

**Sonoma County Office of Education**

# EDD Quarterly Tax Reporting



**October 2024**

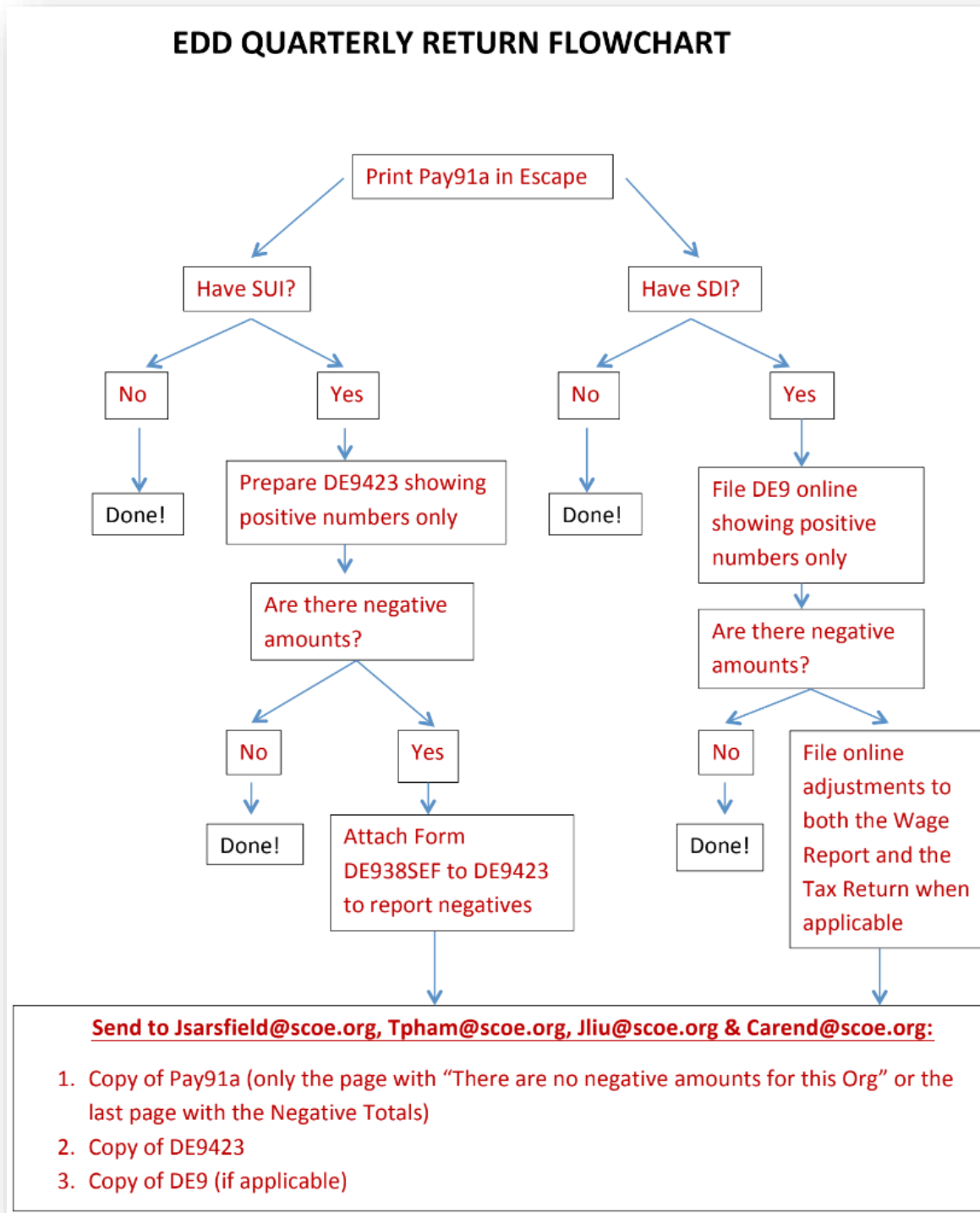
# Table of Contents

EDD Quarterly Tax Return Process.....	2
EDD Quarterly Return Flowchart .....	2
SUI and SDI Reporting .....	3
SUI and SDI Account Numbers .....	3
Create EDD Online Account.....	4
Pay91a Quarterly Report.....	5
SUI Quarterly Contributions by Form.....	6
Negative Adjustments by Form.....	7
SUI Reporting Online .....	8
SUI Quarterly Reporting Submission to SCOE Business Services .....	12
State Disability Wages SDI (If applicable) .....	13
SDI Vendor Setup.....	13
SDI Payment Online .....	14
SDI Quarterly Reporting Online .....	18
Negative Adjustments Online.....	22
SDI Adjustments by Form.....	26
SDI Quarterly Reporting Submission to SCOE Business Services .....	30

