

DE 9423		Org Recap		DE 9		gh 12/31/2013			
Org	State EIN	Federal EIN	SUI Wages	SUI Deducted	SIT Wages	SIT Withheld	SDI Wages	SDI Deducted	Total Number of Employees
086	8004219-5	B 946002635	24,056,309.12	12,030.16	21,718,523.08	832,892.30	3,559,957.83	35,599.34	2,051
		Positive:	24,057,584.03	12,030.80	21,719,699.00	832,892.30	3,561,039.86	35,610.16	
		Negative:	1,274.91	.64	1,172.92	.00	1,082.03	10.82	
		Grand Total	24,056,309.12	12,030.16	21,718,523.08	832,892.30	3,559,957.83	35,599.34	
Number of Employees Paid in:			1,738		1,838		469		
Month 1 - Oct			1,819		1,945		471		
Month 2 - Nov			1,780		1,919		471		
Month 3 - Dec			24,057,584.03	12,030.80	21,719,699.00	832,892.30	3,561,039.86	35,610.16	
		Negative	1,274.91	.64	1,172.92	.00	1,082.03	10.82	

QUARTERLY CONTRIBUTION RETURN FOR SCHOOL EMPLOYERS
PLEASE TYPE THIS FORM - DO NOT ALTER PREPRINTED INFORMATION

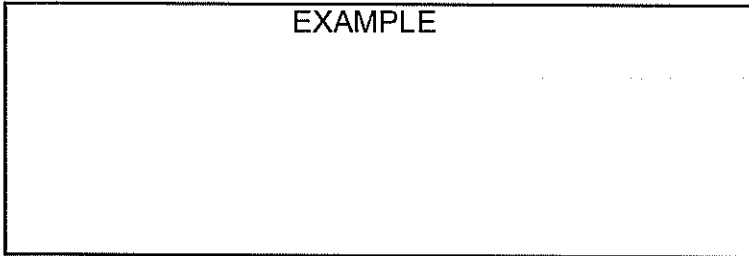
APPROVED EXTENSION TO: _____

QUARTER ENDED _____ DUE _____

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY _____

YR	QTR
13	4

Employer Account No. _____



DEPT. USE ONLY	DO NOT ALTER THIS AREA									
	P1	P2	C	P	U	S	W	A		
	EFFECTIVE DATE			Mo.	Day	Yr.	WIC			
	=	=	=							

A. NUMBER OF EMPLOYEES earning wages during or receiving pay for the pay periods that include the 12th day of the calendar month (enter numerals only). Please complete all fields. Blank fields will be identified as missing data.	1st Month	2nd Month	3rd Month
B. TOTAL SUBJECT WAGES PAID THIS QUARTER (Same figure on line L on DE 9C)	(B) 24057584 03		
C. EMPLOYER'S UI CONTRIBUTIONS _____ % Times B.	(C) 12030 80		
D. ADJUSTMENT TO PRIOR QUARTERS QUARTERLY RETURN ADJUSTMENT FORM FOR SCHOOL EMPLOYERS (DE 938SEF), MUST BE ATTACHED	(D) -0 64		
E. TOTAL TAXES DUE (Add items C and D)	(E) 12030 16		

Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT
INCLUDE EMPLOYER ACCOUNT NUMBER ON CHECK. Do not staple check to return.

HELP US IMPROVE THE QUALITY OF OUR EMPLOYMENT TAX SERVICES. PLEASE RATE OUR CURRENT SERVICES BY ENTERING THE APPROPRIATE NUMBER IN THE BOX: 4 = EXCELLENT 3 = GOOD 2 = FAIR 1 = POOR

F. 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 _____ Phone () _____ Ext. _____
Title (Administrator, Accountant, Preparer, etc.) _____ Fax () _____ Date _____

NOTE: IMPORTANT Please check the appropriate box:

Individual employees wages that are subject to Unemployment Insurance (UI) are reported on: No payroll. Enter "0" on line B. Final return

Attached Quarterly Contribution Return and Report of Wages (Continuation) (DE 9C) Electronic Media

INSTRUCTIONS

Note: For Items A through D, if the amount is zero, enter 0.

ITEM A. Number of Employees - For each of the three months in the quarter, enter the number of employees earning wages during or receiving pay for the pay period(s) that includes the 12th day of each month. Please complete all fields. Blank fields will be identified as missing data.

ITEM B. Total Wages in Subject Employment - Enter the total of ALL UI Subject wages paid (refer to the California Employer's Guide [DE 44], The "Types of Employment" and "Types of Payments" tables).

ITEM C. Employer's UI Contributions - Multiply the amount entered in Item B by the employer's UI contribution rate, and enter this calculated amount in C.

ITEM D. Adjustment to Prior Quarters - Employers who are making an adjustment to a prior quarter must complete and attach a Quarterly Return Adjustment Form for School Employers (DE 938SEF). The total debit or credit amount indicated on the DE 938SEF must be entered on line D. If no adjustment is being made, enter "0." To expedite an adjustment to a prior DE 9423, use a DE 938SEF instead of an amended DE 9423.

