



AFFIDAVIT OF MAILING

Plea	se read instructions on the f	ollowing page prior to o	ompleting this fo	rm.	
Account No.		Bus	Business Name		
I,					
	(Print Name)			(Date Originally Mailed)	
I ma	iled the following document(s):				
	DE 3BHW, Employer of Household Worker(s) Quarterly Report of Wages and Withholdings, for quarter ending				
	DE 3D, Quarterly Contribution Return (Voluntary Plan), for quarter ending				
	DE 3HW, Employer of Household Worker(s) Annual Payroll Tax Return, for year ending				
	DE 6, Quarterly Wage and Withholding Report,¹ for quarter ending				
	DE 7, Annual Reconciliation Statement,¹ for the year				
	DE 9, Quarterly Contribution Return and Report of Wages,² for quarter ending				
	DE 9C, Quarterly Contribution Return and Report of Wages (Continuation), ² for quarter ending				
	DE 88, Payroll Tax Deposit, t	for payroll date			
	PAYMENT TYPE: Next-Day Semiweekly Monthly Quarterly				
	Check No.	Date		Amount	
	Other				
by p	lacing them in the United State	s mailbox/post office loca	ted at:		
			e(s) with postage for	ully prepaid and properly addressed	
	e Employment Development D	, ,			
	clare under penalty of perjury				
Executed at(City)			on (State)	(Date)	
		•,			
(Signature and title of person who mail	ed the document[s].)			
	(Business Address)			
	(Dusiness Address	,			
	(City) (State)	(ZIP Code)			
	(Business Phone)				

P.O. Box 826805 • Sacramento CA 94205-0001

¹ For calendar years ending December 31, 2010, and prior. ² For calendar years beginning January 1, 2011, and after.

Instructions for Completing Affidavit of Mailing (DE 2251A)

NOTICE: This form will not be processed unless it is accurately completed according to the following instructions:

- Enter the eight-digit EDD account number and the business name as registered with the EDD.
- Enter the person's name who will sign the affidavit and who actually deposited the envelope in the United States mail.
- Enter the date the envelope was originally deposited in the United States mail.
- Check the appropriate box(es) and enter the period covered by the document mailed.
- Enter the check number or warrant number (not federal reserve or bank number), date, and amount.
- Enter the exact location of United States mailbox or United States post office branch where the envelope was deposited.
- Enter the city, state, and date the affidavit was signed.
- The signature and title of the person signing under penalty of perjury, address of the business, and phone number, including area code, of the business.

Please mail this form to the address shown on the correspondence which accompanied this form or to P.O. Box 826805, Sacramento, CA 94205-0001.