## **EDD Quarterly Tax Return Process**

The Quarterly Contribution Return and Report of Wages is required of all employers by the California Employment Development Department (EDD). It's required to report State Unemployment (SUI), State Disability (SDI) and State Income Taxes (SIT). SUI and SDI are reported by the District and SIT is reported by SCOE.

## **EDD Quarterly Return Flowchart**



## SUI and SDI Reporting

SUI can be submitted online or by form DE9423 by mail. It is required to make the SDI payment electronically per **AB1245**. This can be paid by scheduling EDD to pull the funds from the District's clearing account after funds have been deposited or by credit card. **Caution:** Credit card vendor charges an administrative fee.

NOTE: There is a waiver for this. [https://edd.ca.gov/en/Payroll\\_Taxes/E-file\\_and\\_E-pay\\_Mandate\\_for\\_Employers](https://edd.ca.gov/en/Payroll_Taxes/E-file_and_E-pay_Mandate_for_Employers)

To submit reporting and payment online, the District will need to create an account with the Employment Development Department (EDD).

## SUI and SDI Account Numbers

To create an online account with EDD, the District will need the account numbers for SUI and SDI. This can be found in Frontline ERP in the Organization record based on user permissions.

### *Go to System – Setup – Organizations*

#### **Section 6 – HR/Payroll Setup**

- Locate the State Tax (UI) and State Tax Id (DI)

**System - Setup - Organizations**

List Form

Prev Next Close Cancel

**ABC (1)**

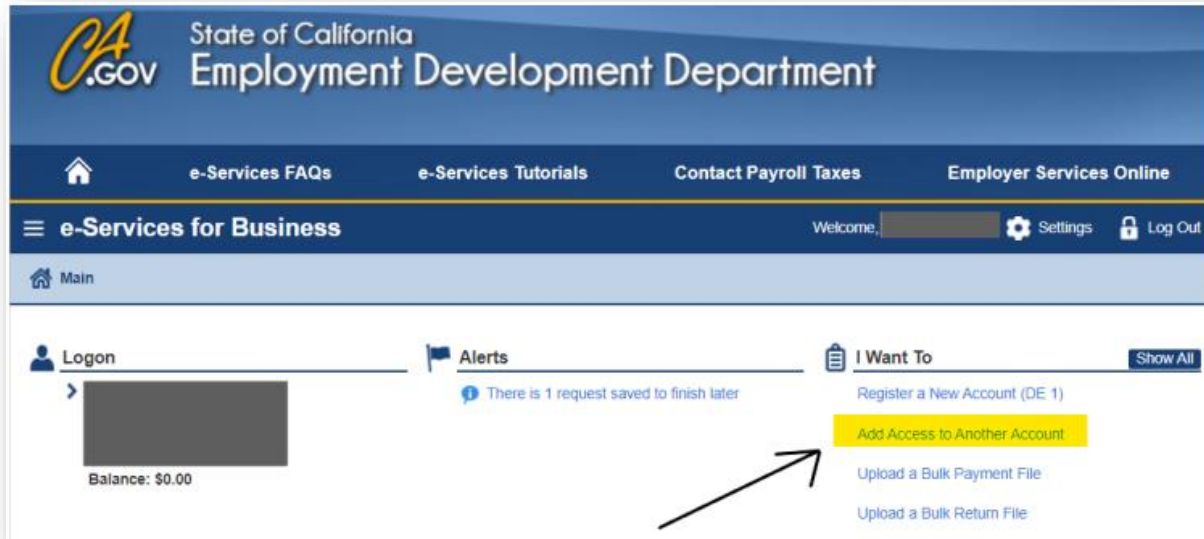
General Setup Ledger Setup Locations Divisions Academic Departments Campuses JE Approvals

