Employment Development Department
State of California

QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES

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

PLEASE TYPE THIS FORM—DO NOT ALTER PREPRINTED INFORMATION

00090112

QUARTER ENDED 12/31/2013 DUE 01/01/2014 DELINQUENT IF NOT POSTMARKED OR RECEIVED BY 01/31/2014

YR 13 QTR 4

EMPLOYER ACCOUNT NO.

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

DEPT. USE ONLY

DO NOT ALTER THIS AREA

P1 P2 C P U S A T

EFFECTIVE DATE Mo. Day Yr.

FEIN 20-2942029

A. NO WAGES PAID THIS QUARTER ☑ **B.** OUT OF BUSINESS/NO EMPLOYEES ☐

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

ADDITIONAL FEINS

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 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 % TIMES (F2) SDI TAXABLE WAGES FOR THE QUARTER = (F3) SDI EMPLOYEE CONTRIBUTIONS WITHHELD 0.00

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD .....

H. **SUBTOTAL** (Add Items D3, E2, F3, and G) 0.00

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) 0.00

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 *Required* Title President (Owner, Accountant, Preparer, etc.) Phone (805) 798-3430 Date 01/30/2013

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