EDD Employment Development Department State of California

QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

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

009C0111

Page number _______ of ______

You must FILE this report even if you had no payroll. If you had no payroll, complete Items C and O.

QUARTER ENDED

DUE

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY

YR 13 QTR 3

EMPLOYER ACCOUNT NO.

HamiltonBerchman Design Group, Inc.
PO BOX 1015
Ojai, CA 93024

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 Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ✔ NO PAYROLL

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

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

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

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

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

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

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

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

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

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

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

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

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

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

I. TOTAL SUBJECT WAGES THIS PAGE 0.00

J. TOTAL PIT WAGES THIS PAGE 0.00

K. TOTAL PIT WITHHELD THIS PAGE 0.00

L. GRAND TOTAL SUBJECT WAGES 0.00

M. GRAND TOTAL PIT WAGES 0.00

N. GRAND TOTAL PIT WITHHELD 0.00

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

Signature Required Title President (Owner, Accountant, Preparer, etc.) Phone (805) 798-3430 Date 12/32/2013

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

Business eServices Employment Development Department
Fast, Easy, and Convenient!
Visit EDD's Web site at **www.edd.ca.gov**