

**DE 7X, ANNUAL RECONCILIATION STATEMENT REV. 1 (7-00)
PRINTING SPECIFICATIONS
COMPUTER OR LASER GENERATED ALTERNATE FORMS**

These specifications reflect the new revision of the Annual Reconciliation Statement, DE 7X. The Employment Development Department (EDD) is now using new equipment to process tax forms and the following requirements and restrictions are necessary to accurately process these forms.

Computer or Laser Generated Alternate forms only:

- Bar code and target marks are required on alternate formats. If it is not possible to add a bar code, a Form Identifier String can be used to identify the alternate form.
- The new equipment is not compatible with dot matrix printing and we will no longer approve new dot matrix alternate formats. California employers may still use their dot matrix printers to print on forms provided by EDD. Approval of alternate forms is based on our ability to accurately capture the data provided at a read rate of at least 95 percent. Dot matrix alternate formats do not meet the criteria.

EDD images the data recorded on the DE 7X and our equipment is programmed to read data printed in black ink. For this reason, zones around the data to be captured must be kept clear of black printing. **Data that is captured is indicated with an asterisk * in the print and line instruction and line/position changes are indicated in bold print.**

Do not try to align your alternate form to the enclosed sample alternate DE 7X as reproduction has caused distortion. An original DE 7X is not available at this time for you to use to test the alignment of your alternate format. One will be mailed to you as soon as it becomes available.

ALL FORMS MUST BE SUBMITTED FOR APPROVAL PRIOR TO USE

Please submit test samples for testing and approval. The test samples should include 25 original documents, **no photocopies.** We will report test results to you within two weeks. Address the test samples to:

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

Our address for express mail is 9815 C Goethe Road, Sacramento, CA 95827,
Attn: Alternate Forms Coordinator/MIC 96. Be sure to include our telephone number on the
airbill (916) 255-0649.

GENERAL REQUIREMENTS

Non-scannable file copies: If you provide your users with copies that are not compatible with our imaging equipment (black and white formats that mirror the original forms), please advise them **not** to submit their file copies to us. You may print your warning on the file copy in the position of the "Department Use Only" box on the original DE 7X. We have found that the warning **DO NOT SEND THIS COPY TO EDD** is effective. Labeling the copy FILE COPY ONLY seems to indicate to many users that they should "file" the non-scannable copy with EDD.

User codes: If you print code numbers or letter on your forms, please position them above the Employer Name and Address between lines 10 and 13 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 1/2" by 11" white, 20-pound bond paper. NCR paper or recycled paper will not feed into our scanners.

Ink: Use black, non-ferric ink. Ferric ink is used to print the micro-code on checks and contains metal.

Font Type: **Please use 10 or 12 point Courier, OCR A or Helvetica font to print the data to be captured.** Data to be captured is indicated by an asterisk in the print and line position instructions and in bold print in the barcode example. Other data may be printed in whichever size font you prefer.

Alignment: The top of the form is zero (first line is line 1), the bottom of the form is line 66, the left edge is print position zero, and the right edges print position 85.

Display of Numbers: Left justify the wage totals reported (begin printing wage totals in the first position of the total fields). Use decimals or spaces between digits as appropriate, for example: 12 417.98 or 12 417 98. Do not use dollar signs or commas.