<b>1 - Setup Information</b>	<b>5 - AP 1099 Setup</b>
Organization Name: ABC	
LEA Type: District	
CDS Code: 70599	
CalPADS CDS Code:	
Activity Tree Name: ABC	
Portal Name: ABC	
	<b>6 - HR/Payroll Setup</b>
	Federal Tax Id: 452381410
	State Tax Id: 8223200-0
	Other Federal Tax Id:
	State Tax Id (UI): 94205009
	State Tax Id (DI): 77600895

## Create EDD Online Account

Create an online account with EDD. <https://eddservices.edd.ca.gov/tap/secure/eservices>

- Click on **Choose** to Enroll for a username and password access Employer Services online
- Once the login is created, Click on **Add Access to Another Account**



- **Account Type:** Employment Tax
- **Account Number:** Enter Account Number (Located in the Frontline ERP Organization Record)
- Enter in a Security Question
- Click Next to create account

**Add Access to Another Account**

To add access to an employer payroll tax account, you will need to answer one of the following security questions.

- **Total Subject Wages Reported:** from one of the last three *Quarterly Contribution Return and Report of Wages (Continuation)* (DE 9C) filed.
- **Reserve Account Balance:** from the most recent *Notice of Contribution Rates and Statement of UI Reserve Account* (DE 2088).
- **Payment Amount:** one of the last five payments received by the EDD.

**1. Account Validation**

**Account Validation**

Account Type: 1. Employment Tax

Account Number Required Required

Country USA

ZIP Code Required Required

**Security Question**

Choose a security question to answer Required Required

**Cancel** **Next >**

## Pay91a Quarterly Report

This report prints negative/positive/all earnings for employees for a specific quarter or year for Unemployment (SUI), State Disability (SDI) and State Income Taxes (SIT). SUI and SDI are reported by the District and SIT is reported by SCOE. The Pay91 should be run after Regular Payroll for the last month of the quarter has been processed.

*Go to HR/Payroll – Reports – Payroll – Pay91*

HR / Payroll - Reports - Payroll

List Request/Report

Go Go/Export Clear Prev Next Close Favorites

Request Report

**Request**

1 - Report

Report Number Pay91

Description Quarterly Report

Report Sample Pay91

Report Favorite ID

2 - User Options

SSN (ID)SSN4

Calendar Year

Tax Quarter

**Sort Option**

☒ a) Org, Employee Name

☐ b) Org, Employee Name -- Negatives ONLY

- Calendar Year: Enter the Calendar Year
- Tax Quarter: Enter the Tax Quarter
- Sort Option a) Org, Employee Name is the default
- Click Go to generate the report

## Example Pay91 State Quarterly Report Employee Listing

- Use this report to complete the SUI State Unemployment Wages online or **DE9423 Form** Quarterly Contribution Return For School Employers and SDI State Disability Wages online (if applicable).

Pay91a			State Quarterly Report Employee Listing						
Third Quarter 2024			File has not been generated						
Employee Name	(ID) SSN4	Months 1 2 3	SUI Wages	SUI Contributed	SIT Wages	SIT Withheld	SDI Wages	SDI Capped Wages	SDI Deducted
Number of Employees Paid in:		Total	335,235.95	167.56	304,148.22	13,415.19	.00	.00	.00
Month 1 - Jul	11		11		11		0		
Month 2 - Aug	27		27		27		0		
Month 3 - Sep	29		29		29		0		
Total Number of Employees	30								
There are no negative amounts for this Org									
								State EIN 8223200-0	
								Federal EIN 452381410	
								Pay Dates 07/10/2024 through 09/30/2024	

Run the Pay91 ***AFTER*** Regular Payroll for the last month of the quarter has been processed.

## SUI Quarterly Contributions by Form

Complete this form based on the information from the Pay91 Quarterly Report. Fill in the blue sections. Print and send with EDD Check processed through Accounts Payable using 9555 Object Code.

