ÉDD	Employment Development Department
State of	California

REPORT OF NEW EMPLOYEE(S) NOTE: Failure to provide all of the information below may result in

TE: Failure to provide all of the information below may result in this form being rejected and/or a penalty being assessed.



M D D PHONE NUMBER BUSINESS NAME CONTACT PERSON PHONE NUMBER ADDRESS STREET CITY STATE ZIP CODE SIRCURE FIRST NAME MI SIRCURE FIRST NAME INITIAL INITIAL SIRCURE FIRST NAME MI SIRCURE FIRST NAME INITIAL INITIAL SIRCURE FIRST NAME STREET NAME INITIAL STREET INITIAL SIRCURE FIRST NAME INITIAL STREET NAME INITIAL INITIAL SIRCURE FIRST NAME STREET NAME INITIAL INITIAL INITIAL <th>DATE</th> <th>CA EMPLOYER ACC</th> <th>COUNT NUMBER BRANCH CODE</th> <th>FEDERAL ID NUMBER</th> <th></th>	DATE	CA EMPLOYER ACC	COUNT NUMBER BRANCH CODE	FEDERAL ID NUMBER	
ADDRESS STREET NAME ADDRESS STREET NAME STREET NAME SCORA, SCOUNTY NAMER STREET NAME STREE					
	3USINESS NAME		CONTACT PERSON		PHONE NUMBER
	DDRESS STRE	ET	CITY	STATE	ZIP CODE
	MPLOYEE FIRST NAME		MI EMPLOYEE LAST NAME		
	OCIAL SECURITY NUMBER	STREET NUMBER	STREET NAME		UNIT/APT
MELOYEE FIRST NAME MI EMPLOYEE LAST NAME UNITAPT STREET NAME MI EMPLOYEE LAST NAME UNITAPT UNITA	YTK			STATE ZIP CODE	
OCOLL SECURITY NUMBER STREET NUMBER STREET NUME UNITAPT					
OCOLL SECURITY NUMBER STREET NUMBER STREET NUME UNITAPT	MPI OVEE FIRST NAME				
SITYSTATESTATESTATESTATESTATESTATEOFWORK DATE MPLOYEE FIRST NAME					
SITYSTATESTATESTATESTATESTATESTATEOFWORK DATE MPLOYEE FIRST NAME	OCIAL SECURITY NUMBER	STREET NUMBER	STREET NAME		UNIT/APT
	ТҮ			STATE ZIP CODE	START-OF-WORK DATE
SOCIAL SECURITY NUMBER STREET NUMBER STREET NUMBER STREET NUMBER STREET NUMBER SITY STATE ZIP CODE START-OF-WORK DATE MR-OYEE FIRST NAME MI EMPLOYEE LAST NAME SITY STATE ZIP CODE START-OF-WORK DATE SOCIAL SECURITY NUMBER STREET NUMBER MI EMPLOYEE LAST NAME SITY STREET NUMBER STREET NUMBER STREET NUMBER SITY STATE ZIP CODE START-OF-WORK DATE SITY STREET NUMBER STREET NUMBER STREET NUMER SITY STATE ZIP CODE START-OF-WORK DATE SITY STREET NUMBER STREET NUMER STREET NUMER STREET NUMER SITY STREET NUMBER STREET NUMER STREET NUMER STREET NUMER STREET NUMER SITY STREET NUMBER STREET NUMER STREET NUMER STREET NUMER STREET NUMER STREET NUMER					
SOCIAL SECURITY NUMBER STREET NUMBER STREET NUMBER STREET NUMBER STREET NUMBER SITY STATE ZIP CODE START-OF-WORK DATE MR-OYEE FIRST NAME MI EMPLOYEE LAST NAME SITY STATE ZIP CODE START-OF-WORK DATE SOCIAL SECURITY NUMBER STREET NUMBER MI EMPLOYEE LAST NAME SITY STREET NUMBER STREET NUMBER STREET NUMBER SITY STATE ZIP CODE START-OF-WORK DATE SITY STREET NUMBER STREET NUMBER STREET NUMER SITY STATE ZIP CODE START-OF-WORK DATE SITY STREET NUMBER STREET NUMER STREET NUMER STREET NUMER SITY STREET NUMBER STREET NUMER STREET NUMER STREET NUMER STREET NUMER SITY STREET NUMBER STREET NUMER STREET NUMER STREET NUMER STREET NUMER STREET NUMER					
