

Name (not your trade name)

Employer identification number (EIN)

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

16 Check one: [] Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

[] You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 []

Month 2 []

Month 3 []

Total liability for quarter []

Total must equal line 10.

[] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages [] Check here, and enter the final date you paid wages []

18 If you are a seasonal employer and you do not have to file a return for every quarter of the year . . . [] Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

[] Yes. Designee's name and phone number [] []

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. [] [] [] [] []

[] No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

[]

Print your name here

[]

Print your title here

[]

Date

[]

Best daytime phone

[]

Paid Preparer Use Only

Check if you are self-employed . . . []

Preparer's name

[]

PTIN

[]

Preparer's signature

[]

Date

[]

Firm's name (or yours if self-employed)

[]

EIN

[]

Address

[]

Phone

[]

City

[]

State

[]

ZIP code

[]

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	QTR
<input type="text"/>	<input type="text"/>

EMPLOYER ACCOUNT NO.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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DEPT. USE ONLY	DO NOT ALTER THIS AREA							
	P1	P2	C	P	U	S	A	
	:	:	:	:	:	:	:	:
	:	:	:	:	:	:	:	:
T	:	:	:	:	:	:	:	:
EFFECTIVE DATE						Mo.	Day	Yr.
<input type="text"/>						<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. TOTAL SUBJECT WAGES PAID THIS QUARTER

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

E. EMPLOYMENT TRAINING TAX (ETT)

(E1) ETT Rate % TIMES UI Taxable Wages for the Quarter (D2) = (E2) ETT CONTRIBUTIONS

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

(F1) SDI Rate % TIMES (F2) SDI TAXABLE WAGES FOR THE QUARTER = (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 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

QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)



009C0111

Page number _____ of _____

PLEASE TYPE THIS FORM PER INSTRUCTIONS ON REVERSE
You must FILE this report even if you had no payroll. If you had no payroll, complete Items C or D and P.

YR	QTR

QUARTER ENDED

DUE

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY

EMPLOYER ACCOUNT NO.

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DO NOT ALTER THIS AREA

P1 C T S W A

EFFECTIVE DATE

Mo.	Day	Yr.	WIC

A. **EMPLOYEES** full-time and part-time who worked during or received pay subject to UI for the payroll period **which includes the 12th** of the month.

1st Mo.	2nd Mo.	3rd Mo.

B. Check this box if you are reporting **ONLY** Voluntary Plan Disability Insurance wages on this page.. Report PIT Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. NO PAYROLL

E. SOCIAL SECURITY NUMBER	F. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)

G. TOTAL SUBJECT WAGES	H. PIT WAGES	I. PIT WITHHELD

E. SOCIAL SECURITY NUMBER	F. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)

G. TOTAL SUBJECT WAGES	H. PIT WAGES	I. PIT WITHHELD

E. SOCIAL SECURITY NUMBER	F. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)

G. TOTAL SUBJECT WAGES	H. PIT WAGES	I. PIT WITHHELD

E. SOCIAL SECURITY NUMBER	F. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)

G. TOTAL SUBJECT WAGES	H. PIT WAGES	I. PIT WITHHELD

E. SOCIAL SECURITY NUMBER	F. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)

G. TOTAL SUBJECT WAGES	H. PIT WAGES	I. PIT WITHHELD

E. SOCIAL SECURITY NUMBER	F. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)

G. TOTAL SUBJECT WAGES	H. PIT WAGES	I. PIT WITHHELD

E. SOCIAL SECURITY NUMBER	F. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)

G. TOTAL SUBJECT WAGES	H. PIT WAGES	I. PIT WITHHELD

J. TOTAL SUBJECT WAGES THIS PAGE	K. TOTAL PIT WAGES THIS PAGE	L. TOTAL PIT WITHHELD THIS PAGE

M. GRAND TOTAL SUBJECT WAGES	N. GRAND TOTAL PIT WAGES	O. GRAND TOTAL PIT WITHHELD

P. I declare that the information herein is true and correct to the best of my knowledge and belief.

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

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



Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Type of Return
 (Check all that apply.)

a. Amended

b. Successor employer

c. No payments to employees in 2012

d. Final: Business closed or stopped paying wages

Instructions and prior-year forms are available at www.irs.gov/form940.

Read the separate instructions before you complete this form. Please type or print within the boxes.

Part 1: Tell us about your return. If any line does NOT apply, leave it blank.

1a If you had to pay state unemployment tax in one state only, enter the state abbreviation 1a

1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer 1b Check here. Complete Schedule A (Form 940).

2 If you paid wages in a state that is subject to CREDIT REDUCTION 2 Check here. Complete Schedule A (Form 940).

Part 2: Determine your FUTA tax before adjustments for 2012. If any line does NOT apply, leave it blank.

