

QUARTERLY CONTRIBUTION AND WAGE ADJUSTMENT FORM

STATUTE OF LIMITATIONS
A claim for refund or credit must be filed within three years of the last timely filing date of the quarter being adjusted.



You can file this adjustment form online through the Employment Development Department's (EDD) e-Services for Business. Please visit our website at www.edd.ca.gov. See *Instructions for Completing the Quarterly Contribution and Wage Adjustment Form* (DE 9ADJ-I) for completing this form.

SECTION I: (PLEASE PRINT)

BUSINESS NAME _____

YEAR / QUARTER

ADDRESS _____

EMPLOYER ACCOUNT NO.

CITY, STATE, ZIP CODE _____

REASON FOR ADJUSTMENT _____

SECTION II: ADJUSTMENT TO WAGES AND CONTRIBUTIONS	(1)	(2)	(3)
	Previously reported	Should have reported	DIFFERENCES Debit/(Credit)
A. TOTAL SUBJECT WAGES.....			
B. UNEMPLOYMENT INSURANCE (UI) Taxable Wages			
C. STATE DISABILITY INSURANCE (SDI) Taxable Wages			
D. EMPLOYER'S UI CONTRIBUTIONS (UI Rate ____% times B).....			
E. EMPLOYMENT TRAINING TAX (ETT Rate ____% times B).....			
F. STATE DISABILITY INSURANCE* (SDI) Withheld (SDI Rate ____% times C; complete Box 1 below if credit on row F.).....			
G. PERSONAL INCOME TAX (PIT) Withheld (Complete Box 2 below if credit on line G.)			
H. SUBTOTAL (Lines D, E, F, and G)			
I. Penalty (Refer to instructions on DE 9ADJ-I)			
J. Interest (Refer to instructions on DE 9ADJ-I)			
K. Erroneous SDI Deductions not refunded (See Box 1, NOTE below)			
L. Less contributions and withholdings paid for the quarter			
M. Total taxes due or overpaid (H2 + I + J + K) - L			

* Includes Paid Family Leave amount.

BOX 1. STATE DISABILITY INSURANCE OVERPAYMENTS (Must be completed for credit to be allowed.)

1. Was the credit claimed in column 3 withheld from the wages of employee(s)? Yes No
 If yes, has this amount been refunded to employee(s)? Yes No

If not refunded: employee(s) no longer employed, unable to locate.

NOTE: The EDD cannot refund these contributions to you unless you first refund the erroneous deductions to the employee(s).

(List each employee name, Social Security Number, and amount of SDI not refunded.)

BOX 2. PERSONAL INCOME TAX OVERPAYMENTS (Must be completed for credit to be allowed.)

If you paid the Employment Development Department (EDD) more than the amount of California PIT withheld from wages of employee(s), you can adjust the amount reported by using this form. The EDD will allow credit adjustments prior to the issuance of Forms W-2. **If you have already issued Forms W-2, please read the additional information on page 2 before proceeding.**

1. Was the credit claimed in column 3 withheld from the pay of employee(s)? Yes No
 If yes, has this credit been refunded to employee(s)? Yes No
 2. Was the credit claimed in column 3 included on Forms W-2 issued to employee(s)? Yes No

Be sure to sign this declaration: I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature _____ Title _____ Phone (____) _____ Date _____
(Owner, Accountant, Preparer, etc.)

SIGN AND MAIL TO: Employment Development Department / P.O. Box 989073 / West Sacramento, CA 95798-9073

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EMPLOYER ACCOUNT NO.

BUSINESS NAME _____

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SECTION III: QUARTERLY WAGE AND WITHHOLDING ADJUSTMENTS

Enter amounts that should have been reported; if unchanged, leave field blank. Correcting the Social Security Number or Name requires two entries. See *Instructions for Completing the Quarterly Contribution and Wage Adjustment Form (DE 9ADJ-I)*, Section III, for additional information and instructions.

YEAR / QUARTER	SOCIAL SECURITY NUMBER	EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST)		
		TOTAL SUBJECT WAGES	PIT WAGES	PIT WITHHELD
YEAR / QUARTER	SOCIAL SECURITY NUMBER	EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST)		
		TOTAL SUBJECT WAGES	PIT WAGES	PIT WITHHELD
YEAR / QUARTER	SOCIAL SECURITY NUMBER	EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST)		
		TOTAL SUBJECT WAGES	PIT WAGES	PIT WITHHELD
YEAR / QUARTER	SOCIAL SECURITY NUMBER	EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST)		
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		TOTAL SUBJECT WAGES	PIT WAGES	PIT WITHHELD
YEAR / QUARTER	SOCIAL SECURITY NUMBER	EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST)		
		TOTAL SUBJECT WAGES	PIT WAGES	PIT WITHHELD
YEAR / QUARTER	SOCIAL SECURITY NUMBER	EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST)		
		TOTAL SUBJECT WAGES	PIT WAGES	PIT WITHHELD
YEAR / QUARTER	SOCIAL SECURITY NUMBER	EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST)		
		TOTAL SUBJECT WAGES	PIT WAGES	PIT WITHHELD
YEAR / QUARTER	SOCIAL SECURITY NUMBER	EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST)		
		TOTAL SUBJECT WAGES	PIT WAGES	PIT WITHHELD
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		TOTAL SUBJECT WAGES	PIT WAGES	PIT WITHHELD
YEAR / QUARTER	SOCIAL SECURITY NUMBER	EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST)		
		TOTAL SUBJECT WAGES	PIT WAGES	PIT WITHHELD