Link for **DE9423 Form**: [https://edd.ca.gov/siteassets/files/pdf\\_pub\\_ctr/de9423.pdf](https://edd.ca.gov/siteassets/files/pdf_pub_ctr/de9423.pdf)

**EDD** Employment Development Department  
State of California

**QUARTERLY CONTRIBUTION RETURN FOR SCHOOL EMPLOYERS**  
PLEASE TYPE THIS FORM - DO NOT ALTER PREPRINTED INFORMATION

APPROVED EXTENSION TO: \_\_\_\_\_

QUARTER ENDED \_\_\_\_\_ DUE \_\_\_\_\_ DELINQUENT IF NOT POSTMARKED OR RECEIVED BY \_\_\_\_\_

YR QTR  
\_\_\_\_\_  
\_\_\_\_\_

Employer Account No. \_\_\_\_\_

**DO NOT ALTER THIS AREA**

DEPT. USE ONLY

P1 P2 C P U S W A

Mo. Day Yr. WIC  
= = =

EFFECTIVE DATE

A. NUMBER OF EMPLOYEES earning wages during or receiving pay for the pay periods that include the 12th day of the calendar month (enter numerals only). Please complete all fields. Blank fields will be identified as missing data.

1st Month \_\_\_\_\_ 2nd Month \_\_\_\_\_ 3rd Month \_\_\_\_\_

B. TOTAL SUBJECT WAGES PAID THIS QUARTER (Same figure on line L on DE 9C) (B)

C. EMPLOYER'S UI CONTRIBUTIONS \_\_\_\_\_ % Times B. (C)

D. ADJUSTMENT TO PRIOR QUARTERS  
QUARTERLY RETURN ADJUSTMENT FORM FOR SCHOOL EMPLOYERS, DE 938SEF, MUST BE ATTACHED (D)

E. TOTAL TAXES DUE (Add items C and D) → (E)

Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT  
Include employer account number on check. Do not staple check to return.

HELP US IMPROVE THE QUALITY OF OUR EMPLOYMENT TAX SERVICES. PLEASE RATE OUR CURRENT SERVICES BY ENTERING THE APPROPRIATE NUMBER IN THE BOX: 4 = EXCELLENT 3 = GOOD 2 = FAIR 1 = POOR

F. 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 \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
Title (Administrator, Accountant, Preparer, etc.) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

NOTE: IMPORTANT Please check the appropriate box:

Individual employees wages that are subject to Unemployment Insurance (UI) are reported on: \_\_\_\_\_

No payroll. Enter "0" on line B. \_\_\_\_\_ Final return \_\_\_\_\_

Attached Quarterly Contribution Return and Report of Wages (Continuation), DE 9C: \_\_\_\_\_ Electronic Media \_\_\_\_\_

- **Line A.** Number of Employees Paid can be found on the last page of the Pay91a.
- **Line B.** Total Subject Wages Paid This Quarter can be found on the last page of the Pay91a.
  - When there is a negative line, Line B is the **Positive** SUI Wages amount
- **Line C.** Employer's UI Contributions enter the SUI contribution rate. Current Payroll can be found on the SCOE Website <https://www.scoe.org/pub/htdocs/fiscal-forms.html> Line B will be multiplied by the Employer SUI in Line C. This amount should be the same total SUI Contribution amount found on the last page of the Pay91a.
- **Line D.** Adjustment to Prior Quarters. This is left blank when there are no negative amounts. See next page when there is a negative line.
- **Line E.** Total Taxes Due (Add items C and D)

## Negative Adjustment by Form

When there is a **negative** line for SUI, then Line D would be entered as negative. Must complete the DE938SEF form and attach to the DE9423 form. On the DE938SEF the **"For Quarter Ended"** must be the quarter that the District is correcting, not the current quarter.

- **Line D.** Adjustment to Prior Quarters enter the negative amount found on the Pay91a on the last page.

Link to the **DE938SEF Form**: [https://edd.ca.gov/siteassets/files/pdf\\_pub\\_ctr/de938sef.pdf](https://edd.ca.gov/siteassets/files/pdf_pub_ctr/de938sef.pdf)

**EDD** Employment Development Department  
State of California

**QUARTERLY RETURN  
ADJUSTMENT FORM  
FOR SCHOOL EMPLOYERS**  
*Please Follow Instructions on Reverse Side*

Employer Account No. 942 -     -

For Quarter Ended  
MO. DAY YR.