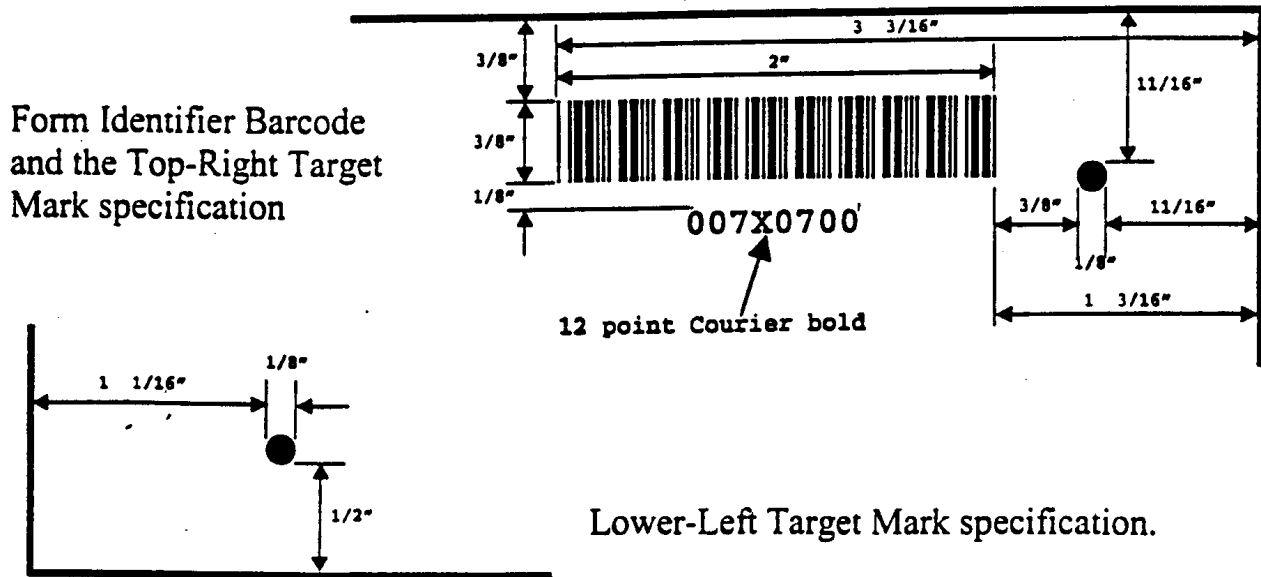
Year Ended/Due Date/Delinquent Date: The year ends December 31 and the Annual Reconciliation Return is due January 1 and is delinquent if not postmarked by January 31. If January 31 falls on a Saturday, Sunday or holiday, the delinquent date becomes the next working day.

BAR CODE AND TARGET MARK SPECIFICATIONS
For Computer or Laser Generated Alternate Forms only

Form Identification: A form identification bar code is added DE 7 to help EDD identify the forms automatically. The Form Identifier String "007X0700" 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 bar code 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 bar code and target marks:



FORM IDENTIFIER STRING SEPCIFICATIONS (No Bar code/Target Marks)
For Computer or Laser Generated Alternate Forms only

EDD prefers that you provide the bar code 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 bar code and target marks, submit your alternate form test samples with the unique FORM IDENTIFIER STRING used to identify alternate formats without bar code/target marks. The correct format for the Form Identifier Sting without bar code/target mark is “**B07X0700**” printed in the 12 point Courier bold font. The print and line position for the Form Identifier String are listed below:

ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
Form Identifier String	6	60 thru 67	B07X0700

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

DE 7X	EDD 99999	B07X0700	
YEAR ENDED _____	DUE _____	DELINQUENT _____	2000
			123 4567 8

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

ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
DE 7X	4	6 thru 11	DE 7X
FORM APPROVAL NUMBER	4	26 thru 36	EDD 99999
BAR CODE/TARGET MARKS	Instructions are on page 3.		
FORM IDENTIFIER STRING	Instructions are on page 4.		
YEAR ENDED/DUE/DELINQUENT	9	6 thru 61	MM DD YY
YEAR	9	74 thru 78	NNNN*
EMPLOYER ACCOUNT NUMBER	12	62 thru 78	NNN NNNN N*
EMPLOYER NAME & ADDRESS	16-20	10 thru 45	ADDRESS FORMAT
FEIN	24	15 thru 29	NN NNNNNN*
ADDITIONAL FEIN	26	20 thru 32	NN NNNNNN*
ADDITIONAL FEIN	26	37 thru 50	NN NNNNNN*
A. NO WAGES PAID THIS YEAR	24	58 thru 65	A. NO WAGES
X	24	79	X
B. OUT OF BUSINESS/FINAL RETURN	26	58 thru 72	B. FINAL
X	26	79	X
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.			
C. TOTAL WAGES	29	6 thru 34	C. TOTAL WAGES PAID THIS YEAR
Amount	29	60 thru 78	N NNN NNN NN*

