

QUARTERLY CONTRIBUTION AND WAGE ADJUSTMENT FORM

STATUTE OF LIMITATIONS

A claim for refund or credit must be filed within three years of the last timely filing date of the quarter being adjusted.



You can file this adjustment form online through the Employment Development Department's (EDD) e-Services for Business. Please visit our website at **www.edd.ca.gov**. See *Instructions for Completing the Quarterly Contribution and Wage Adjustment Form* (DE 9ADJ-I) for completing this form.

| ADDRESS CITY, STATE, ZIP CODE REASON FOR ADJUSTMENT (1) (2) (2) (3) DIFFERENCES Debit/(Credit) A. TOTAL SUBJECT WAGES B. UNEMPLOYMENT INSURANCE (I/U) Taxable Wages D. EMPLOYENS UI CONTRIBUTIONS (UI Taxable Wages D. EMPLOYENS UI CONTRIBUTIONS (UI Taxable Wages D. EMPLOYMENT INSURANCE (I/U) Taxable Wages D. EMPLOYMENT INSURANCE (I/U) Taxable Wages D. EMPLOYENS UI CONTRIBUTIONS (UI Taxable Wages D. EMPLOYENS UI CONTRIBUTIONS (UI Taxable Wages D. EMPLOYENS UI CONTRIBUTIONS (UI Taxable Wages D. EMPLOYMENT TRAINING TAX (ETT Rate % times B) F. STATE DISABILITY INSURANCE (SDI) Withheld (SDI Rate % times B) F. STATE DISABILITY INSURANCE (SDI) Withheld (Complete Box 2 below if cedit on into F). J. Interest (Refer to instructions on DE 9ADJ-I) J. Interest (Refer to instructions on DE 9ADJ-I) K. Erroneous SDI Deductions not refunded (See Box 1, NOTE below) L. Less contributions and withholdings paid for the quarter M. Total taxes due or overpaid (H2+1+J+K)-L Includes Paid Family Leave amount. BOX 1. STATE DISABILITY INSURANCE OVERPAYMENTS (Must be completed for credit to be allowed.) I. Was the credit claimed in column 3 withheld from the wages of employee(s)? If not refunded: employee(s) no longer employed, unable to locate. NOTE: The EDD cannot refund these contributions to you unless you first refund the erroneous deductions to the employee(s), you can adjust the amount reported by using this form. The EDD cannot refund the soc mompleted for credit to be allowed.) BOX 2. PERSONAL INCOME TAX OVERPAYMENTS (Must be completed for credit to be allowed.) If you paid the Employment Development Department (EDD) more than the amount of California PIT withheld from wages of employee(s), you can adjust the amount reported by using this form. The EDD call not be allowed.) I. Was the credit claimed in column 3 included for me may every call adjustments prior to the issuance of Forms W-2. If you have already issued Forms W-2. Please read the additional information on page 2 before proceeding. I. Was the credit claimed | SECTION I: (PLEASE PRINT) | | | YEAR / QUARTER | |
|--|--|--|---|----------------------------|--|
| ADDRESS CITY, STATE, ZIP CODE REASON FOR ADJUSTMENT SECTION II: ADJUSTMENT TO WAGES AND CONTRIBUTIONS A TOTAL SUBJECT WAGES B. UNEMPLOYMENT INSURANCE (UJ) Taxable Wages C. STATE DISABILITY INSURANCE (SDI) Taxable Wages C. STATE DISABILITY INSURANCE (SDI) Taxable Wages C. STATE DISABILITY INSURANCE (SDI) Taxable Wages B. EMPLOYMENT TRAINING TAX (ETT Rate stress b) E. EMPLOYMENT TRAINING TAX (ETT Rate stress b) E. EMPLOYMENT TRAINING TAX (ETT Rate stress b) E. STATE DISABILITY INSURANCE (SDI) Withheld (SDI Rate stress b) E. STATE DISABILITY INSURANCE (SDI) Withheld (Complete Box 2 bolow if credit on row F). G. PERSONAL INCOME TAX (PIT) Withheld (Complete Box 2 bolow if credit on row F). J. Interest (Refer to instructions on DE 9ADJ-I) K. Erroneous SDI Deductions not refunded (See Box 1, NOTE below) L. Less contributions and withheldidings paid for the quarter M. Total taxes due or overpaid (H2+1+J+K) L. BOX 1. STATE DISABILITY INSURANCE OVERPAYMENTS (Must be completed for credit to be allowed.) I. Was the credit claimed in column 3 withheld from the wages of employee(s)? If not refunded: employee(a) no longer employed, unable to locate. NOTE: The EDD cannot refund these contributions to you insist you unable to locate. If you paid the Employment Development Department (EDD) more than the amount of California PIT withheld from wages of employee(s), you can adjust the amount reported by using this flom. The EDD ed allowed.) If you paid the Employment Development Department (EDD) more than the amount of California PIT withheld from wages of employee(s), you can adjust the amount reported by using this flom. The EDD ed allowed cordit adjustments prior to the issuance of Forms W-2. If you have already issued Forms W-2. Please read the additional information on page 2 before proceeding. I. Was the credit claimed in column 3 included on Forms W-2 issued to employee(s)? 