Employment Development Department
State of California

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.

SECTION I: (PLEASE PRINT)

YEAR / QUARTER Select:

BUSINESS NAME _____

EMPLOYER ACCOUNT NO.

ADDRESS _____

CITY, STATE, ZIP CODE _____

REASON FOR ADJUSTMENT _____

SECTION II: ADJUSTMENT TO WAGES AND CONTRIBUTIONS	**(1) Previously reported**	**(2) Should have reported**	**(3) DIFFERENCES Debit/(Credit)**
A. TOTAL SUBJECT WAGES	0.00	0.00	0.00
B. UNEMPLOYMENT INSURANCE (UI) Taxable Wages	0.00	0.00	0.00
C. STATE DISABILITY INSURANCE (SDI) Taxable Wages	0.00	0.00	0.00
D. EMPLOYER'S UI CONTRIBUTIONS (UI Rate ____% times B)	0.00	0.00	0.00
E. EMPLOYMENT TRAINING TAX (ETT Rate ____% times B)	0.00	0.00	0.00
F. STATE DISABILITY INSURANCE* (SDI) Withheld (SDI Rate ____% times C; complete **Box 1** below if credit on row F.)	0.00	0.00	0.00
G. PERSONAL INCOME TAX (PIT) Withheld (Complete **Box 2** below if credit on line G.)	0.00	0.00	0.00
H. SUBTOTAL (Lines D, E, F, and G)	0.00	0.00	0.00
I. Penalty (Refer to instructions on DE 9ADJ-I)			0.00
J. Interest (Refer to instructions on DE 9ADJ-I)			0.00
K. Erroneous SDI Deductions not refunded (See **Box 1, NOTE** below)			0.00
L. Less contributions and withholdings paid for the quarter			0.00
M. Total taxes due or overpaid **(H2 + I + J + K) - L**			0.00

* 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
2. Was the credit claimed in column 3 included on Forms W-2 issued to employee(s)? ☐ Yes ☐ No

Be sure to sign this declaration: I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature _____ Title _____ Phone (____) _____ Date _____
(Owner, Accountant, Preparer, etc.)

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

Employment Development Department
State of California

QUARTERLY CONTRIBUTION AND WAGE ADJUSTMENT FORM

EMPLOYER ACCOUNT NO.

BUSINESS NAME _____

SECTION III: QUARTERLY WAGE AND WITHHOLDING ADJUSTMENTS

Enter amounts that should have been reported; if unchanged, leave field blank. Correcting the Social Security Number or Name requires two entries. See *Instructions for Completing the Quarterly Contribution and Wage Adjustment Form* (DE 9ADJ-I), Section III, for additional information and instructions.

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 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 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	