

**REPORT OF
INDEPENDENT CONTRACTOR(S)**



05420101

See detailed instructions on reverse side. Please type or print.

SERVICE-RECIPIENT (BUSINESS OR GOVERNMENT ENTITY):

DATE	FEDERAL ID NUMBER	CA EMPLOYER ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
SERVICE-RECIPIENT NAME / BUSINESS NAME			CONTACT PERSON
ADDRESS			PHONE NUMBER
CITY		STATE	ZIP CODE

SERVICE-PROVIDER (INDEPENDENT CONTRACTOR):

FIRST NAME	MI	LAST NAME	
SOCIAL SECURITY NUMBER	STREET NUMBER	STREET NAME	UNIT/APT
CITY		STATE	ZIP CODE
START DATE OF CONTRACT	AMOUNT OF CONTRACT	CONTRACT EXPIRATION DATE	CHECK HERE IF CONTRACT IS ONGOING
M M D D Y Y	,	M M D D Y Y	

FIRST NAME	MI	LAST NAME	
SOCIAL SECURITY NUMBER	STREET NUMBER	STREET NAME	UNIT/APT
CITY		STATE	ZIP CODE
START DATE OF CONTRACT	AMOUNT OF CONTRACT	CONTRACT EXPIRATION DATE	CHECK HERE IF CONTRACT IS ONGOING
M M D D Y Y	,	M M D D Y Y	

FIRST NAME	MI	LAST NAME	
SOCIAL SECURITY NUMBER	STREET NUMBER	STREET NAME	UNIT/APT
CITY		STATE	ZIP CODE
START DATE OF CONTRACT	AMOUNT OF CONTRACT	CONTRACT EXPIRATION DATE	CHECK HERE IF CONTRACT IS ONGOING
M M D D Y Y	,	M M D D Y Y	

MAIL TO: Employment Development Department • PO Box 997350, MIC 96 • Sacramento, CA 95899-7350
or Fax to 916-319-4410



**INSTRUCTIONS FOR COMPLETING ALL OF THE ELEMENTS ON THE
REPORT OF INDEPENDENT CONTRACTOR(S), DE 542**

WHO MUST REPORT:

Any business or government entity (defined as a "Service-Recipient") that is required to file a federal Form 1099-MISC for service performed by an independent contractor (defined as a "Service-Provider") must report. You must report to the Employment Development Department (EDD) within 20 days of EITHER making payments of \$600 or more OR entering into a contract for \$600 or more with an independent contractor in any calendar year, whichever is earlier. This information is used to assist state and county agencies in locating parents who are delinquent in their child support obligations.

An independent contractor is further defined as an individual who is not an employee of the business or government entity for California purposes and who receives compensation or executes a contract for services performed for that business or government entity either in or outside of California. For further clarification, request *Information Sheet: Employment Work Status Determination*, DE 231ES. See below for information on how to obtain additional forms.

YOU ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION THAT APPLIES:

Service-Recipient (Business or Government Entity)

- Federal Employer Identification Number (FEIN)
- California employer payroll tax account number (if applicable)
- Social Security number
- Service-recipient name/business name, address, and phone number
- Contact person

Service-Provider (Independent Contractor)

- First name, middle initial, and last name
- Social Security number (do not use FEIN)
- Address
- Start date of contract (if no contract, date payments equal \$600 or more)
- Amount of contract (including cents)
- Contract expiration date or check the box if the contract is ongoing

HOW TO COMPLETE THIS FORM:

If you use a typewriter or printer, ignore the boxes and type in UPPER CASE as shown. Do not use commas or periods.

FIRST NAME	MI	LAST NAME	
IMOGENE	A	SAMPLE	
SOCIAL SECURITY NUMBER	STREET NUMBER	STREET NAME	UNIT / APT.
XXXXXXXX	12345	MAIN STREET	301

If you **handwrite this form**, print each letter or number in a separate box as shown. Do not use commas or periods.

FIRST NAME	MI	LAST NAME	
I M O G E N E	A	S A M P L E	
SOCIAL SECURITY NUMBER	STREET NUMBER	STREET NAME	UNIT / APT.
X X X X X X X X X	1 2 3 4 5	M A I N S T R E E T	3 0 1

ADDITIONAL INFORMATION:

If you have questions concerning the independent contractor reporting requirement, you may visit our web page at www.edd.ca.gov/Payroll_Taxes/Independent_Contractor_Reporting.htm, call the New Employee Registry and Independent Contractor Reporting at 916-657-0529, call the Taxpayer Assistance Center at 888-745-3886, or visit your local Employment Tax Office listed in the *California Employer's Guide*, DE 44, and on our web page at www.edd.ca.gov/Office_Locator/.

To obtain additional DE 542 forms:

- Visit the EDD website at www.edd.ca.gov/Forms/.
- For 25 or more forms, call 916-322-2835.
- For less than 25 forms, call 916-657-0529 or call 888-745-3886.

HOW TO REPORT:



For a fast, easy, and secure way to report your independent contractor information, use e-Services for Business. For more information or to enroll, visit www.edd.ca.gov/e-Services_for_Business.

To file a paper DE 542 form, complete all of the information on the reverse side of this form and fax it to 916-319-4410 or mail it to:

**EMPLOYMENT DEVELOPMENT DEPARTMENT
PO Box 997350, MIC 96
Sacramento, CA 95899-7350**