3 Total payments to all employees 3

4 Payments exempt from FUTA tax 4

Check all that apply: 4a Fringe benefits 4c Retirement/Pension 4e Other
 4b Group-term life insurance 4d Dependent care

5 Total of payments made to each employee in excess of \$7,000 5

6 Subtotal (line 4 + line 5 = line 6) 6

7 Total taxable FUTA wages (line 3 - line 6 = line 7) (see instructions) 7

8 FUTA tax before adjustments (line 7 x .006 = line 8) 8

Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by .054 (line 7 x .054 = line 9). Go to line 12 9

10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet 10

11 If credit reduction applies, enter the total from Schedule A (Form 940) 11

Part 4: Determine your FUTA tax and balance due or overpayment for 2012. If any line does NOT apply, leave it blank.

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) 12

13 FUTA tax deposited for the year, including any overpayment applied from a prior year 13

14 Balance due (If line 12 is more than line 13, enter the excess on line 14.)
 • If line 14 is more than \$500, you must deposit your tax.
 • If line 14 is \$500 or less, you may pay with this return. (see instructions) 14

15 Overpayment (If line 13 is more than line 12, enter the excess on line 15 and check a box below.) 15

▶ You **MUST** complete both pages of this form and **SIGN** it. Check one: Apply to next return. Send a refund.



Name (not your trade name)

Employer identification number (EIN)

Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.

16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.

16a 1st quarter (January 1 – March 31) **16a**

16b 2nd quarter (April 1 – June 30) **16b**

16c 3rd quarter (July 1 – September 30) **16c**

16d 4th quarter (October 1 – December 31) **16d**

17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) **17** **Total must equal line 12.**

Part 6: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS

No.

Part 7: Sign here. You MUST complete both pages of this form and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X Sign your name here

Print your name here

Print your title here

Date

Best daytime phone

Paid Preparer Use Only

Check if you are self-employed . . .

Preparer's name PTIN

Preparer's signature Date

Firm's name (or yours if self-employed) EIN

Address Phone

City State ZIP code

Schedule A (Form 940) for 2012:

860312

Multi-State Employer and Credit Reduction Information

OMB No. 1545-0028

Department of the Treasury — Internal Revenue Service

See the instructions on page 2. File this schedule with Form 940.

Employer identification number (EIN) -

Name (not your trade name)

Place an "X" in the box of EVERY state in which you were required to pay state unemployment tax this year. For states with a credit reduction rate greater than zero, enter the FUTA taxable wages, multiply by the reduction rate, and then enter the credit reduction amount for that state. If any states do not apply to you, leave them blank.

Postal Abbreviation	FUTA Taxable Wages	Reduction Rate	Credit Reduction	Postal Abbreviation	FUTA Taxable Wages	Reduction Rate	Credit Reduction
<input type="checkbox"/> AK		X		<input type="checkbox"/> NC		X	
<input type="checkbox"/> AL		X		<input type="checkbox"/> ND		X	
<input type="checkbox"/> AR		X		<input type="checkbox"/> NE		X	
<input type="checkbox"/> AZ		X		<input type="checkbox"/> NH		X	
<input type="checkbox"/> CA		X		<input type="checkbox"/> NJ		X	
<input type="checkbox"/> CO		X		<input type="checkbox"/> NM		X	
<input type="checkbox"/> CT		X		<input type="checkbox"/> NV		X	
<input type="checkbox"/> DC		X		<input type="checkbox"/> NY		X	
<input type="checkbox"/> DE		X		<input type="checkbox"/> OH		X	
<input type="checkbox"/> FL		X		<input type="checkbox"/> OK		X	
<input type="checkbox"/> GA		X		<input type="checkbox"/> OR		X	
<input type="checkbox"/> HI		X		<input type="checkbox"/> PA		X	
<input type="checkbox"/> IA		X		<input type="checkbox"/> RI		X	
<input type="checkbox"/> ID		X		<input type="checkbox"/> SC		X	
<input type="checkbox"/> IL		X		<input type="checkbox"/> SD		X	
<input type="checkbox"/> IN		X		<input type="checkbox"/> TN		X	
<input type="checkbox"/> KS		X		<input type="checkbox"/> TX		X	
<input type="checkbox"/> KY		X		<input type="checkbox"/> UT		X	
<input type="checkbox"/> LA		X		<input type="checkbox"/> VA		X	
<input type="checkbox"/> MA		X		<input type="checkbox"/> VT		X	
<input type="checkbox"/> MD		X		<input type="checkbox"/> WA		X	
<input type="checkbox"/> ME		X		<input type="checkbox"/> WI		X	
<input type="checkbox"/> MI		X		<input type="checkbox"/> WV		X	
<input type="checkbox"/> MN		X		<input type="checkbox"/> WY		X	
<input type="checkbox"/> MO		X		<input type="checkbox"/> PR		X	
<input type="checkbox"/> MS		X		<input type="checkbox"/> VI		X	
<input type="checkbox"/> MT		X					

Total Credit Reduction. Add all amounts shown in the *Credit Reduction* boxes. Enter the total here and on Form 940, line 11

