

**EMPLOYER OF HOUSEHOLD WORKER(S)
QUARTERLY REPORT OF WAGES AND WITHHOLDINGS**

APPROVED EXTENSION TO: _____

Instructions for completion are available on page 2 of this form.

PLEASE PRINT OR TYPE ALL INFORMATION IN BLACK INK – DO NOT ALTER PREPRINTED INFORMATION

QUARTER ENDED _____ DUE _____

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY _____

YR QTR

EMPLOYER ACCOUNT NUMBER

DO NOT ALTER THIS AREA	
DEPT. USE ONLY	P1 <input type="text"/> C <input type="text"/> T <input type="text"/> S <input type="text"/> W <input type="text"/> A <input type="text"/>
	EFFECTIVE DATE: Mo. <input type="text"/> Day <input type="text"/> Yr. <input type="text"/> WIC <input type="text"/>

A. NUMBER OF EMPLOYEES full-time and part-time who worked during or received pay subject to UI for payroll period which includes the 12th of the month.

B. No Payroll This Quarter

1ST MONTH 2ND MONTH 3RD MONTH

C. SOCIAL SECURITY NUMBER	D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST)		
	E. TOTAL SUBJECT WAGES	F. PIT WAGES	G. PIT WITHHELD
C. SOCIAL SECURITY NUMBER	D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST)		
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C. SOCIAL SECURITY NUMBER	D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST)		
	E. TOTAL SUBJECT WAGES	F. PIT WAGES	G. PIT WITHHELD
H. GRAND TOTAL SUBJECT WAGES		I. GRAND TOTAL PIT WAGES	J. GRAND TOTAL PIT WITHHELD

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

Signature _____ Title _____ Phone (____) _____ Date _____
(Employer, Accountant, Preparer, etc.)

You have received this *Employer of Household Worker(s) Quarterly Report of Wages and Withholdings* (DE 3BHW) in lieu of the *Quarterly Wage and Withholding Report* (DE 6), because you have elected to pay taxes for your household workers on an annual basis. This form will be mailed to you quarterly, and an *Employer of Household Worker(s) Annual Payroll Tax Return* (DE 3HW) will be mailed to you in the fourth quarter. This annual process is only available to employers who pay \$20,000 or less in household wages during the calendar year. If your wage estimate is understated and you do pay more than \$20,000 in wages in the calendar year, please follow the instructions on page 2 of this form under the "QUESTIONS" topic.

You must file this report even if you had no payroll by marking Item B and indicating "0" in each of the three boxes in Item A and in the Grand Total Boxes, Items H, I, and J. If you no longer have household worker(s) and would like to inactivate your employer account number, please complete a *Change of Employer Account Information* (DE 24), available on our Web site at http://www.edd.ca.gov/pdf_pub_ctr/de24.pdf or call our Taxpayer Assistance Center at 1-888-745-3886. See page 2 of this form for further instructions.

MAIL TO: State of California / Employment Development Department / P.O. Box 826221 / MIC 28B / Sacramento, CA 94230-6221

INFORMATION AND INSTRUCTIONS FOR COMPLETING THE EMPLOYER OF HOUSEHOLD
WORKER(S) QUARTERLY REPORT OF WAGES AND WITHHOLDINGS

For assistance in completing this form, obtaining additional forms, or inquiries regarding reporting wages or the subject status of employees, please call our Taxpayer Assistance Center at 1-888-745-3886. For TTY (nonverbal) access, call 1-800-547-9565. For additional information, you may also refer to the *Household Employer's Guide* (DE 8829) or visit our Web site at www.edd.ca.gov

INSTRUCTIONS:

Please make any corrections to the name, address, or ownership on page 1 of this form. **Always keep a copy of this form for your records.**

- ITEM A. Number of Employees:** Enter the number of full-time and part-time workers who worked during or received pay subject to Unemployment Insurance for the payroll period **which includes the 12th** of the month. Please provide a count for each of the three months. Blank fields will be identified as missing data.
- ITEM B. No Payroll This Quarter:** If you had no payroll, mark this box and enter "0" in each of the three boxes in Item A, and in the Grand Total Boxes, Items H, I, and J.
- ITEM C. Social Security Number (SSN):** Enter the SSN of each employee to whom you paid wages in subject employment during the quarter. If an employee does not have an SSN, report their name, wages and/or withholdings without the SSN. TAKE IMMEDIATE STEPS TO SECURE A NUMBER and provide EDD with the correct information as soon as possible on a DE 3BHW writing "Amended" at the top of the form.
- ITEM D. Employee Name:** Enter the full first name, middle initial (if any), and last name of each employee to whom you paid wages in household employment during the quarter (e.g., Jane L Doe). If you report last name first, include a "comma" after the last name, followed by a space, first name, space, then middle initial (e.g., Doe, John A).
- ITEM E. Total Subject Wages:** Enter the full amount of wages (including cents) paid, cash and non-cash, to each employee during the quarter (e.g., \$1,000 should be entered as 1000.00). Generally, all wages are considered "subject" wages. If you need further assistance refer to the *Household Employer's Guide* (DE 8829), or contact our Taxpayer Assistance Center at 1-888-745-3886.
- ITEM F. PIT Wages:** Enter the amount of all wages (including cents) paid during the period that are subject to personal income tax (PIT), even if you did not withhold PIT. You must enter Total Subject Wages and PIT Wages even if they are the same.
- ITEM G. PIT Withheld:** Enter the amount (including cents) from each employee during the quarter.
- ITEM H. Grand Total Subject Wages:** Enter the total of all employees' wages paid in the quarter for Item E.
- ITEM I. Grand Total PIT Wages:** Enter the total of all employees' wages paid in the quarter for Item F.
- ITEM J. Grand Total PIT Withheld:** Enter the total PIT withheld from all employees in Item G.
- ITEM K.** Please sign, state your title, enter your telephone number, and date the form.

NOTE: Payments for Unemployment Insurance taxes, Employment Training taxes, employee withheld State Disability Insurance taxes (includes Paid Family Leave amount), and/or employee Personal Income Tax withholdings are due and payable with the *Employer of Household Worker(s) Annual Payroll Tax Return* (DE 3HW) by January 31 of the following year.

QUESTIONS: What do I do if I pay more than \$20,000.00 in a calendar year? If you pay more than \$20,000.00 in a calendar year, you will need to file and pay all taxes owed from the beginning of the year through the end of the calendar quarter in which the amount was exceeded. Request and complete an *Employer of Household Worker(s) Annual Payroll Tax Return* (DE 3HW) by calling our Taxpayer Assistance Center at 1-888-745-3886 and return it with your remittance to the address shown on the form. For the remainder of the calendar year you will be required to make quarterly tax payments. If you wish to return to annual reporting, you will need to file another *Employer of Household Worker Election Notice* (DE 89) form, which will take effect the beginning of the following year.

No longer have employees? If you no longer have employees and do not intend to hire anyone in the future, you must submit a DE 3BHW and a DE 3HW with payment of any taxes due within 10 days. Contact our Taxpayer Assistance Center at 1-888-745-3886 if you have any questions.