,	(TYPE OR PRINT IN BLACK INK ONLY) 4. DEPOSIT AMOUNTS:			HEDULE:	POSIT DE 88 2. DEPOSIT SO (MUST MARK O	OLL TAX DEPO ATE: BE COMPLETED	Department of California 1.	State
,		UI		A)	NEXT-DAY			
		ETT		B)	SEMIWEEKLY	E covered by deposit)	326276 (Lat NTO, CA 94230-627	P O BOX 8
		SDI		C)	MONTHLY			Employer Nam
		California PIT	Ca	D)	QUARTERLY	eace enter on vour check	Indicate your Account Numbe	
		Penalty		E)	QUARTER COVERED	3. QI	Indicate your Account Number	
,	, , ,	Interest		F)	ENT DEPT	NT DEVELOPME	EMPLO	
UNT	PAY THIS AMOUNT	D Ф 🗌	TOTAL PAID	G)			0	
TAPLE.	INES A THROUGH INFOLD OR STAPLE. eck payable to EDD .	DO NOT Make ch	NILY	MENT HOS O	DEPART	TELEPHONE NO.		
1	FOLD OR S	DO NOT Make ch	NLY	MENT USE O	DEPAR T ALONG DASHED LII			PREPARER'S SIGNATURE