

DE 9

EDD 11278



00090112

QUARTER

ENDED 06 30 15 DUE 07 01 15 DELINQUENT 07 31 15 15 2

1234 5678 9

EXAMPLE CORPORATION
123 MAIN STREET
SACRAMENTO, CA 94230

98 7654321

A. NO WAGES

B. OUT OF BUSINESS

B1

C. TOTAL SUBJECT WAGES PAID THIS QUARTER 10 000.00

D. UNEMPLOYMENT INSURANCE (Wages to \$7 000)

3.40% X 0.00 0.00

E. EMPLOYMENT TRAINING TAX

0.10% X 0.00

F. STATE DISABILITY INSURANCE (Wages to \$104 378)

% X 0.00 0.00

G. CALIFORNIA PIT WITHHELD 0.00

H. SUBTOTAL 0.00

I. LESS PREVIOUS PAYMENTS 0.00

J. TOTAL TAXES DUE OR OVERPAID 0.00

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)

(425) 881-7350 05 18 15

Signature

Title

Phone

Date