2. Was the credit claimed in column 3 included on Forms W-2 issued to employee(s)? 3. Was the credit claimed in column 3 included on Forms | BUSINESS NAME | | | | |
| CITY, STATE, ZIP CODE REASON FOR ADJUSTMENT SECTION II: ADJUSTMENT TO WAGES AND CONTRIBUTIONS A. TOTAL SUBJECT WAGES B. UNEMPLOYMENT INSURANCE (U) Taxable Wages C. STATE DISABILITY INSURANCE (SD) Taxable Wages D. EMPLOYMENT TRAINING TAX (ETT Rate% times B) F. STATE DISABILITY INSURANCE (SD) Withheld (SD) Rate% times B) F. STATE DISABILITY INSURANCE (SD) Withheld (SD) Rate% times B) J. Pensity (Refer to instructions on DE 9ADJ-I) J. Interest (Part DisABILITY INSURANCE OVERPAYMENTS (Must be completed for credit to be allowed.) 1. Was the credit claimed in column 3 withheld from the wages of employee(s)? (List each employee name, Social Security Number, and amount of SDI not refunded.) BOX 2. PERSONAL INCOME TAX OVERPAYMENTS (Must be completed for credit to be allowed.) If you paid the Employment Development Department (EDD) more than the amount of California PIT withheld from the apployee in Part (Part Par | | | | EMPLOYER ACCOUNT NO. | |
| SECTION II: SECTION II: A. TOTAL SUBJECT WAGES AND CONTRIBUTIONS A. TOTAL SUBJECT WAGES B. UNEMPLOYMENT INSURANCE (UI) Taxable Wages D. EMPLOYMENT INSURANCE (IV) Taxable Wages D. EMPLOYMENT INSURANCE (IV) Taxable Wages D. EMPLOYMENT TRAINING TAX (ETT Rate | ADDRESS | | | | |
| SECTION II: ADJUSTMENT TO WAGES AND CONTRIBUTIONS A TOTAL SUBJECT WAGES B. UNEMPLOYMENT INSURANCE (UI) Taxable Wages C. STATE DISABILITY INSURANCE (SDI) Taxable Wages D. EMPLOYERS UI CONTRIBUTIONS (UI Rate% times B) EMPLOYERS UI CONTRIBUTIONS (UI Rate% times B) F. STATE DISABILITY INSURANCE* (SDI) Withheld (SDI Rate% times B) F. STATE DISABILITY INSURANCE* (SDI) Withheld (SDI Rate% times B) J. Interest (Rafer to instructions on DE 9ADJ-I) J. Was the credit claimed in column 3 withheld from the wages of employee(s)? If you pad the Employment Development Department (EDD) more than the amount of California PIT withheld from wages of employee(s). (List each employee name, Social Security Number, and amount of SDI not refunded.) BOX 2. PERSONAL INCOME TAX OVERPAYMENTS (Must be completed for credit to be allowed.) If you pad the Employment Development Department (EDD) more than the amount of California PIT withheld from the you is mis from The EDD will allow credit allowstensits prior to the issuance of Forms W-2. If you have already | CITY, STATE, ZIP CODE | | | | |
| SECTION II: ADJUSTMENT TO WAGES AND CONTRIBUTIONS A. TOTAL SUBJECT WAGES | REASON FOR ADJUSTMENT | | | | |
| SECTION II: ADJUSTMENT TO WAGES AND CONTRIBUTIONS A. TOTAL SUBJECT WAGES | | | | | |
| SECTION II: ADJUSTMENT TO WAGES AND CONTRIBUTIONS A. TOTAL SUBJECT WAGES | | | | | |
| A. TOTAL SUBJECT WAGES AND CONTRIBUTIONS A. TOTAL SUBJECT WAGES B. UNEMPLOYMENT INSURANCE (UI) Taxable Wages | | (1) | (2) | (3) | |
| A. TOTAL SUBJECT WAGES | SECTION II: ADJUSTMENT TO WAGES AND CONTRIBUTIONS | Previously reported | Should have reported | | |
| C. STATE DISABILITY INSURANCE (SDI) Taxable Wages | | , | Griodia nave reported | Debia(orealt) | |