ITEM E. Total Taxes Due - Add items C and D. Enter the sum in E. If the sum is zero, enter "0" in line E and check the box on the front of the return envelope. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT. If a DE 938SEF is attached, the amount remitted should reflect the adjustment.

(EXAMPLE: Line E shows \$500.00 due for the quarter. A DE 938SEF is attached for a credit of \$200.00. Remittance should be for \$300.00.)

ITEM F. Signature of preparer or responsible individual, including title, phone number, fax number, and date.

Did you know you can file this form online using the EDD's e-Services for Business? Please visit the website at www.edd.ca.gov for further instructions.



INFORMATION

Employer UI contributions are due and payable on the first day of the calendar month following the close of each calendar quarter. Payment shall be delinquent if not paid on or before the last day of such month.

FILING THE RETURN - This return must report all UI subject California wages paid (refer to Item B and the DE 44).

PENALTY of ten percent (10%) is added for failure to make payment by the delinquent date of the return. An additional ten percent (10%) is added if the return and report of wages is not filed within 60 days of the delinquent date of the return. Interest accrues from the delinquent date for the return.

NOTE: If you combine schools, you must file and pay the final return within 10 days of merging to avoid penalty and interest.

If your school was merged or if a change in district occurred during the period covered by this Quarterly Contribution Return, each district must file a separate return covering only that part of the quarter (or year for income tax forms) during which the particular district operated.

TOTAL WAGES - Means all remuneration payable for personal services when they meet the criteria of UI subject wages (refer to Item B and the DE 44).

TAXABLE WAGE LIMIT - Total individual employee wages are taxable. There is no wage limit.

IF YOU NEED ASSISTANCE COMPLETING THIS FORM, CONTACT THE EMPLOYMENT DEVELOPMENT DEPARTMENT, SCHOOL EMPLOYEES FUND AT 916-653-5300.

Mail To: State of California / Employment Development Department
P.O. Box 2482 / Sacramento, CA 95812-2482

**QUARTERLY CONTRIBUTION
RETURN AND REPORT OF WAGES**



REMINDER: File your DE 9 and DE 9C together.

00090112

PLEASE TYPE THIS FORM—DO NOT ALTER PREPRINTED INFORMATION

QUARTER ENDED _____ DUE _____

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY _____

YR **13** QTR **4**

EMPLOYER ACCOUNT NO.

--	--	--	--	--	--	--	--	--	--

EXAMPLE

DO NOT ALTER THIS AREA

DEPT. USE ONLY

P1	P2	C	P	U	S	A
:	:	:	:	:	:	:
:	:	:	:	:	:	:
T	:	:	:	:	:	:
:	:	:	:	:	:	:
:	:	:	:	:	:	:

EFFECTIVE DATE: Mo. Day Yr.

FEIN A. NO WAGES PAID THIS QUARTER B. OUT OF BUSINESS/NO EMPLOYEES

ADDITIONAL FEINS

B1. OUT OF BUSINESS DATE
M M D D Y Y Y Y

C. TOTAL SUBJECT WAGES PAID THIS QUARTER **3,561,039:86**

D. UNEMPLOYMENT INSURANCE (UI) (Total Employee Wages up to \$ _____ per employee per calendar year)

(D1) UI Rate % _____ TIMES (D2) UI TAXABLE WAGES FOR THE QUARTER _____ = (D3) UI CONTRIBUTIONS **0:00**

E. EMPLOYMENT TRAINING TAX (ETT)

(E1) ETT Rate % _____ TIMES UI Taxable Wages for the Quarter (D2) = (E2) ETT CONTRIBUTIONS **0:00**

F. STATE DISABILITY INSURANCE (SDI) (Total Employee Wages up to \$ _____ per employee per calendar year)

(F1) SDI Rate % **1.0** TIMES (F2) SDI TAXABLE WAGES FOR THE QUARTER **3,561,039:86** = (F3) SDI EMPLOYEE CONTRIBUTIONS WITHHELD **35,610:40**

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD _____

H. SUBTOTAL (Add Items D3, E2, F3, and G) **35,610:40**

I. LESS: CONTRIBUTIONS AND WITHHOLDINGS PAID FOR THE QUARTER (DO NOT INCLUDE PENALTY AND INTEREST PAYMENTS)

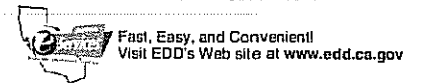
J. TOTAL TAXES DUE OR OVERPAID (Item H minus Item I)

If amount due, prepare a *Payroll Tax Deposit* (DE 88), include the correct payment quarter, and mail to: Employment Development Department, P.O. Box 826276, Sacramento, CA 94230-6276. NOTE: Do not mail payments along with the DE 9 and *Quarterly Contribution Return and Report of Wages (Continuation)* (DE 9C), as this may delay processing and result in erroneous penalty and interest charges. Mandatory Electronic Funds Transfer (EFT) filers must remit all SDI/PIT deposits by EFT to avoid a noncompliance penalty.

