

CLAIM FOR REFUND OF EXCESS CALIFORNIA STATE DISABILITY INSURANCE DEDUCTIONS

DO NOT FILE THIS CLAIM FOR REFUND UNLESS YOU ARE EXEMPT FROM CALIFORNIA STATE INCOME TAX. PLEASE COMPLETE A SEPARATE FORM FOR EACH INDIVIDUAL.

1. PLEASE TYPE OR PRINT	First Name and Initial	Last Name	Social Security Number : : :
	Current Home Address (Number and Street, including apartment number, or rural route)		For Tax Year:
	City, Town or Post Office, State and ZIP Code		Date Filed

Complete schedule below if you worked for two or more employers and deductions for California State Disability Insurance (SDI) exceeded the amount shown in Column 7(D) below.

	WAGE SUMMARY <small>EMPLOYER'S BUSINESS NAME AND CITY AS SHOWN ON FORM W-2 (List in Alphabetical Order)</small>		DATES EMPLOYED DURING CALENDAR YEAR _____		WAGES PAID TO YOU DURING _____ DO NOT SHOW MORE THAN THE AMOUNT SHOWN IN COLUMN 7(C) FOR ANY ONE EMPLOYER		ACTUAL DEDUCTION FOR SDI, NOT TO EXCEED PERCENTAGE RATE SHOWN IN COLUMN 7(B) OF WAGES SHOWN IN COLUMN (C). DO NOT LIST FICA DEDUCTIONS	
	COLUMN (A)		COLUMN (B)		COLUMN (C)		COLUMN (D)	
	NAME	LOCATION	FROM (MONTH)	TO (MONTH)	DOLLARS	CENTS	DOLLARS	CENTS
2.								
	3. Total DI taxable wages paid							
	4. Total actual deductions for SDI (includes Paid Family Leave amount)							
	5. Enter amount shown in Column 7(D) for tax year							
	6. Refund claimed (line 4 less line 5)							

7. TABLE OF MAXIMUM WAGES AND REQUIRED CONTRIBUTIONS

(A) Tax Year	(B) Percentage Rate	(C) Maximum Wages	(D) Maximum Contributions
2007	.6%	83,389	500.33
2008	.8%	86,698	693.58
2009	1.1%	90,669	997.36
2010	1.1%	93,316	1026.48
2011	1.2%	93,316	1119.79

8. I hereby declare that I am exempt from California State Income Tax and, therefore, am filing this claim directly with the Employment Development Department.

I further declare under penalty of perjury that the statement of wages paid to me and contributions deducted, as shown hereon, are true and correct to the best of my knowledge and belief.

SIGNATURE

DATE

INSTRUCTIONS
CLAIM FOR REFUND OF EXCESS CALIFORNIA STATE
DISABILITY INSURANCE DEDUCTIONS

CLAIM MUST BE BASED ON CALENDAR YEAR WAGES

A valid SDI refund claim filed directly with the Employment Development Department on this form must meet **ALL** of the following conditions:

1. Claimant worked for two or more employers subject to withholding California SDI.
2. Deductions for California SDI were made from calendar year wages.
3. Such deductions exceed the statutory limits.
4. Claimant declares by signature to exemption from California State Income Tax.

WHERE TO FILE CLAIM:

Employment Development Department, P.O. Box 826880, MIC 5, Sacramento, CA 94280-0001.

WHEN TO FILE CLAIM:

Claims for credit or refund of California SDI overpayment must be filed within three years after the end of the calendar year in which the excess deductions were made. The claim must be based on the calendar year in which the wages were received.

AMENDED CLAIMS:

Amended claims must be so marked (if not, they will be returned to claimant) and forwarded to the Employment Development Department, P.O. Box 826880, MIC 5, Sacramento, CA 94280-0001.

INFORMATION FOR COMPLETING WAGE SUMMARY SCHEDULE:

- a. The SDI deductions are shown on Forms W-2, employer's statements, and check stubs.
- b. Most federal, state, and local government agencies are not required to deduct California SDI. Do not include these wages in your claim unless disability insurance deductions were **actually** made.
- c. **Do not** include in your claim:
 - (1) Deductions made from your wages for Social Security and Medicare (FICA), or federal and state income tax withheld from your wages.
 - (2) Deductions made from wages earned in states other than California, unless such wages were reported to the State of California.
 - (3) Seaman's wages that come under the jurisdiction of states other than California.
- d. Self-employed Persons – Enter in Column (A) "Covered under California Unemployment Insurance Code Section 708 or 708.5" and complete Column (B). Failure to enter this information will result in rejection of your claim on initial review.

INSTRUCTIONS FOR COMPLETING DE 1964

1. Enter all information requested in section 1.
2. Enter employer information –
 - Column (A) – All employers and location of job sites.
 - Column (B) – The calendar year dates employed by employer in Column (A).
 - Column (C) – Wages up to annual maximum shown in Section 7(C) paid to you by individual Column (A) employers.
 - Column (D) – Enter actual amount of SDI withheld. Do not exceed the percentage rate shown in Section 7(B) of wages in Column (C).
3. Enter total SDI taxable wages paid.
4. Enter total of all SDI deductions withheld by each employer in Column (D). This amount must be verified by **attached Form W-2 copies** showing SDI amounts withheld or a statement from the employer indicating the amount of SDI withheld.
5. Enter maximum contribution for tax year (see Column 7D).
6. Enter amount of refund claimed (line 4 less line 5).
7. Table of Maximum Wages and Required Contributions (reference table only).
8. Read and sign this declaration which states you are exempt from California State Income Tax. Without your signature, your claim will be rejected.

ASSISTANCE:

If you need assistance in completing this claim, contact the Excess State Disability Insurance Unit of the Employment Development Department, P.O. Box 826880, MIC 5, Sacramento, CA 94280-0001, 916-654-8333.