

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

The Employment Development Department (EDD) provides *Quarterly Contribution Return and Report of Wages, DE 9*, 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 9 form that can be imaged with our equipment. A sample alternate DE 9 and an original DE 9 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 9 form is the correct template to use to verify that your alternate format is correct. Place the DE 9 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 9. If this is the case, the alternate format has been designed to meet our specifications.

ALL FORMS MUST BE SUBMITTED FOR APPROVAL PRIOR TO 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 pages.

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.

DE 9 PRINTING SPECIFICATIONS COMPUTER OR LASER GENERATED ALTERNATE FORMS

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.

User Codes: If you print code numbers or letters on your forms, please position them above the Employer Name and Address between lines 10 and 13 and print positions 10 through 45.

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.

Out of Business Date: Do not use "/" or "-" between digits. Acceptable ways of printing are 06152012 or 06 15 2012.

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.

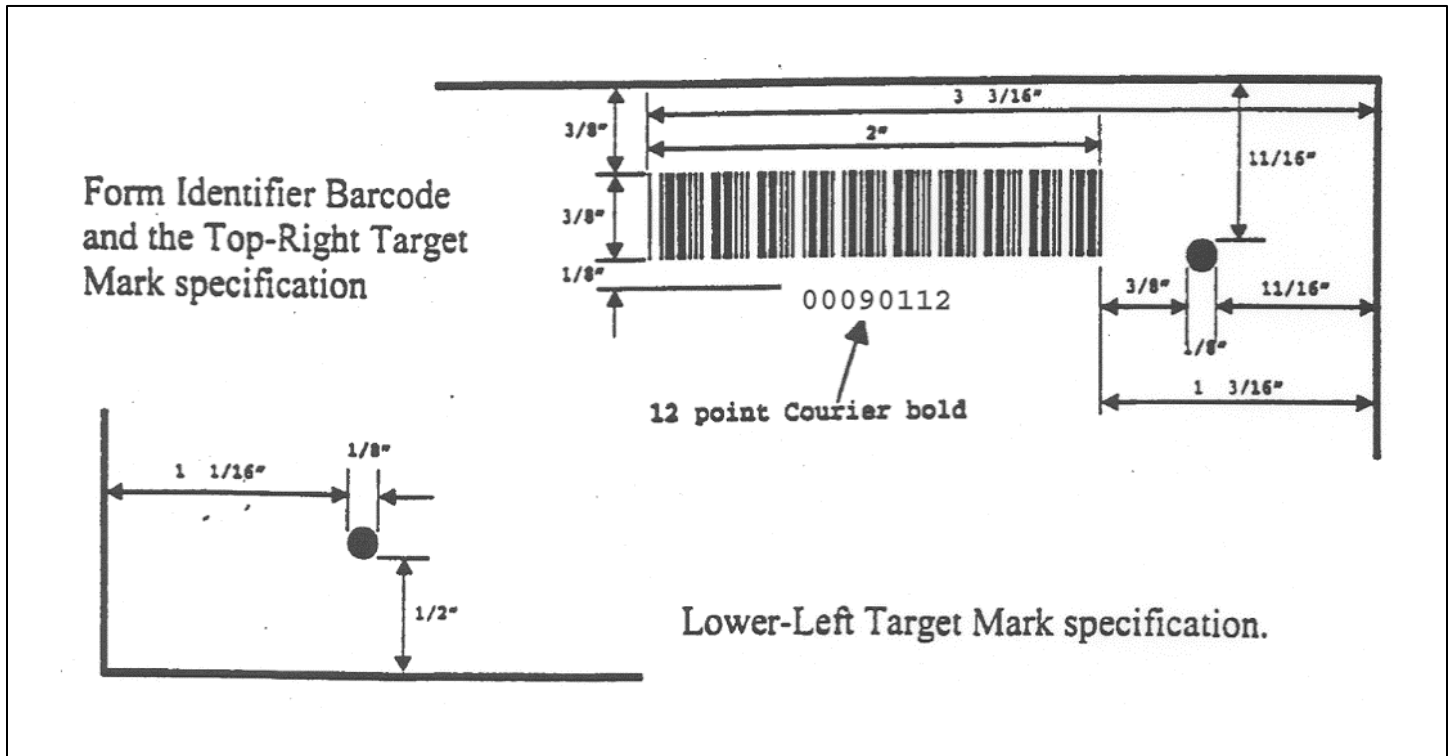
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BARCODE AND TARGET MARK SPECIFICATIONS

Form Identification: A form identification barcode is added to the DE 9 to help the EDD identify the forms automatically. The Form Identifier String **"00090112"** is encoded in Code 3 of 9 barcode format (also called Code 39). This barcode is 2 inches wide, 3/8 inches high, 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 11/16 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 prefers that you provide the barcode and target marks on your alternate format to ensure the most accurate processing of your DE 9. If it is not possible to include the barcode and target marks, submit your alternate form test samples with the unique FORM IDENTIFIER STRING used to identify alternate formats without barcode/target marks. The correct format for the Form Identifier String without barcode/target mark is “**B0090112**” printed in the 12 point Courier bold font. The print and line position 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	60 thru 67	B0090112

