

INSTRUCTIONS
CLAIM FOR REFUND OF EXCESS CALIFORNIA STATE
DISABILITY INSURANCE DEDUCTIONS

CLAIM MUST BE BASED ON CALENDAR YEAR WAGES

A valid State Disability Insurance (SDI) refund claim filed directly with the Employment Development Department (EDD) on this form must meet **ALL** of the following conditions:

1. Claimant worked for two or more employers subject to withholding California SDI.
2. Deductions for California SDI were made from calendar year wages.
3. Such deductions exceed the statutory limits.
4. Claimant declares by signature to exemption from California state income tax.

WHERE TO FILE CLAIM

Employment Development Department, PO Box 826880, Special Processes Group MIC 13, Sacramento, CA 94280-0001.

WHEN TO FILE CLAIM

Claims for credit or refund of California SDI overpayment must be filed within three years after the end of the calendar year in which the excess deductions were made. The claim must be based on the calendar year in which the wages were received.

AMENDED CLAIMS

Amended claims must be marked as "Amended" (if not, they will be returned to claimant) and forwarded to:
Employment Development Department, PO Box 826880, Special Processes Group MIC 13, Sacramento, CA 94280-0001

INFORMATION FOR COMPLETING WAGE SUMMARY SCHEDULE

1. The SDI deductions are shown on Form(s) W-2, employer statements, and check stubs.
2. Most federal, state, and local government agencies are not required to deduct California SDI. Do not include these wages in your claim unless Disability Insurance deductions were actually made.
3. Do not include in your claim:
 - a. Deductions made from your wages for Social Security and Medicare (FICA), or federal and state income tax withheld from your wages.
 - b. Deductions made from wages earned in states other than California, unless such wages were reported to the State of California.
 - c. Seaman's wages that come under the jurisdiction of states other than California.
4. Self-employed persons – Enter in Column (A) "Covered under California Unemployment Insurance Code section 708 or 708.5" and complete Column (B). Failure to enter this information will result in rejection of your claim on initial review.

INSTRUCTIONS FOR COMPLETING DE 1964

1. Enter all information requested in section 1.
2. Enter employer information:
 - Column (A) – All employers and location of job sites, attach Form(s) W-2.
 - Column (B) – The calendar year dates employed by employer in Column (A).
 - Column (C) – Wages up to annual maximum shown in section 7(C) paid to you by individual Column (A) employers.
 - Column (D) – Enter actual amount of SDI withheld. Do not exceed the percentage rate shown in section 7(B) of wages in Column (C).
3. Enter total SDI taxable wages paid.
4. Enter total of all SDI deductions withheld by each employer in Column (D). This amount must be verified by **attached Form W-2 copies** showing SDI amounts withheld or a statement from the employer indicating the amount of SDI withheld.
5. Enter maximum contribution for tax year (see Column 7D).
6. Enter amount of refund claimed (line 4 less line 5).
7. Table of Maximum Wages and Required Contributions (reference table only).
8. Read and sign this declaration, which states you are exempt from California state income tax. Without your signature, your claim will be rejected.
9. Enter your phone number and date.

ASSISTANCE

If you need assistance in completing this claim, contact the EDD's Excess State Disability Insurance Unit by calling 1-916-654-8333 or mailing a letter to the address listed above.