

ANNUAL RECONCILIATION STATEMENT



| | PLEASE TYPE THIS FORM - DO NOT ALTER PREPI | RINTED INFORMATION | 00070104 | - |
|-----------------|---|---|---------------------------------------|---------------------------|
| YEA | AR ENDED DUE | DELINQUENT IF NOT POSTMARKED OR RECEIVED BY | EMPLOYER ACCC | YEAR |
| | | | | |
| | | | DO NOT ALTER THIS A | REA |
| | | | | S A |
| FEI | IN | | | |
| | | A. CHECK | NO WAGES PAID THIS YEAF | ۲ I |
| | DITIONAL | BOX IF: B. | OUT OF BUSINESS Date | □ |
| C. | TOTAL SUBJECT WAGES PAID THIS CALENDAR YEAR | | | |
| С. D. | UNEMPLOYMENT INSURANCE (UI) (Total Employee Wages up to | per employee per calen | dar vear) | |
| υ. | (D1) UI % (D2) UI TAXABLE WAGES | | (D3) UI CONTRIBUTIONS | |
| | TIMES | | = | |
| Е | EMPLOYMENT TRAINING TAX (ETT) | | | |
| | (E1) ETT % | | (E2) ETT CONTRIBUTIONS | |
| | TIMES UI Taxable Wages (D2) | | = | |
| F. | STATE DISABILITY INSURANCE (SDI) (Total Employee Wages up to 3 | \$ per employee | per calendar year) | |
| | (F1) SDI % (F2) SDI TAXABLE WAGES | | | |
| | TIMES | | (F3) SDI EMPLOYEE CONTRIBUT | |
| | TIWLS | ; | = | |
| G. | CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD | | PIT WITHHELD PER FORMS W-2 | AND/OR 1099R |
| • | | , , , , , , , , , , , , , , , , , , , | | |
| н. | SUBTOTAL (Add Items D3, E2, F3, and G) | | | |
| I. | LESS: CONTRIBUTIONS AND WITHHOLDINGS PAID FOR THE YEAR (DO NOT INCLUDE PENALTY AND INTEREST PAYMENTS) | | | |
| | | | | |
| Maili | TOTAL TAXES DUE OR OVERPAID (Item H minus Item I) mount due, prepare a <i>Payroll Tax Deposit</i> (DE 88), include the correct payment quarter, and mail to ng payments with DE 7 delays payment processing and may result in erroneous penalty and inter- compliance penalty. | Employment Development Depart | ment, P.O. Box 826276, Sacramento, CA | |
| K. | Be sure to sign this declaration: I declare that the information herein is | true and correct to the besi | t of my knowledge and belief. | |
| Signature Title | | Phone () | Date | |
| | (Owner, Accountant, Preparer, etc | , | | |
| _ | SIGN AND MAIL TO: State of California / Employment Development D | epartment / P.O. Box 8262 | 286 / Sacramento CA 94230-62 | 286 |

INSTRUCTIONS AND INFORMATION FOR COMPLETING ANNUAL RECONCILIATION STATEMENT FOR ASSISTANCE IN COMPLETING THIS FORM, obtaining additional forms or any information, contact our Taxpayer Assistance Center at 1-888-745-3886. For TTY (non verbal) access, call 1-800-547-9565 PLEASE TYPE ALL INFORMATION.

