

ANNUAL RECONCILIATION STATEMENT



PLEASE TYPE THIS FORM - DO NOT ALTER PREPRINTED INFORMATION

00070104

YEAR ENDED _____ DUE _____ DELINQUENT IF NOT POSTMARKED OR RECEIVED BY _____ YEAR

EMPLOYER ACCOUNT NO.

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

FEIN

ADDITIONAL FEINS

CHECK BOX IF: **A. NO WAGES PAID THIS YEAR**
B. OUT OF BUSINESS _____
Date

C. TOTAL SUBJECT WAGES PAID THIS CALENDAR YEAR

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

(F1) SDI % TIMES (F2) SDI TAXABLE WAGES = (F3) SDI EMPLOYEE CONTRIBUTIONS WITHHELD

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD

H. SUBTOTAL (Add Items D3, E2, F3, and G)

I. LESS: CONTRIBUTIONS AND WITHHOLDINGS PAID FOR THE YEAR (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, and mail to P.O. Box 826276, Sacramento, CA 94230-6276. Mailing payments with DE 7 delays payment processing and may result in an erroneous penalty and interest charges. **Mandatory EFT filers must remit all SDI/PIT deposits by EFT to avoid Non-Compliance Penalty.**

K. 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: State of California / Employment Development Department / P.O. Box 826286 / Sacramento CA 94230-6286