K. 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 _____
(Owner, Accountant, Preparer, etc.)

SIGN AND MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071



Fourth Quarter 2013 - Negatives Only

File Generated 1/30/2014 4:22:56PM

Employee Name	(ID) SSN4	Months			SUI Wages	SUI Contributed	SIT Wages	SDI Wages	SDI Capped Wages	SDI Deducted
		1	2	3						
	(008679) 2188	X	X	X	784.95	.39	821.69	524.88-		5.25-
	(002658) 2628	X	X	X	1,274.91-	64-	1,172.92-			
	(007745) 8212	X	X	X	3,916.03	1.96	3,649.22	557.15-		5.57-
Total					3,426.07	1.71	3,297.99	1,082.03-	1,082.03-	10.82-

Number of Employees Paid in:

Month 1 - Oct	3
Month 2 - Nov	1
Month 3 - Dec	2
Total Number of Employees	3

A (3) & C (3)

8.72

8.72

8.72

8.72

8.72

8.72

8.72

8.72

8.72

8.72

8.72

8.72

8.72

8.72

8.72

8.72

8.72

8.72

8.72

8.72

8.72

8.72

State EIN 8004219-5
 Federal EIN 946002635
 Pay Dates 10/10/2013 through 12/30/2013

F (3) & H (3) & M (3)

EXAMPLE

For Quarter Ended
MO. DAY YR.
09 | 30 | 13

**QUARTERLY RETURN
ADJUSTMENT FORM**

Employer Account No.
942 - -

FOR SCHOOL EMPLOYERS

Please Follow Instructions on Reverse Side

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.

For Department Use Only

MO. DAY YR.

**EFFECTIVE
DATE**

--	--	--	--

Name _____
Address _____

	(1)	(2)	(3) DIFFERENCES
Previously reported	Should have reported	D	Debit/(Credit)
B. TOTAL WAGES IN SUBJECT EMPLOYMENT	16,465,863.59	16,464,588.68	-1,274.91
C. EMPLOYER CONTRIBUTIONS (Employer Rate times B)	8,233.76	8,233.12	-.64
I. Penalty (Refer to instructions on reverse side)			
J. Interest (Refer to instructions on reverse side)			
L. TOTAL			

I. COMPUTATION OF ADJUSTMENT IN CONTRIBUTIONS

II. REASON FOR ADJUSTMENT

Employee was overpaid, then termed. Adjustment to wages done in October and set up as a receivable. Employee repaid the District.

III. I declare that the above information is true and correct to the best of my knowledge and belief. This section must be completed for credit to be allowed.

SIGNATURE X	TITLE (Administrator, Accountant, Preparer, etc.)	PHONE ()	EXT.
		FAX ()	DATE

IV. EMPLOYEE WAGE ADJUSTMENT. Enter the correct total wages which should have been reported for the quarter.

NOTE: If you are adjusting more than four (4) employees, list the items on a separate page with the same format, including employer name, account number, and the adjusting quarter.

SOCIAL SECURITY ACCOUNT NUMBER	EMPLOYEE NAME (First, Middle Initial, Last Name)	TOTAL WAGES PREVIOUSLY REPORTED	TOTAL WAGES SHOULD HAVE REPORTED FOR QUARTER	DIFFERENCES
999-99-9999		6,916.15	5,641.24	-1,274.91
TOTAL of this page OR total for all pages attached.				

FOR DEPARTMENT USE ONLY

EXAMINER	DATE	REVIEWER	DATE	ORIGINATING UNIT
CD	BN	SN	PMT	OP

**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-Service 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)

EXAMPLE

YEAR / QUARTER

13/3

BUSINESS NAME

EMPLOYER ACCOUNT NO.

ADDRESS

CITY, STATE, ZIP CODE

REASON FOR ADJUSTMENT

**SECTION II:
ADJUSTMENT TO WAGES AND CONTRIBUTIONS**

	(1)		(2)		(3)	
	Previously reported		Should have reported		DIFFERENCES Debit/(Credit)	
A. TOTAL SUBJECT WAGES.....	2,781,550	02	2,780,467	99	-1,082	03
B. UNEMPLOYMENT INSURANCE (UI) Taxable Wages	0	00	0	00	0	00
C. STATE DISABILITY INSURANCE (SDI) Taxable Wages	2,781,550	02	2,780,467	99	-1,082	03
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 1.0 % times C; complete Box 1 below if credit on row F.).....	27,815	50	27,804	68	-10	82
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)	27,815	50	27,804	68	-10	82
I. Penalty (Refer to instructions on DE 9ADJ-I)					2,780	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					-10,825	15

* 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

QUARTERLY CONTRIBUTION AND WAGE ADJUSTMENT FORM

BUSINESS NAME EXAMPLE EMPLOYER ACCOUNT NO.

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-1)*, Section III, for additional information and instructions.

YEAR / QUARTER 13/3	SOCIAL SECURITY NUMBER 999-99-9999	EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST)		
		TOTAL SUBJECT WAGES 4,161.79	PIT WAGES	PIT WITHHELD
YEAR / QUARTER 13/3	SOCIAL SECURITY NUMBER 999-99-9999	EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST)		
		TOTAL SUBJECT WAGES 2,507.38	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