

**QUARTERLY WAGE AND WITHHOLDING REPORT (DE 6) REV. 5 (1-08)
PRINTING SPECIFICATIONS
COMPUTER OR LASER GENERATED ALTERNATE FORMS**

The Employment Development Department (EDD) provides DE 6 forms suitable for laser printers at no cost to our customers.

These specifications will assist you in creating an alternate (facsimile) DE 6 form that we can image with our equipment. A sample alternate DE 6 and an original Quarterly Wage and Withholding Report (DE 6) are included with these specifications. The sample alternate format should not be used to align with your alternate format as reproduction has caused distortion.

Please use the print and line positions provided in these specifications to create your alternate form. The DE 6 form is the correct template to use to verify that your alternate format is correct. Place the DE 6 over or under your alternate format and visually verify that the data on your alternate form is printing within the corresponding boxes on the DE 6. If this is the case, the alternate format has been designed to meet our specifications.

ALL FORMS MUST BE SUBMITTED FOR APPROVAL BEFORE USE

Please submit a sample deck for testing and approval. The test deck should include 25 original documents – no photocopies. You may use dummy data and repeat the data on all the pages. However, we need the following specific items included in the test deck submitted:

- One page that has page totals, grand totals and all 7 wage items listed,
- One report with more than seven employees (2 or more pages) including grand totals and all the optional fields (Voluntary Plan DI, No Payroll and Final Return).

The test deck should be mailed to the following address:

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

For express mail, make sure to include my telephone number, (916) 255-0649, on the air bill. The street address is: 9815 C Goethe Road, Sacramento, CA 95827, Attn: Alternate Forms Coordinator, MIC 96.

TEST SAMPLES MUST MEET A 95% OR BETTER READ RATE TO BE APPROVED

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GENERAL REQUIREMENTS

Paper: Use 8 1/2" by 11" white, 20-pound bond paper. NCR paper or recycled paper will not feed into the scanners and is not acceptable.

Alignment: The top edge of the form is zero, the bottom of the form is line 66, the left edge is print position zero, and the right edge is print position 85. Print six vertical lines per inch and 10 horizontal print positions per inch.

Ink: Use black ink only. If possible, use non-ferric ink as ferric ink contains metal which interferes with our automated mail sorting equipment.

Printer: Do not use a dot matrix printer. Dot matrix printing will not meet the 95% read rate requirement.

Font Size: Please use 10 or 12 point Lucinda Console or Courier font to print the data to be captured. Data to be captured is indicated by bold print. **Do not print your alternate format in bold type**, unless indicated. ALL LETTERS MUST BE PRINTED IN UPPER CASE ONLY.

EDD Approval Number: This number will be assigned to forms that EDD has tested and approved.

Non-scannable file copies: If you provide your customers with copies that are not Optical Character Reader (OCR) compatible, please advise them **not** to submit their file copies to EDD. We have found that the warning **DO NOT SEND THIS COPY TO EDD** is effective when printed on the file copy.

User Codes: If you print code numbers or letters on your forms, please position them under the "Quarter Ended" field between lines 10 and 14 and print positions 10 thru 45.

Display of Social Security Account (SSA) Numbers: SSA numbers must always contain nine digits. Do not use "/" between digits. Acceptable ways of printing are 012345678 or 012 34 5678 or 012-34-5678 (if your program cannot delete the dashes).

Display of Names: Please show first name, middle initial, and the last name. Our equipment requires that names be printed in the first name, middle initial, last name format. We can not accept names printed with the last name first.

Display of Numbers: Left justify the wage totals reported (begin printing wage totals in the first position of the wage fields). Use decimal points or spaces between digits as appropriate, for example: 32 417.98 or 32 417 98. Do not use dollar signs or commas.

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GENERAL REQUIREMENTS Cont.