OCIAL SECURITY NUMBER STREET NUMBER STREET NUMBER STREET NUMBER STREET NUMBER STATE ZIP CODE STAFLOF-WORK DATE OCIAL SECURITY NUMBER MI EMPLOYEE LAST NAME MI MI OCIAL SECURITY NUMBER UNIT/APT OCIAL SECURITY NUMBER STREET NUMBER STREET NAME UNIT/APT OCIAL SECURITY NUMBER STREET NUMBER STREET NAME UNIT/APT OCIAL SECURITY NUMBER STREET NUMBER STREET NAME UNIT/APT OCIAL SECURITY NUMBER STREET NAME UNIT/APT					
XITY STATE ZIP CODE STATE ZIP CODE WPLOYEE FIRST NAME MI EMPLOYEE LAST NAME OCIAL SECURITY NUMBER STREET NUMBER STREET NAME MI EMPLOYEE FIRST NAME MI EMPLOYEE EIRST NAME MI EMPLOYEE EIRST NAME MI EMPLOYEE EIRST NAME MI EMPLOYEE EIRST NAME MI EMPLOYEE EIRST NAME MI EMPLOYEE EIRST	MPLOYEE FIRST NAME		MI EMPLOYEE LAST NAME		
XITY STATE ZIP CODE STATE ZIP CODE MPLOYEE FIRST NAME MI EMPLOYEE LAST NAME STATE ZIP CODE STATE ZIP CODE STATE ZIP CODE STATE ZIP CODE MI EMPLOYEE LAST NAME STATE ZIP CODE STATE ZIP CODE <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
MPLOYEE FIRST NAME MI EMPLOYEE LAST NAME OCOLAL SECURITY NUMBER STREET NUMBER MI EMPLOYEE LAST NAME	OCIAL SECURITY NUMBER	STREET NUMBER	STREET NAME		UNIT/APT
MPLOYEE FIRST NAME MI EMPLOYEE LAST NAME				70.0005	
MPLOYEE FIRST NAME MI EMPLOYEE LAST NAME STREET NUMBER STREET NUMBER MI EMPLOYEE LAST NAME				STATE ZIP CODE	
SOCIAL SECURITY NUMBER STREET NUMBER STREET NAME UNIT/APT					
SOCIAL SECURITY NUMBER STREET NUMBER STREET NAME UNIT/APT					
CITY	MPLOYEE FIRST NAME		MI EMPLOYEE LAST NAME		
CITY					
	OCIAL SECURITY NUMBER	STREET NUMBER	STREET NAME		UNIT/APT
MPLOYEE FIRST NAME MI EMPLOYEE LAST NAME UNIT/APT UNI	JTY			STATE ZIP CODE	
ANDOYEE FIRST NAME MI EMPLOYEE FIRST NAME MI EMPLOYEE LAST NAME MI EMPLOYEE LAST NAME					
ANDOYEE FIRST NAME MI EMPLOYEE FIRST NAME MI EMPLOYEE LAST NAME MI EMPLOYEE LAST NAME					
SOCIAL SECURITY NUMBER STREET NUMBER STREET NAME UNIT/APT	MPLOYEE FIRST NAME		MI EMPLOYEE LAST NAME		
	OCIAL SECURITY NUMBER	STREET NUMBER	STREET NAME		UNIT/APT
MPLOYEE FIRST NAME MI EMPLOYEE LAST NAME	YTK			STATE ZIP CODE	START-OF-WORK DATE
SOCIAL SECURITY NUMBER STREET NAME UNIT/APT	MPLOYEE FIRST NAME		MI EMPLOYEE LAST NAME		
SOCIAL SECURITY NUMBER STREET NUMBER STREET NAME UNIT/APT					
	OCIAL SECURITY NUMBER	STREET NUMBER	STREET NAME		UNIT/APT
CITY STATE ZIP CODE START-OF-WORK DATE				STATE ZIP CODE	