| PLEASE TYPE ALL INFORMATION. | | | | |
|---|--|--|--|--|
| INSTRUCTIONS | THIRD-PARTY SICK PAY | | | |
| You must file this return even though you had no payroll. If you had no payroll, check the box for Item A and complete Item K. | Third-Party Payers of Sick Pay: Include withholdings for Third-Party Sick Pay in Item G. Attach a copy of the third-party sick pay statement provided to the employer. | | | |
| When reporting dollar amounts, use DOLLARS AND CENTS. Do not use dashes or slashes. Verify/enter your Federal Employer Identification Number (FEIN): The | Employers: Include third-party sick pay in lines C, D, and E. <u>DO NOT</u> include third-party sick pay withholdings in lines G or H. Attach a copy of third-party sick pay statement provided by the payer. | | | |
| number should be the same as your federal account number. If the number is not correct, line it out and enter correct number. If you have more than one | INFORMATION | | | |
| FEIN relating to the state number, enter the additional FEINs in spaces indicated. | FILING THIS STATEMENT - This statement must report all UI/SDI subject California wages paid and California Personal Income Tax withheld during | | | |
| LINE A. No Wages Paid This Year - Check this box if you did not pay subject wages during the calendar year. | the calendar year as shown on the Forms W-2 and/or 1099-R. NOTE: DO NOT SEND W-2s TO EDD. | | | |
| LINE B. Out of Business (Date) - Check this box if you quit business and this is your final statement. Show the out of business date. | PENALTY of \$1,000.00 or five percent (5%) of the taxes required to be reconciled will be imposed for failure to file this statement within 30 days of notice to the employer because of his/her failure to file. Interest accrues from the delinquent date of January 31st of the following year . QUARTERLY PAYMENTS: UI, ETT, and SDI and PIT withholdings are required to be paid at least quarterly throughout the year (SDI and PIT may be paid more often—see below). If you desire to remit these taxes more often wour may do so by courting your payment with a Powerll Tax Depart | | | |
| NOTE: IF YOU QUIT BUSINESS, YOU MUST FILE THIS FINAL STATEMENT AND THE QUARTERLY WAGE AND WITHHOLDING REPORT AND PAY ANY AMOUNTS DUE WITHIN 10 DAYS OF QUITTING BUSINESS TO AVOID PENALTY AND INTEREST. | | | | |
| LINE C. Total Subject Wages - Enter the total subject wages paid to each employee during the year. Generally, most wages are considered "subject" wages. | often you may do so by sending your payment with a Payroll Tax Deposit coupon (DE 88). | | | |
| LINE D. Unemployment Insurance (UI) D1. UI Rate - Note: If you had a rate change which was not effective for the entire year, you will need to file a separate Annual Reconciliation Statement | NEXT BANKING DAY/SEMIWEEKLY/MONTHLY DEPOSITS: Deposits of withheld employee SDI taxes and PIT may be required throughout the year, depending upon the amount of PIT withheld and federal deposit requirements. Penalty and interest will be charged on late deposits. | | | |
| the period of time covered by each rate. For tax rate or benefit charge brmation, call (916) 653-7795. UI Taxable Wages - Enter total UI taxable wages for the year. DO NOT LUDE EXEMPT WAGES. Employer's UI taxes - Multiply D1 by the amount entered in D2 and enter | If business was discontinued or if a change in ownership occurred during the period covered by this Annual Reconciliation Statement, each ownership must file a separate statement covering only that part of the year during which the particular ownership operated. TAXABLE WAGE LIMITS - Individual employee wages are taxable to specific limits per calendar year for UI/ETT and SDI. Wages for each employee in excess of the taxable wage limit are exempt. For example, if the UI taxable wage limit is \$7,000 per employee, individual employee wages exceeding \$7,000 are exempt from UI/ETT taxes. For current and past taxable wage | | | |
| this calculated amount in D3. LINE E. Employment Training Tax (ETT) E1. ETT rate E2. Employment Training Tax - Multiply E1 by the amount entered in D2 and enter this calculated amount in E2. | | | | |
| LINE F. State Disability Insurance (SDI) F1. SDI Rate (Includes Paid Family Leave amount) F2. SDI Taxable Wages – Enter the total SDI taxable wages for the year. DO NOT INCLUDE EXEMPT WAGES. | limits for UI/ETT and SDI, refer to our publication <i>Tax Rates, Wage Limits,</i> and <i>Value of Meals and Lodging</i> (DE 3395) or our Web site at http://www.edd.ca.gov/pdf_pub_ctr/de3395.pdf. If an active business was taken over and continued, wages paid by the | | | |
| F3. Multiply F1 by the amount entered in F2 and enter this calculated amount in F3. | former ownership shall be counted toward the UI, ETT, and SDI taxable limits by the new ownership. Otherwise, wages paid by other employers are not to be counted toward the taxable limits. | | | |
| LINE G. California Personal Income Tax (PIT) Withheld Enter total California Personal Income Tax withheld, as reported on Forms W-2, and/or 1099-R. NOTE: DO NOT SEND W-2s TO EDD. CAUTION: TO AVOID A POTENTIAL ASSESSMENT, <u>DO NOT</u> ENTER TOTAL WAGES, FEDERAL WITHHOLDING, OR TOTAL PAYMENTS MADE FOR THE YEAR. | If an employer paid wages to the same employee for work in another state and reported the wages to the other state for UI purposes, the out-of-state wages shall also be counted toward the UI taxable limits. These wages are NOT used in computing the taxable limit for SDI. | | | |
| All magnetic media of 1099-R must be submitted to:Franchise Tax BoardATTN: Magnetic Media Coordination, #599P.O. Box 942840Sacramento, CA 94240-6090 | Employers who would like to participate in Electronic Funds Transfer (EFT) filing, contact EDD's EFT Unit at (916) 654-9130. | | | |
| LINE H. Subtotal - Add Items D3, E2, F3, and G, enter in the SUBTOTAL box. | FOR MORE INFORMATION ABOUT COMPLETING THIS FORM, PLEASE REFER TO THE CALIFORNIA EMPLOYER'S GUIDE (DE 44) OR CONTACT OUR TAXPAYER ASSISTANCE CENTER AT THE NUMBER | | | |
| LINE I. Taxes and Withholdings paid for the year - Total of all payments of UI, ETT, SDI and PIT paid for this calendar year. NOTE: <i>Do not include any payments made during the year for any prior years, or payments for penalty and interest.</i> | ABOVE. | | | |
| LINE J. Total Taxes Due or Overpaid - Item H minus Item I (this should be zero if all payments have been properly paid). If amount is due, prepare a Payroll Tax Deposit coupon (DE 88). The payroll date, payment type, and payment quarter must be completed in order to process your payment coupon correctly. Failure to complete these items may result in your payment being posted to the wrong quarter/year and interest and penalty may be assessed. If taxes are overpaid, a refund will be generated. | | | | |
| LINE K. Signature of preparer or responsible individual, including title, | | | | |

LINE K. Signature of preparer or responsible individual, including title, phone number, and date.