22222		Void	a Employee's social security number 613-03-0001	For Official Use Only OMB No. 1545-0008			
b Employer identification number 12-1234267			1 Wages, tips, other compensation 9600.00		2 Federal income tax withheld 1359.90		
c Employer's name, address, and ZIP code ADAM GOLDSMITH ABC PRODUCTION COMPANY 12345 BEACH BLVD. WESTMINSTER, CA 92683			3 Social security wages 9600.00		4 Social security tax withheld 403.20		
			5 Medicare wages and tips 9600.00		6 Medicare tax withheld 139.20		
			7 Social security tips		8 Allocated tips		
d Control number 0001			9		10 Dependent care benefits		
e Employee's first name and initial ALVARO		Last name ALASKA		11 Nonqualified plans		12a See instructions for box 12	
f Employee's address and ZIP code 31833 FIFTH STREET LOS ANGELES CA 90012			13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third party sick pay <input type="checkbox"/>	12b	
			14 Other CA-SDI: 96.00		12c		
					12d		
15 State CA	Employer's state ID number 333-4444-1	16 State wages, tips, etc 9600.00	17 State income tax 330.54	18 Local wages, tips, etc	19 Local income tax	20 Locality name	

Form **W-2** **Wage & Tax Statement**
Copy A for Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable

2012
0000/1567

Department of the Treasury--Internal Revenue Service
For Private Act and Paperwork Reduction Act Notice, see back of Copy D.

Do Not Cut, Fold, or Staple Forms on This Page - Do Not Cut, Fold, or Staple Forms on This Page

22222		Void	a Employee's social security number 614-63-0002	For Official Use Only OMB No. 1545-0008			
b Employer identification number 12-1234267			1 Wages, tips, other compensation 5760.00		2 Federal income tax withheld 388.80		
c Employer's name, address, and ZIP code ADAM GOLDSMITH ABC PRODUCTION COMPANY 12345 BEACH BLVD. WESTMINSTER, CA 92683			3 Social security wages 5760.00		4 Social security tax withheld 241.92		
			5 Medicare wages and tips 5760.00		6 Medicare tax withheld 83.52		
			7 Social security tips		8 Allocated tips		
d Control number 0002			9		10 Dependent care benefits		
e Employee's first name and initial ANGELA		Last name MICHIGAN		11 Nonqualified plans		12a See instructions for box 12	
f Employee's address and ZIP code 16045 ALPINE AVE MAYWOOD CA 90270			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third party sick pay <input type="checkbox"/>	12b	
			14 Other CA-SDI: 57.60		12c		
					12d		
15 State CA	Employer's state ID number 333-4444-1	16 State wages, tips, etc 5760.00	17 State income tax 70.32	18 Local wages, tips, etc	19 Local income tax	20 Locality name	

Form **W-2** **Wage & Tax Statement**
Copy A for Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable

2012
0000/1567

Department of the Treasury--Internal Revenue Service
For Private Act and Paperwork Reduction Act Notice, see back of Copy D.
 Black-and-White Form W2 (Revised 04/12)

DO NOT STAPLE

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008			
b Kind of Payer (Check one)		941 Military <input type="checkbox"/>		943 Hshld. emp. <input type="checkbox"/>		944 Medicare govt. emp. <input type="checkbox"/>	
		CT-1 <input type="checkbox"/>		None apply <input type="checkbox"/>		501c non-govt. <input type="checkbox"/>	
		Kind of Employer (Check one)		State/local non-501c <input type="checkbox"/>		State/local 501c <input type="checkbox"/>	
		Federal govt. <input type="checkbox"/>		Third-party sick pay (Check if applicable) <input type="checkbox"/>			
c Total number of Forms W-2		d Establishment number		1 Wages, tips, other compensation		2 Federal income tax withheld	
e Employer identification number (EIN)		3 Social security wages		4 Social security tax withheld			
f Employer's name		5 Medicare wages and tips		6 Medicare tax withheld			
g Employer's address and ZIP code		7 Social security tips		8 Allocated tips			
		9		10 Dependent care benefits			
		11 Nonqualified plans		12a Deferred compensation			
h Other EIN used this year		13 For third-party sick pay use only		12b			
15 State Employer's state ID number		14 Income tax withheld by payer of third-party sick pay					
16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	
Contact person		Telephone number		For Official Use Only 0000 / 1567			
Email address		Fax number					

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶ _____ Title ▶ _____ Date ▶ _____

Form **W-3 Transmittal of Wage and Tax Statements 2012**

Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2012 General Instructions for Forms W-2 and W-3 for information on completing this form.

Purpose of Form

A Form W-3 Transmittal is completed only when paper Copy A of Form(s) W-2, Wage and Tax Statement, is being filed. Do not file Form W-3 alone. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA (see below). All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website:

- **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Forms W-2 Electronically (EFW2)*.

W-2 Online fill-in forms or file uploads will be on time if submitted by April 1, 2013. For more information, go to www.socialsecurity.gov/employer and select "First Time Filers" or "Returning Filers" under "BEFORE YOU FILE."

When To File

Mail Copy A of Form W-3 with Form(s) W-2 by February 28, 2013.

Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration
Data Operations Center
Wilkes-Barre, PA 18769-0001**

Note. If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Publication 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.