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

DE 9 EDD 12345 B0090112

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ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
DE 9	4	6 thru 11	DE 9
FORM APPROVAL NUMBER	4	26 thru 36	EDD 12345
BARCODE/TARGET MARKS	Instructions are on page 3.		
FORM IDENTIFIER STRING	Instructions are on page 4.		
QUARTER ENDED/DUE/DELINQUENT	9	6 thru 61	MM DD YY
YEAR AND QUARTER	9	73 thru 78	YY Q
EMPLOYER ACCOUNT NUMBER	12	62 thru 78	NNN NNNN N
EMPLOYER NAME AND ADDRESS	16-20	10 thru 45	ADDRESS FORMAT
FEIN	24	15 thru 29	NN NNNNNNN
ADDITIONAL FEINS	26	19 thru 32	NN NNNNNNN
ADDITIONAL FEINS	26	37 thru 50	NN NNNNNNN
A. NO WAGES PAID THIS QUARTER	23	32 thru 49	A. NO WAGES
"NO WAGES" text needs to be printed in a reduced 8 point font.			
X	23	53	X
B. OUT OF BUSINESS	23	57 thru 75	B. OUT OF BUSINESS
"OUT OF BUSINESS" text needs to be printed in a reduced 8 point font.			
X	23	78	X
Do not print A. or B. when filing an alternate DE 9 unless they apply to that reconciliation report. Both fields must be printed on the test samples submitted to verify correct field positions.			
B1	25	56 thru 57	B1
OUT OF BUSINESS DATE	26	63 thru 76	MM DD YYYY
C. TOTAL WAGES PAID	29	6 thru 43	C. TOTAL SUBJECT WAGES PAID THIS QUARTER
AMOUNT	29	59 thru 78	N NNN NNN NNN NN

N=Numeric

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ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
D. UNEMPLOYMENT INSURANCE	31	6 thru 32	D. UNEMPLOYMENT INSURANCE
(Wages up to \$_____)	31	33 thru 48	Use 8 pt. Font
D1. UI PERCENTAGE	33	13 thru 21	N.NN%
D2. UI TAXABLE WAGES	33	28 thru 48	N NNN NNN NNN NN
D3. UI CONTRIBUTIONS	33	59 thru 78	N NNN NNN NNN NN
E. EMPLOYMENT TRAINING TAX	35	6 thru 32	E. EMPLOYMENT TRAINING TAX
E1. ETT PERCENTAGE	37	13 thru 21	N.NN%
E2. ETT CONTRIBUTION	37	59 thru 78	N NNN NNN NNN NN
F. DISABILITY INSURANCE	39	6 thru 28	F. STATE DISABILITY INSURANCE
(Total Employee wages up to a maximum limit) THIS LINE IS OPTIONAL	39	31 thru 63	Use 8 pt. Font
F1. DI PERCENTAGE	42	13 thru 21	N.NN%
F2. DI TAXABLE WAGES	42	28 thru 48	N NNN NNN NNN NN
F3. DI CONTRIBUTIONS WITHHELD	42	59 thru 78	N NNN NNN NNN NN
G. CALIFORNIA PERSONAL INCOME	45	6 thru 32	G. CALIFORNIA PIT WITHHELD
PIT AMOUNT	45	59 thru 78	N NNN NNN NNN NN
H. SUBTOTAL	48	6 thru 16	H. SUBTOTAL
SUBTOTAL AMOUNT	48	59 thru 78	N NNN NNN NNN NN

N=Numeric

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ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
I. LESS: PREVIOUS PAYMENTS (Please do not use minus signs or brackets when reporting previous payments)	51	6 thru 30	I. LESS: PREVIOUS PAYMENTS
PREVIOUS PAID AMOUNT	51	59 thru 78	N NNN NNN NNN NN
J. TOTAL TAXES DUE OR OVERPAID	54	6 thru 35	J. TOTAL TAXES DUE OR OVERPAID
DUE OR OVERPAID AMOUNT	54	59 thru 78	N NNN NNN NNN NN
K. DECLARATION	59-60	6 thru 52	I declare that the above, to the best of my knowledge and belief, is true and correct. If a refund was claimed, a reasonable effort was made to refund any erroneous deductions to the affected employee(s).
SIGNATURE LINE	62	16 thru 82	Format as convenient**

N=NUMERIC

**If your alternate format contains barcode and target marks, there must be a blank space around the lower left hand target mark. Please visually check your alternate format to be certain that at least a 1/2 inch space is between the target mark and the beginning of the signature line.

If you have questions about these specifications, please contact the Alternate Forms Coordinator at 916-255-0649.

DE 9

EDD 99999

B0090112

QUARTER

ENDED _____

DUE _____

DELINQUENT _____

12 1

123 4567 8

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

	A. NO WAGES	X	B. OUT OF BUSINESS	X
99 0123456			B1	
			MM DD YYYY	
98 6543210	97 2345678			

C. TOTAL SUBJECT WAGES PAID THIS QUARTER 222 333 444 555 66

D. UNEMPLOYMENT INSURANCE
(Wages to \$7,000)
0.00% X 22 333 444 555 66 759 337 114 87

E. EMPLOYMENT TRAINING TAX
0.00% X 22 333 444 56

F. STATE DISABILITY INSURANCE
(Wages to \$93,316)
0.00% X 99 333 444 555 66 993 334 445 55

G. CALIFORNIA PIT WITHHELD 888 777 666 55

H. SUBTOTAL 2 663 782 671 53

I. LESS PREVIOUS PAYMENTS 2 552 671 560 42

J. TOTAL TAXES DUE OR OVERPAID 111 111 111 1

I declare that the above, to the best of my knowledge and belief, is true and correct. If a refund was claimed, a reasonable effort was made to refund any erroneous deductions to the affected employee(s).

Signature

Title

Phone

Date