| D. EMPLOYERS UI CONTRIBUTIONS (UI Rate% times B) E. EMPLOYMENT TRAINING TAX (ETT Rate% times B) F. STATE DISABILITY INSURANCE' (SDI) Withheld (SDI Rate% times Ex) M. times C; complete Box 1 below it credit on row F.). G. PERSONAL INCOME TAX (PIT) Withheld (Complete Box 2 below if credit on line (3) H. SUBTOTAL (Lines D, E, F, and G) J. Interest (Refer to instructions on DE 9ADJ-I) K. Erroneous SDI Deductions not refunded (See Box 1, NOTE below) L. Less contributions and withholdings paid for the quarter M. Total taxes due or overpaid (H2+1+J+K)-L *Includes Paid Family Leave amount. BOX 1. STATE DISABILITY INSURANCE OVERPAYMENTS (Must be completed for credit to be allowed.) 1. Was the credit claimed in column 3 withheld from the wages of employee(s)? If not refunded: employee(s) no longer employed, unable to locate. NOTE: The EDD cannot refund these contributions to you unless you first refund the erroneous deductions to the employee(s). (List each employee emms, Social Security Number, and amount of SDI not refunded.) BOX 2. PERSONAL INCOME TAX OVERPAYMENTS (Must be completed for credit to be allowed.) If you paid the Employment Development Department (EDD) more than the amount of California PIT withheld from wages of employee(s), you can adjust the amount reported by using this form. The EDD will allow credit adjustments prior to the issuance of Forms W-2. If you have already issued Forms W-2, please read the additional information on page 2 before proceeding. 1. Was the credit claimed in column 3 withheld from the pay of employee(s)? | B. UNEMPLOYMENT INSURANCE (UI) Taxable Wages | | | | |
| E. EMPLOYMENT TRAINING TAX (ETT Rate | C. STATE DISABILITY INSURANCE (SDI) Taxable Wages | | | | |
| F. STATE DISABILITY INSURANCE* (SDI) Withheld (SDI Rate % times C; complete Box 1 below if credit on row F) G. PERSONAL INCOME TAX (PIT) Withheld (Complete Box 2 below if credit on line G.) H. SUBTOTAL (Lines D, E, F, and G) | D. EMPLOYER'S UI CONTRIBUTIONS (UI Rate% times B) | | | | |
| % times C; complete Box 1 below if credit on row F.) Box 2 below if credit on line G.) | E. EMPLOYMENT TRAINING TAX (ETT Rate% times B) | | | | |
| Box 2 below if credit on line G.) | F. STATE DISABILITY INSURANCE* (SDI) Withheld (SDI Rate% times C; complete Box 1 below if credit on row F.) | | | | |
| I. Penalty (Refer to instructions on DE 9ADJ-I) J. Interest (Refer to instructions on DE 9ADJ-I) K. Erroneous SDI Deductions not refunded (See Box 1, NOTE below) L. Less contributions and withholdings paid for the quarter M. Total taxes due or overpaid (H2 + I + J + K) - L * Includes Paid Family Leave amount. BOX 1. STATE DISABILITY INSURANCE OVERPAYMENTS (Must be completed for credit to be allowed.) 1. Was the credit claimed in column 3 withheld from the wages of employee(s)? Yes No If yes, has this amount been refunded to employee(s)? Yes No If not refunded: employee(s) no longer employed, unable to locate. NOTE: The EDD cannot refund these contributions to you unless you first refund the erroneous deductions to the employee(s). (List each employee name, Social Security Number, and amount of SDI not refunded.) BOX 2. PERSONAL INCOME TAX OVERPAYMENTS (Must be completed for credit to be allowed.) If you paid the Employment Development Department (EDD) more than the amount of California PIT withheld from wages of employee(s), you can adjust the amount reported by using this form. The EDD will allow credit adjustments prior to the issuance of Forms W-2. If you have already issued Forms W-2, please read the additional information on page 2 before proceeding. 1. Was the credit claimed in column 3 withheld from the pay of employee(s)? Yes No If yes, has this credit been refunded to employee(s)? Yes No If yes, has this credit claimed in column 3 included on Forms W-2 issued to employee(s)? Yes No No 2. Was the credit claimed in column 3 included on Forms W-2 issued to employee(s)? Yes No No 2. Was the credit claimed in column 3 included on Forms W-2 issued to employee(s)? Yes No No 2. Was the credit claimed in column 3 included on Forms W-2 issued to employee(s)? Yes No No 2. Was the credit claimed in column 3 included on Forms W-2 issued to employee(s)? Yes No No 2. Was the credit claimed in column 3 included on Forms W-2 issued to employee(s)? Yes No No 2. Was the | G. PERSONAL INCOME TAX (PIT) Withheld (Complete Box 2 below if credit on line G.) | | | | |