INSTRUCTIONS FOR COMPLETING ALL OF THE ELEMENTS ON THE REPORT OF NEW EMPLOYEE(S) FORM

REQUIREMENTS:

Federal law requires all employers to report all newly hired employees, who work in California, to the Employment Development Department (EDD) within 20 days of their start-of-work date, which is the first day of work. In addition, any employee who is rehired after a separation of at least sixty (60) consecutive days must also be reported within the 20 days. State and county agencies use this information to assist them in locating parents who are delinquent in their child support obligations.

PENALTIES:

Employers who fail to report the hiring or rehiring of an employee, as required and within the time frame required, may be assessed a penalty of \$24 for each failure to report or \$490 if the failure to report is an intentional agreement between the employer and employee to not supply the required information or to supply a false or incomplete report.

WHAT MUST BE REPORTED ON THIS FORM:

Employer's:

- California Employer Account Number
 on each form completed.
- Branch Code Complete only if employer was assigned a Branch Code number.
- Federal Employer Identification Number.
- Business name and address.
- Contact person and phone number.

HOW TO COMPLETE THIS FORM:

Employee's:

- First name, middle initial, and last name.
- Social Security Number.
- Home address.
- Start-of-work date.

Please complete the following information in the spaces provided. If you type the information, ignore the boxes and type in UPPER CASE as shown. Do not use dashes, slashes, commas, or periods.

EMPLOYEE FIRST NAME		MI	EMPLOYEE LAST NAME	
IMOGENE		Α	SAMPLE	
SOCIAL SECURITY NUMBER	STREET NUMBER	STREE	TNAME	UNIT/APT
00000000	1234	AN	Y STREET	312

If handwritten, use CAPITAL LETTERS and print each letter or number in a separate box as shown. Do not use dashes, slashes, commas, or periods.

EMPLOYEE FIRST NAME	MI EMPLOYEE LAST NAME	
$I \mathcal{M} \mathcal{O} \mathcal{G} \mathcal{E} \mathcal{N} \mathcal{E}$	A S A M P L E	
SOCIAL SECURITY NUMBER STREET NUMBER	STREET NAME	UNIT/APT
0 0 0 0 0 0 0 0 0 0 1 2 3 4	$\mathcal{A} \mathcal{N} \mathcal{Y} \mathcal{S} \mathcal{T} \mathcal{R} \mathcal{E} \mathcal{E} \mathcal{T}$	3 1 2

ADDITIONAL INFORMATION:

If you have any questions concerning the new employee reporting requirement, you may visit our website at **www.edd.ca.gov/Payroll_Taxes/New_Hire_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, which is listed in the *California Employer's Guide* (DE 44) and on our website at **www.edd.ca.gov/Office_Locator**/.

To obtain additional DE 34 forms:

- Visit our website at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm.
- 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 faster, easier, and more convenient way of reporting your new employee information, you are encouraged to report electronically by accessing the EDD's e-Services for Business website at **https://eddservices.edd.ca.gov** to select the option that is best for you.

To file a paper DE 34 form, complete all of the information on the reverse side of this form and fax it to 916-319-4400 or mail it to:

EMPLOYMENT DEVELOPMENT DEPARTMENT Document Management Group, MIC 96 P.O. Box 997016 West Sacramento, CA 95799-7016 DE 34 Rev. 8 (1-13) (INTERNET)