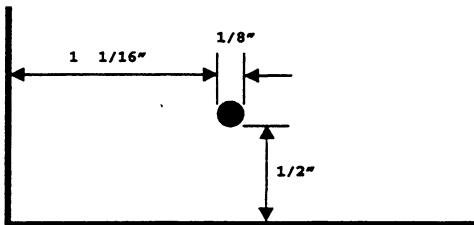
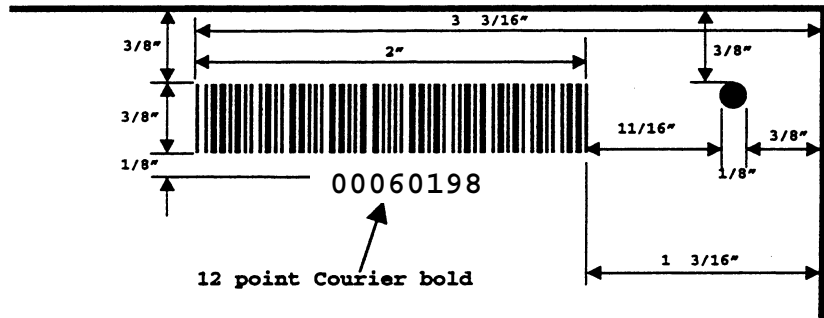
BARCODE AND TARGET MARKS SPECIFICATIONS

Form Identification: Form Identification Barcode is added to help EDD identify the forms automatically. The Form Identifier String “**00060198**” is encoded in Code 3 of 9 (also called Code 39) barcode format. This barcode is 2 inches wide, 3/8 inches high, and 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 solid black circles 1/8 inch in diameter. The top-right target mark is 3/8 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 ½ inch off bottom paper edge.

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

Form Identifier Barcode
and the Top-Right Target
Mark specification



Lower-Left Target Mark specification

FORM IDENTIFIER STRING SPECIFICATIONS (NO BARCODE/TARGET MARKS)

EDD would prefer that you provide the barcode and target marks on your alternate format to ensure the most accurate processing of your quarterly wage and withholding reports. If it is not possible to include the barcode and target marks, submit your alternate form test deck with the unique FORM IDENTIFIER STRING used to identify alternate formats without barcode and target marks. The correct format for the Form Identifier String without barcode and target marks is “**B0060198**” printed in the 12 point Courier bold font. The print and line positions for the Form Identifier String are listed below:

ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
Form Identifier String	6	60 thru 67	B0060198

The following is a sample of the correct position for the Form Identifier String on the alternate DE 6 form:

DE 6	EDD 99999		
PAGE ___ OF ___			B0060198
QTR ENDED _____	DUE _____	DELINQUENT _____	98 2
			123-4567-8
EXEMPTION STATUS			
PAYROLL SECTION			
CALIFORNIA CORPORATION			
BUSINESS PARK CENTER			
P.O. BOX 1234			
ANY CITY, CA 95511-0011		125	129 131

ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
DE 6	4	6 thru 10	DE 6
FORM APPROVAL NUMBER (Assigned by EDD)	4	26 thru 36	EDD 00000
BARCODE/TARGET MARKS	Instructions are on page 3.		
FORM IDENTIFIER STRING	Instructions are on page 4.		
PAGE NUMBERS	6	10 thru 22	PAGE NNN OF NNN
QTR ENDED/DUE/DELINQUENT (Print on one line only)	8	6 thru 60	MM DD YY
YEAR & QUARTER	8	74 thru 79	YY Q
EMPLOYER ACCOUNT NUMBER Do not fill field with characters. Sample data must be numeric.	11	68 thru 79	NNN NNNN N
EXEMPTION STATUS Please left justify category. All three categories can be reported on one wage report, if applicable.	13	6 thru 60	RELIGIOUS EXEMPT, SOLE STOCKHOLDER, OR THIRD PARTY SICK PAY
EMPLOYER NAME & ADDRESS	16-20	10 thru 40	ADDRESS FORMAT
A. NUMBER OF EMPLOYEES Print fields on first page only.			
1 st month	20	56 thru 62	N NNN
2 nd month	20	64 thru 70	N NNN
3 rd month	20	73 thru 79	N NNN
B. TYPE OF SUBJECT WAGE Print this field only if reporting Voluntary Plan DI wages. Please include field on at least one test sample. Do not print a box around the "X".	22 22	12 15 thru 30	X VOLUNTARY PLAN DI
C. NO PAYROLL "No Payroll" text needs to be printed in a reduced font. If you are unable to reduce the font, just place the "X" in the appropriate position.	22 22	52 54 THRU 59	X No Payroll
D. FINAL REPORT See comment above. C. or D. should not be printed on the quarterly wage report unless they apply to that report. Test deck submitted must include these fields to verify correct position.	22 22	62 65 thru 78	X Final Return

ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
E. SOCIAL SECURITY NUMBER (No "-" or "/")	25,29,33, 37,41,45, 49	11 thru 25	NNN NN NNNN
F. EMPLOYEE NAME (ALL LETTERS MUST BE PRINTED IN UPPER CASE)	25,29,33, 37,41,45, 49	27 thru 44 47 49 thru 79	F NAME MI L NAME
G. TOTAL SUBJECT WAGES (No "\$" or ",")	27,31,35 39,43,47, 51	13 thru 31	NN NNN NNN NN
H. PIT WAGES (No "\$" or ",")	27,31,35, 39,43,47, 51	37 thru 56	NN NNN NNN NN
I. PIT WITHHELD (No "\$" or ",")	27,31,35, 39,43,47, 51	62 thru 79	N NNN NNN NN
J. TOTAL SUBJECT WAGES THIS PAGE (Enter on each page)	54	13 thru 31	NN NNN NNN NN
K. TOTAL PIT WAGES THIS PAGE (Enter on each page)	54	37 thru 56	NN NNN NNN NN
L. TOTAL PIT WITHHELD THIS PAGE (Enter on each page)	54	62 thru 79	N NNN NNN NN
M. GRAND TOTAL SUBJECT WAGES (Enter on first or last page only)	57	12 thru 31	NN NNN NNN NN
N. GRAND TOTAL PIT WAGES (Enter on first or last page only)	57	35 thru 56	NN NNN NNN NN
O. GRAND TOTAL PIT WITHHELD (Enter on first or last page only)	57	59 thru 79	N NNN NNN NN

DECLARATION 59-60 6 thru 79 I declare that the information herein is correct to the best of my knowledge and belief.

Shorten the declaration text
If smaller font isn't available. I declare that the information herein is true and correct.

Signature and Title	62	15 thru 79	SIGNATURE/TITLE
Date and Phone	63	15 thru 79	MM DD YY/PHONE NO.

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