| S. Erroneous SDI Deductions not refunded (See Box 1, NOTE below) | H. SUBTOTAL (Lines D, E, F, and G) | | | | |
| K. Erroneous SDI Deductions not refunded (See Box 1, NOTE below) L. Less contributions and withholdings paid for the quarter M. Total taxes due or overpaid (H2+1+J+K)-L *Includes Paid Family Leave amount. BOX 1. STATE DISABILITY INSURANCE OVERPAYMENTS (Must be completed for credit to be allowed.) 1. Was the credit claimed in column 3 withheld from the wages of employee(s)? | I. Penalty (Refer to instructions on DE 9ADJ-I) | | | | |
| L. Less contributions and withholdings paid for the quarter M. Total taxes due or overpaid (H2+I+J+K)-L *Includes Paid Family Leave amount. BOX 1. STATE DISABILITY INSURANCE OVERPAYMENTS (Must be completed for credit to be allowed.) 1. Was the credit claimed in column 3 withheld from the wages of employee(s)? | J. Interest (Refer to instructions on DE 9ADJ-I) | | | | |
| * Includes Paid Family Leave amount. BOX 1. STATE DISABILITY INSURANCE OVERPAYMENTS (Must be completed for credit to be allowed.) 1. Was the credit claimed in column 3 withheld from the wages of employee(s)? | K. Erroneous SDI Deductions not refunded (See Box 1, N | OTE below) | | | |
| * Includes Paid Family Leave amount. BOX 1. STATE DISABILITY INSURANCE OVERPAYMENTS (Must be completed for credit to be allowed.) 1. Was the credit claimed in column 3 withheld from the wages of employee(s)? | L. Less contributions and withholdings paid for the quarter | · | | | |
| BOX 1. STATE DISABILITY INSURANCE OVERPAYMENTS (Must be completed for credit to be allowed.) 1. Was the credit claimed in column 3 withheld from the wages of employee(s)? | M. Total taxes due or overpaid (H2+I+J+K)-L | | | | |
| 1. Was the credit claimed in column 3 withheld from the wages of employee(s)? | * Includes Paid Family Leave amount. | | | | |
| NOTE: The EDD cannot refund these contributions to you unless you first refund the erroneous deductions to the employee(s). (List each employee name, Social Security Number, and amount of SDI not refunded.) BOX 2. PERSONAL INCOME TAX OVERPAYMENTS (Must be completed for credit to be allowed.) If you paid the Employment Development Department (EDD) more than the amount of California PIT withheld from wages of employee(s), you can adjust the amount reported by using this form. The EDD will allow credit adjustments prior to the issuance of Forms W-2. If you have already issued Forms W-2, please read the additional information on page 2 before proceeding. 1. Was the credit claimed in column 3 withheld from the pay of employee(s)? | 1. Was the credit claimed in column 3 withheld from the wages of employee(s)? | | | | |
| If you paid the Employment Development Department (EDD) more than the amount of California PIT withheld from wages of employee(s), you can adjust the amount reported by using this form. The EDD will allow credit adjustments prior to the issuance of Forms W-2. If you have already issued Forms W-2, please read the additional information on page 2 before proceeding. 1. Was the credit claimed in column 3 withheld from the pay of employee(s)? | NOTE: The EDD cannot refund these contribution | ns to you unless you first refu | | o the employee(s). | |
| If yes, has this credit been refunded to employee(s)? | If you paid the Employment Development Departi you can adjust the amount reported by using this | ment (EDD) more than the ar form. The EDD will allow cre | nount of California PIT withhel dit adjustments prior to the iss | uance of Forms W-2. If you | |
| Signature Title Phone () Date | If yes, has this credit been refunded to employee | (s)? | | Yes No | |
| | Be sure to sign this declaration: I declare that the inform | ation herein is true and corre | ct to the best of my knowledge | e and belief. | |
| | SignatureT | (Owner, Accountant, Preparer, et | | Date | |

