

**QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION),
DE 9C, PRINTING SPECIFICATIONS COMPUTER OR LASER GENERATED
ALTERNATE FORMS**

The Employment Development Department (EDD) provides *Quarterly Contribution Return and Report of Wages (Continuation)*, DE 9C, forms suitable for laser printers at no cost to our customers.

State law requires employers to electronically submit employment tax returns, wage reports, and payroll tax deposits to the EDD. The print specifications for alternate forms are provided for employers who have an approved e-file and e-pay mandate waiver.

You can file and pay online using e-Services for Business at www.edd.ca.gov/e-Services_for_Business to comply with the e-file and e-pay mandate. For more information on this mandate, visit www.edd.ca.gov/EfileMandate.

These specifications will assist you in creating an alternate (facsimile) DE 9C form that can be imaged with our equipment. A sample alternate DE 9C and an original DE 9C 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 9C form is the correct template to use to verify that your alternate format is correct. Place the DE 9C 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 9C. 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).** 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 seven (7) wage items listed.
- One report with more than seven (7) employees (two or more pages) including grand totals and all the optional fields (Voluntary Plan Disability Insurance and No Payroll).

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Mail completed test deck to the following address:

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

For express mail, include the phone number 916-255-0649 on the air bill. The street address is: 9815 C Goethe Road, Sacramento, CA 95827, Attention: Alternate Forms Coordinator, MIC 96.

TEST SAMPLES MUST MEET A 95 PERCENT (95%) OR BETTER READ RATE TO BE APPROVED.

GENERAL REQUIREMENTS

Paper: Use 8 1/2" by 11" white, 20 pound bond paper. No Carbon Required (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 because 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 percent (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 the 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 the EDD. We have found that the warning "**DO NOT SEND THIS COPY TO THE EDD**" is effective when printed on the file copy.

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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 through 45.

Display of Social Security Numbers (SSN): SSN's must always contain nine digits. Do not use "/" between digits. Acceptable ways of printing are 0X0X0X0X0 or 0X0 X0 X0X0 or X0X-0X-0X0X (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 cannot 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.

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.

