

		Date:	
		Account Number:	
household employees annual	ly instead of quarterly. Informat	rs the option to pay California employment taxes for their ion on wages paid to employees must still be reported on a gible to elect this option, an employer must:	
g .	• '	epartment (EDD) as an employer of household workers.	
'	axes or returns due to the EDD.		
		year to your household employees. (The sum of all subject be no more than \$20,000 per year.)	
	you will be notified in writing.	e at the bottom of this document and return it to the address Once approved, the election is effective the first day of the	
Withholdings, DE 3BHW, and Until the EDD responds to yo	I the annual <i>Employer of Houser</i> ur request, please continue to fi	lousehold Worker(s) Quarterly Report of Wages and hold Worker(s) Annual Payroll Tax Return, DE 3HW. le the Quarterly Contribution Return and Report of Wages, //ages (Continuation), DE 9C, along with your Payroll Tax	
		iven year, the election will be terminated, your account will file and pay all payroll taxes owed for the year at the end of the	
		er Assistance Center toll-free at 888-745-3886 or <b>gov</b> to view the <i>Household Employer's Guide,</i> DE 8829.	
Please cut and return the	pottom portion of this notice to the add	ress below. You may also fax your election notice to 916-654-9211.	
	EMPLOYER OF HOUSEHOLE	O WORKER ELECTION NOTICE	
\$20,000 per year in wages to my will be required to file and pay al	workers. I understand that if I pay m I payroll taxes owed for the year at t	fornia employment taxes annually. I intend to pay no more than nore than \$20,000 during the year, the election will be terminated and the end of that calendar quarter. I will also be required to file quarterly and to file a new election to be eligible for this program in the future.	
Signature	Date	Account Number	
	( )		
Print Name	Phone Number	Address	

EMPLOYMENT DEVELOPMENT DEPARTMENT

PO BOX 826880 MIC 28 SACRAMENTO CA 94280-0001 City

ZIP Code

State