SIGN AND MAIL TO: Employment Development Department / P.O. Box 989073 / West Sacramento, CA 95798-9073



BUSINESS NAME ____

QUARTERLY CONTRIBUTION AND WAGE ADJUSTMENT FORM

EMPLOYER ACCOUNT NO.

| Enter amounts requires two en | | orted; if unchanged, leave for Completing the Quarterly Co | _ | cial Security Number or Name nent Form (DE 9ADJ-I), | | |
|-------------------------------|------------------------|--|-------------------------|--|--|--|
| YEAR / QUARTER | SOCIAL SECURITY NUMBER | EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) | | | | |
| | | TOTAL SUBJECT WAGES | PIT WAGES | PIT WITHHELD | | |
| YEAR / QUARTER | SOCIAL SECURITY NUMBER | EMPLOYEE NAME (FIRST, MIDDLE | E INITIAL, LAST) | i i | | |
| | | TOTAL SUBJECT WAGES | PIT WAGES | PIT WITHHELD | | |
| YEAR / QUARTER | SOCIAL SECURITY NUMBER | EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) | | | | |
| | | TOTAL SUBJECT WAGES | PIT WAGES | PIT WITHHELD | | |
| YEAR / QUARTER | SOCIAL SECURITY NUMBER | EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) | | | | |
| | | TOTAL SUBJECT WAGES | PIT WAGES | PIT WITHHELD | | |
| YEAR / QUARTER | SOCIAL SECURITY NUMBER | EMPLOYEE NAME (FIRST, MIDDLE | I INITIAL, LAST) | | | |
| | | TOTAL SUBJECT WAGES | PIT WAGES | PIT WITHHELD | | |
| YEAR / QUARTER | SOCIAL SECURITY NUMBER | EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) | | | | |
| | | TOTAL SUBJECT WAGES | PIT WAGES | PIT WITHHELD | | |
| YEAR / QUARTER | SOCIAL SECURITY NUMBER | EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) | | | | |
| | | TOTAL SUBJECT WAGES | PIT WAGES | PIT WITHHELD | | |
| YEAR / QUARTER | SOCIAL SECURITY NUMBER | EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) | | | | |
| | | TOTAL SUBJECT WAGES | PIT WAGES | PIT WITHHELD | | |
| YEAR / QUARTER | SOCIAL SECURITY NUMBER | EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) | | | | |
| | | TOTAL SUBJECT WAGES | PIT WAGES | PIT WITHHELD | | |
| YEAR / QUARTER | SOCIAL SECURITY NUMBER | EMPLOYEE NAME (FIRST, MIDDLE | I ! E INITIAL, LAST) | | | |
| | | TOTAL SUBJECT WAGES | PIT WAGES | PIT WITHHELD | | |
| YEAR / QUARTER | SOCIAL SECURITY NUMBER | EMPLOYEE NAME (FIRST, MIDDLE | I ; E INITIAL, LAST) | | | |
| | | TOTAL SUBJECT WAGES | PIT WAGES | PIT WITHHELD | | |
| YEAR / QUARTER | SOCIAL SECURITY NUMBER | EMPLOYEE NAME (FIRST, MIDDLE | I E INITIAL, LAST) | l i | | |
| | | TOTAL SUBJECT WAGES | PIT WAGES | PIT WITHHELD | | |