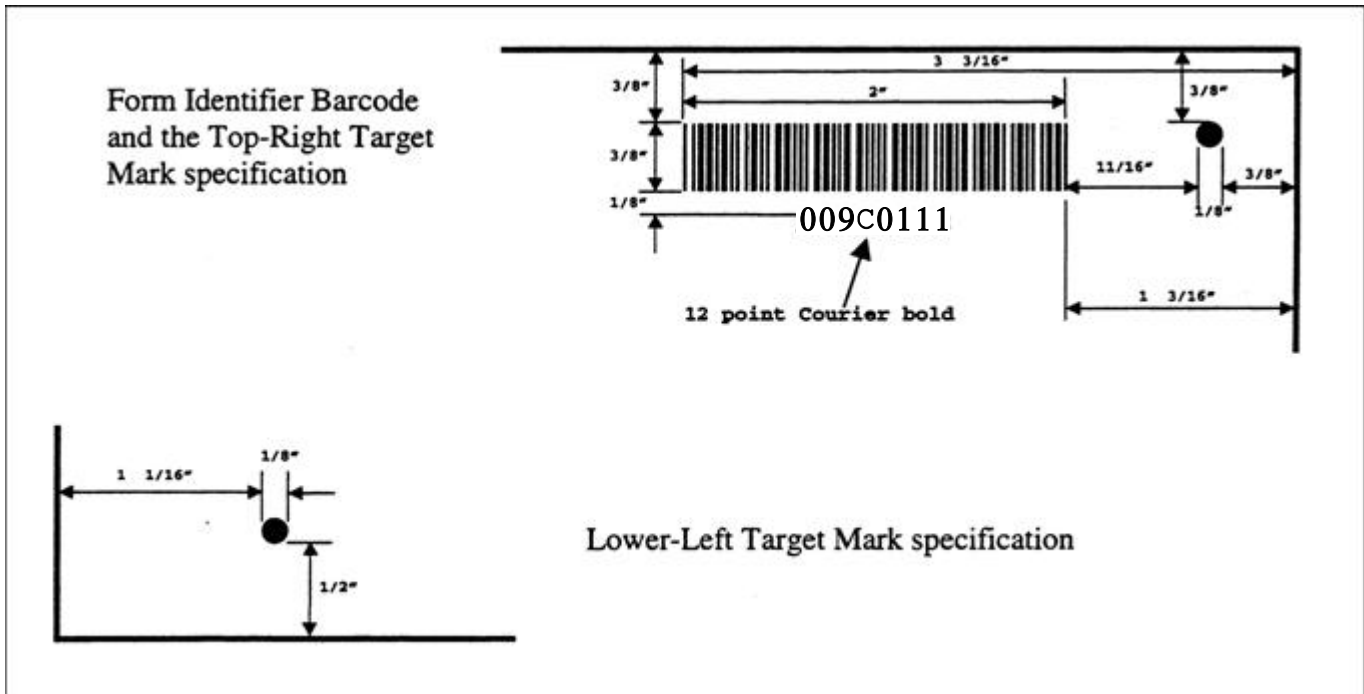
BARCODE AND TARGET MARK SPECIFICATIONS

Form Identification: Form identification barcode is added to the DE 9C to help the EDD identify the forms automatically. The Form Identifier String "009C0111" 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 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)

The EDD would prefer that you provide the barcode and target marks on your alternate format to ensure the most accurate processing of your DE 9C. 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 “**B09C0111**” printed in the 12 point Courier bold font. The print and line positions for the Form Identifier String are listed below:

ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
Form Identifier String	6	59 thru 67	B09C0111

The following is a sample of the correct position for the Form Identifier String on the alternate DE 9C form:

DE 9C EDD 12345 B09C0111

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<u>ITEM</u>	<u>PRINT LINES</u>	<u>PRINT POSITIONS</u>	<u>PRINT FORMAT</u>
DE 9C	4	6 thru 10	DE 9C
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
QUARTER ENDED/DUE/DELINQUENT (Print on one line only)	8	6 thru 60	MM DD YY
YEAR AND QUARTER	8	74 thru 79	YY Q
EMPLOYER ACCOUNT NUMBER 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 AND ADDRESS	16-20	10 thru 40	ADDRESS FORMAT
A. NUMBER OF EMPLOYEES			
Full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month. Print fields on first page only.			
1 st Month	20	56 thru 62	N NNN
2 nd Month	20	64 thru 70	N NNN
3 rd Month	20	73 thru 79	N NNN
B. TYPE OF SUBJECT WAGES			
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	12	X
	22	15 thru 30	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. This should not be printed on the quarter wage report unless it applies to that report. Test deck submitted must include this field to verify correct position.	22	52	X
	22	54 thru 59	No Payroll

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<u>ITEM</u>	<u>PRINT LINES</u>	<u>PRINT POSITIONS</u>	<u>PRINT FORMAT</u>
D. SOCIAL SECURITY NUMBER (No "-" or "/")	25, 29, 33, 37, 41, 45, 49	11 thru 25	NNN NN NNNN
E. 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
F. TOTAL SUBJECT WAGES (No "\$" or ",")	27, 31, 35, 39, 43, 47, 51	13 thru 31	N NNN NNN NN
G. PIT WAGES (No "\$" or ",")	27, 31, 35, 39, 43, 47, 51	37 thru 55	N NNN NNN NN
H. PIT WITHHELD (No "\$" or ",")	27, 31, 35, 39, 43, 47, 51	62 thru 79	N NNN NNN NN
I. TOTAL SUBJECT WAGES THIS PAGE (Enter on each page)	54	13 thru 31	N NNN NNN NN
J. TOTAL PIT WAGES THIS PAGE (Enter on each page)	54	37 thru 55	N NNN NNN NN
K. TOTAL PIT WITHHELD THIS PAGE (Enter on each page)	54	62 thru 79	N NNN NNN NN
L. GRAND TOTAL SUBJECT WAGES (Enter on first or last page only)	57	12 thru 31	NN NNN NNN NN
M. GRAND TOTAL PIT WAGES (Enter on first or last page only)	57	35 thru 55	NN NNN NNN NN
N. 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
O. 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, please contact the Alternate Forms Coordinator at 916-255-0649.

QTR ENDED _____ DUE _____ DELINQUENT _____ 12 1

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

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 _____