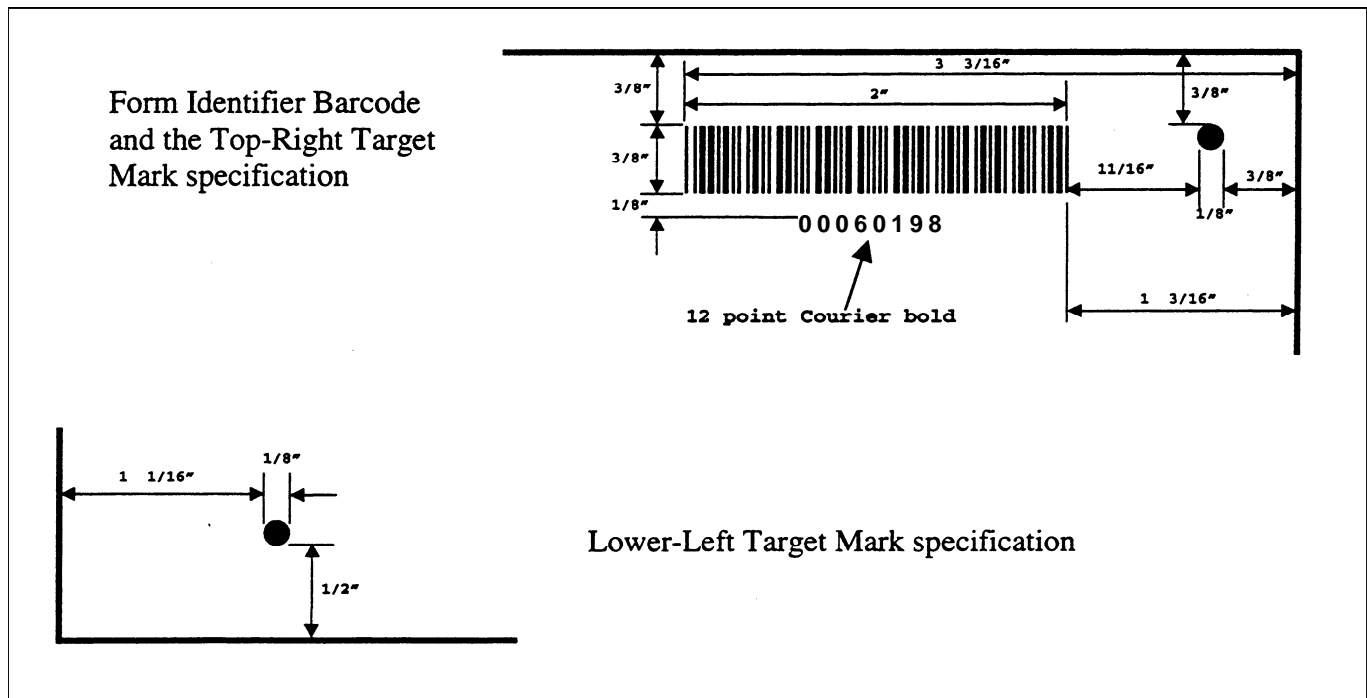
Quarter Ended/Due Date/Delinquent Date: Quarters end on March 31, June 30, September 30 and December 31. Returns are due the first day of the month following the final day of the quarter (April 1, July 1, October 1, and January 1). Returns are delinquent if not postmarked on or before the last day of the month following the end of the quarter. If this date falls on a Saturday, Sunday, or holiday, the delinquent date becomes the next working day.

BARCODE AND TARGET MARKS SPECIFICATIONS

Form Identification: Form Identification Barcode is added to the DE 6 to help EDD identify the forms automatically. The Form Identifier String “**00060198**” is encoded in Code 3 of 9 (also called Code 39) barcode format. This barcode is 2 inches wide, 3/8 inches high, and 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 barcode 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 solid black circles 1/8 inch in diameter. The top right target mark is 3/8 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 barcode and target marks:



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FORM IDENTIFIER STRING SPECIFICATIONS (No Barcode/Target Marks)

EDD would prefer that you provide the barcode and target marks on your alternate format to ensure the most accurate processing of your Quarterly Wage and Withholding Reports. If it is not possible to include the barcode and target marks, submit your alternate form test deck with the unique FORM IDENTIFIER STRING used to identify alternate formats without barcode and target marks. The correct format for the Form Identifier String without barcode and target marks is “**B0060198**” printed in the 12 point Courier bold font. The print and line positions for the Form Identifier String are listed below:

<u>ITEM</u>	<u>PRINT LINES</u>	<u>PRINT POSITIONS</u>	<u>PRINT FORMAT</u>
Form Identifier String	6	59 thru 67	B0060198

The following is a sample of the correct position for the Form Identifier String on the alternate DE 6 form:

DE6

EDD 12345

B0060198

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ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
DE 6	4	6 thru 10	DE 6
FORM APPROVAL NUMBER (Assigned by EDD)	4	26 thru 36	EDD 12345
BARCODE/TARGET MARKS	Instructions are on page 3.		
FORM IDENTIFIER STRING	Instructions are on page 4.		
PAGE NUMBERS	6	10 thru 22	PAGE NNN OF NNN
QTR ENDED/DUE/DELINQUENT (Print on one line only)	8	6 thru 60	MM DD YY
YEAR & QUARTER	8	74 thru 79	YY Q
EMPLOYER ACCOUNT NO. Do not fill field with characters. Sample data must be numeric.	11	68 thru 79	NNN NNNN N
EXEMPTION STATUS Please left justify category. All three categories can be reported on one wage report, if applicable.	13	6 thru 60	RELIGIOUS EXEMPT, SOLE STOCKHOLDER, OR THIRD PARTY SICK PAY
EMPLOYER NAME & ADDRESS	16-20	10 thru 40	ADDRESS FORMAT
A. NUMBER OF EMPLOYEES Print fields on first page only.			
1st month	20	56 thru 62	N NNN
2nd month	20	64 thru 70	N NNN
3rd month	20	73 thru 79	N NNN
B. TYPE OF SUBJECT WAGE Print this field only if reporting Voluntary Plan DI wages. Please include field on at least one test sample. Do not print a box around the "X".	22 22	12 15 thru 30	X VOLUNTARY PLAN DI
C. NO PAYROLL "No Payroll" text needs to be printed in a reduced font. If you are unable to reduce the font, just place the "X" in the appropriate position.	22 22	52 54 thru 59	X No Payroll

N=Numeric

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ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
D. FINAL REPORT See comment above. C. or D. should not be printed on the quarterly wage report unless they apply to that report. Test deck submitted must include these fields to verify correct position.	22 22	60 65 thru 78	X Final Return
E. SOCIAL SECURITY NUMBER (No "-" or "/")	25, 29, 33, 37, 41, 45, 49	11 thru 25	NNN NN NNNN
F. EMPLOYEE NAME (ALL LETTERS MUST BE PRINTED IN UPPER CASE)	25, 29, 33, 37, 41, 45, 49	27 thru 44 47 49 thru 79	FIRST NAME MI LAST NAME
G. TOTAL SUBJECT WAGES (No "\$" or ",")	27, 31, 35, 39, 43, 47, 51	13 thru 31	N NNN NNN NN
H. PIT WAGES (No "\$" or ",")	27, 31, 35, 39, 43, 47, 51	37 thru 55	N NNN NNN NN
I. PIT WITHHELD (No "\$" or ",")	27, 31, 35, 39, 43, 47, 51	62 thru 79	N NNN NNN NN
J. TOTAL SUBJECT WAGES THIS PAGE (Enter on each page)	54	13 thru 31	N NNN NNN NN
K. TOTAL PIT WAGES THIS PAGE (Enter on each page)	54	37 thru 55	N NNN NNN NN
L. TOTAL PIT WITHHELD THIS PAGE (Enter on each page)	54	62 thru 79	N NNN NNN NN
M. GRAND TOTAL SUBJECT WAGES (Enter on first or last page only)	57	12 thru 31	NN NNN NNN NN
N. GRAND TOTAL PIT WAGES (Enter on first or last page only)	57	35 thru 55	NN NNN NNN NN
O. GRAND TOTAL PIT WITHHELD (Enter on first or last page only)	57	59 thru 79	NN NNN NNN NN

N=Numeric

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ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
DECLARATION	59-60	6 thru 79	I declare that the information herein is correct to the best of my knowledge and belief.
Shorten the declaration text If smaller font isn't available.			I declare that the information herein is true and correct.
Signature and Title	62	15 thru 79	SIGNATURE/TITLE
Date and Phone	63	15 thru 79	MM DD YY/PHONE

If you have any questions about these specifications, you may call the Alternate Forms Coordinator at (916) 255-0649.

123 4567 8

THIRD PARTY SICK

PAYROLL SECTION
CALIFORNIA CORPORATION
BUSINESS PARK CENTER
P.O. BOX 1234
ANY CITY, CA 95511-0011

125 129 131

X VOLUNTARY PLAN DI

X No Payroll X Final Report

123 45 6789	ALICIA	A	RASPBERRY	
6 468 26		6 468 26		132 62
123 45 6789	LARRY	L	MANGO	
1 315 09		1 315 09		32 90
123 45 6789	OPHELIA	O	ORANGE	
25 061 00		25 061 00		1 127 78
123 45 6789	WALTER	W	PINEAPPLE	
6 885 00		6 885 00		22 68
123 45 6789	LUCY	L	APRICOT	
7 097 42		7 097 42		250 00
123 45 6789	GEORGE	G	WATERMELON	
900 00		900 00		00
123 45 6789	CHARLEEN	C	KUMQUAT	
7 235 16		7 235 16		17 18
54 961 93		54 961 93		1 583 79
54 961 93		54 961 93		1 583 79

I declare that the information herein is true and correct.

Signature _____ Title _____

Date _____ Phone _____