*Indicates data captures by OCR scanners
 N=Numeric

ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
D. UNEMPLOYMENT INSURANCE	31	6 thru 32	D. UNEMPLOYMENT INSURANCE
(Wages up to \$_____)	31	33 thru 48	<i>Use 8 pt. Font</i>
D1. UI PERCENTAGE	33	13 thru 20	N.NN%
D2. UI TAXABLE WAGES	33	29 thru 48	N NNN NNN NNN NN*
D3. UI CONTRIBUTIONS	33	60 thru 78	N NNN NNN NNN NN*
E. EMPLOYMENT TRAINING TAX	35	6 thru 31	E. EMPLOYMENT TRAINING TAX
E1. ETT PERCENTAGE	37	13 thru 20	N.NN%
E2. ETT CONTRIBUTION	37	60 thru 78	N NNN NNN NNN NN*
F. DISABILITY INSURANCE	39	6 thru 28	F. DISABILITY
(Total Employee wages up to a maximum limit) THIS LINE IS OPTIONAL	39	31 thru 63	<i>Use 8 pt. Font</i>
(SDI Wages for the first rating period) THIS LINE IS OPTIONAL	41	10 thru 45	<i>Use 8 pt. Font</i>
F1. DI PERCENTAGE	43	13 thru 20	N.NN%
F2. DI TAXABLE WAGES	43	29 thru 48	N NNN NNN NNN NN*
F3. DI CONTRIBUTIONS WITHHELD	43	60 thru 78	N NNN NNN NNN NN*
(SDI Wages from for the second rating period) THIS LINE IS OPTIONAL	45	10 thru 45	<i>Use 8 pt. Font</i>
F4. DI PERCENTAGE	47	13 thru 20	N.NN%
F5. DI TAXABLE WAGES	47	29 thru 48	N NNN NNN NNN NN*
F6. DI CONTRIBUTIONS WITHHELD	47	60 thru 78	N NNN NNN NNN NN*
G. CALIFORNIA PERSONAL INCOME	50	6 thru 31	G. CALIFORNIA PIT WITHHELD
PIT AMOUNT	50	60 thru 78	N NNN NNN NNN NN*

*Indicates data captured by OCR scanners.

ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
H. SUBTOTAL	53	6 thru 16	H. SUBTOTAL
SUBTOTAL AMOUNT	53	60 thru 78	N NNN NNN NNN NN*
I. LESS: PREVIOUS PAYMENTS (Please do not use minus signs or brackets when reporting previous payments)	55	6 thru 30	I. LESS: PREVIOUS PAYMENTS
PREVIOUS PAID AMOUNT	55	60 thru 78	N NNN NNN NNN NN
J. TOTAL TAXES DUE OR OVERPAID	57	6 thru 35	J. TOTAL TAXES DUE OR OVERPAID
DUE OR OVERPAID AMOUNT	57	60 thru 78	N NNN NNN NNN NN*
K. DECLARATION	60	6 thru 52	I declare the information herein is correct to the best of my knowledge and belief.
			I declare the information herein is correct to the best of my knowledge.
SIGNATURE LINE	62	16 thru 82	Format as convenient**

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.

****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.

*Indicates data captured by OCR scanners.

YEAR ENDED _____ DUE _____ DELINQUENT _____ 2000

123 4567 8

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

99 0123456			NO WAGES	X
98 6543210	97 2345678		FINAL	X
C. TOTAL WAGES PAID THIS YEAR			222 333 444 555 66	
D. UNEMPLOYMENT INSURANCE (wages up 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. DISABILITY INSURANCE (Total Employee wages up to a maximum limit)				
(SDI Taxable Wages paid for first rating period)				
0.00% X	99 333 444 555 66		993 334 445 55	
(SDI Taxable Wages paid for second rating period)				
0.00% X	99 333 444 555 66		993 334 445 55	
G. CALIFORNIA PIT WITHHELD			888 777 666 55	
H. SUBTOTAL			3 657 117 117 08	
I. LESS PREVIOUS PAYMENTS			2 552 671 560 42	
J. TOTAL TAXES DUE OR OVERPAID			1 104 445 556 66	

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

Signature Title Phone Date



007X0700

YEAR ENDED _____ DUE _____ DELINQUENT _____ 2000

123 4567 8

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

99 0123456		NO WAGES	X
98 6543210	97 2345678	FINAL	X
C. TOTAL WAGES PAID THIS YEAR		222 333 444 555 66	
D. UNEMPLOYMENT INSURANCE (Wages up 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. DISABILITY INSURANCE (Total Employee wages up to a maximum limit)			
(SDI Taxable Wages paid for first rating period)			
0.00%	X	99 333 444 555 66	993 334 445 55
(SDI Taxable Wages paid for second rating period)			
0.00%	X	99 333 444 555 66	993 334 445 55
G. CALIFORNIA PIT WITHHELD		888 777 666 55	
H. SUBTOTAL		3 657 117 117 08	
I. LESS PREVIOUS PAYMENTS		2 552 671 560 42	
J. TOTAL TAXES DUE OR OVERPAID		1 104 445 556 66	

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

Signature Title Phone Date