

INSTRUCTIONS FOR BENEFIT AUDIT

PURPOSE

The benefit audit process is a joint effort by employers and the Employment Development Department (EDD) to protect the integrity of the Unemployment Insurance (UI) Fund and to detect potential fraud. You previously provided the Department with earnings data regarding this employee on the *Quarterly Contribution Return and Report of Wages* (DE 9C). However, at this time the Department needs more detailed information for the weeks indicated on the Benefit Audit. The Benefit Audit does not mean the employee acted improperly. With the cooperation of the employer community, the benefit audit program leads to the successful detection of benefit overpayments and the reversal of related charges to the employer's reserve or reimbursable account.

INFORMATION

Requirements: Please complete and return all Benefit Audits within 10 days of receipt or obtain approval for an extension as required by Section 1085-4, Title 22 of the California Code of Regulations. It is a violation of Section 2106 of the California Unemployment Insurance Code to willfully neglect to provide this information.

Employer Liability: This Benefit Audit does not mean that a claim has been filed that affects your account. Your response does not entitle you to a determination or ruling.

Assistance: If you have questions or need assistance completing the Benefit Audit, visit the EDD Web site at www.edd.ca.gov or call the Centralized Overpayment Establishment Group at **1-866-401-2849**.

Address: Return all audits to: **EDD, P.O. Box 3038, Sacramento, CA 95812-3038**.

Please refer to the reverse side of this sheet for **Specific Instructions** on completing the Benefit Audit form.

COMMONLY ASKED QUESTIONS AND ANSWERS

Q: The person listed on the Benefit Audit never worked for me. What should I do?

A: Verify the Social Security Number with your payroll records and report your findings on the audit.

Q: What if the employee's Social Security Number is the same, but the name is different?

A: Please enter your employee's name in the space provided in Item 5 and complete the audit.

Q: What if my work week is different from the Benefit Audit's benefit week?


A: In order to perform a valid audit it is necessary to match earnings for work performed to the benefit weeks listed. Please use records showing dates worked (such as time cards) to adjust or calculate earnings.

Q: What if the employee works on a seasonal or as needed basis?

A: Accurately report earnings (or no earnings) for the weeks listed on the audit. In Item 4, provide any additional dates (laid off, recalled or separation) related to the audit time period.

SPECIFIC INSTRUCTIONS

- ① Check your records for the actual dates that the employee worked. If the individual had no earnings for **all** weeks listed on the Benefit Audit, mark the box provided and complete Item 6. If the individual had earnings for one or more of the weeks listed, complete Items 2 through 6.
- ② Report gross earnings for the 7 day work weeks indicated on the audit. Please note that earnings must be reported based on the **week when worked or earned, not when paid**.
- ③ For each week with gross earnings, circle the earnings type or types that apply. Please refer to the earning type definitions in Item 3 and see the example shown below.
- ④ Provide the first day and last day the employee actually worked. Provide additional information if relevant to the audit period.
- ⑤ This space allows you to report differences in name or social security number. Please complete the audit even if the name or social security number is different.
- ⑥ The information you provide in Item 6 allows us to contact you if necessary.



EDD Employment
Development
Department
State of California

BENEFIT AUDIT

Por favor llamar al 1-866-401-2849
si necesita instrucciones en Español

REPLY IS REQUIRED BY LAW
Please return **ALL** Benefit Audit forms.
See enclosed instructions for step-by-step assistance.
For additional clarification, call 1-866-401-2849

Social Security No. (SSN):

Employee Name:

② ③

Week Begins	Week Ends	2. Gross Earnings	3. Circle Earnings Type Below	RE=Regular Earnings (includes overtime) V=Vacation Pay R=Residuals H=Holiday Pay C=Commissions S=Severance Pay P=Piece Work O=Other (indicate type)
mm/dd/yy	mm/dd/yy		RE V H S R C P O	
mm/dd/yy	mm/dd/yy		RE V H S R C P O	
mm/dd/yy	mm/dd/yy		RE V H S R C P O	
mm/dd/yy	mm/dd/yy		RE V H S R C P O	

4. Provide the following information:

Actual First Day Worked: _____

Still Employed or Actual Last Day Worked: _____

Additional dates (i.e., laid off, returned to work) and/or reason for separation: _____

5. Compare the name and SSN shown above with your records. Enter any differences below:

SSN: _____

Name: _____

Please complete the audit even if name or SSN is different.

6. I hereby certify that the information provided is true and correct to the best of my knowledge.

SIGNED: _____

Title: _____

Date: _____

Telephone No.: _____

Person (if other than above) to be contacted for additional information:

Name: _____

Telephone No.: () _____

Please return **ALL** Benefit Audits within 10 days of receipt to:

EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD)
P.O. BOX 3038
SACRAMENTO, CA 95812-3038

DE 1296B Rev. 23 (8-10)

CU-PA140

①

④

⑤

⑥