**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.

**For Department Use Only**  
MO. DAY YR.  
**EFFECTIVE DATE**

Name   
Address

	(1) Previously reported	(2) Should have reported	(3) DIFFERENCES Debit/(Credit)
<b>I. COMPUTATION OF ADJUSTMENT IN CONTRIBUTIONS</b>			
B. TOTAL WAGES IN SUBJECT EMPLOYMENT			
C. EMPLOYER CONTRIBUTIONS (Employer Rate times B)			
I. Penalty (Refer to instructions on reverse side)			
J. Interest (Refer to instructions on reverse side)			
L. TOTAL			

**II. REASON FOR ADJUSTMENT**

**III. I declare that the above information is true and correct to the best of my knowledge and belief. This section must be completed for credit to be allowed.**

SIGNATURE  TITLE (Administrator, Accountant, Preparer, etc.)  PHONE ( )  EXT.   
X  FAX ( )  DATE

**IV. EMPLOYEE WAGE ADJUSTMENT. Enter the correct total wages which should have been reported for the quarter.**

NOTE: If you are adjusting more than four (4) employees, list the items on a separate page with the same format, including employer name, account number, and the adjusting quarter.

SOCIAL SECURITY ACCOUNT NUMBER	EMPLOYEE NAME (First, Middle Initial, Last Name)	TOTAL WAGES PREVIOUSLY REPORTED	TOTAL WAGES SHOULD HAVE REPORTED FOR QUARTER	DIFFERENCES
TOTAL of this page OR total for all pages attached.				

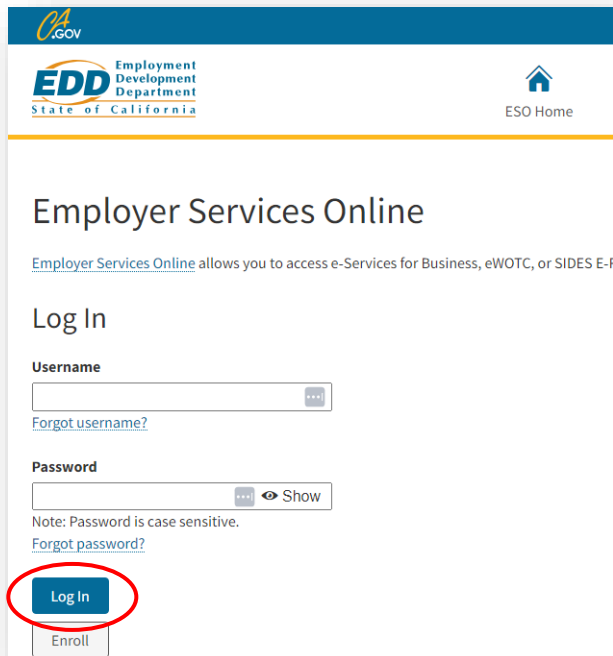
Use the DE938SEF Form when there is a negative adjustment for SUI prior period, even if the District is reporting online.

- Complete the blue sections for the negative adjustment for prior quarter. Print and attach to the DE9423 form with payment and mail to EDD.



## SUI Reporting Online

Login into EDD <https://eddservices.edd.ca.gov/tap/secure/eservices/#0>. If there is a negative adjustment for prior period, be sure to complete the DE9423 form and send to EDD by mail



Employer Services Online

Employer Services Online allows you to access e-Services for Business, eWOTC, or SIDES E-R

Log In

Username

Forgot username?

Password

Note: Password is case sensitive.

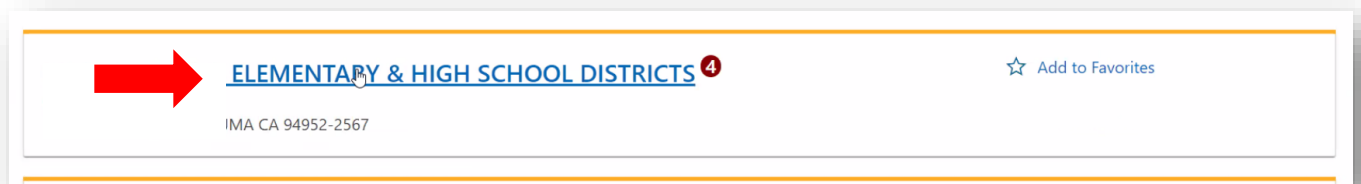
Forgot password?

Log In

Enroll

- Enter the Username
- Enter the Password
- Click on Log In

- Click on the District SUI Account

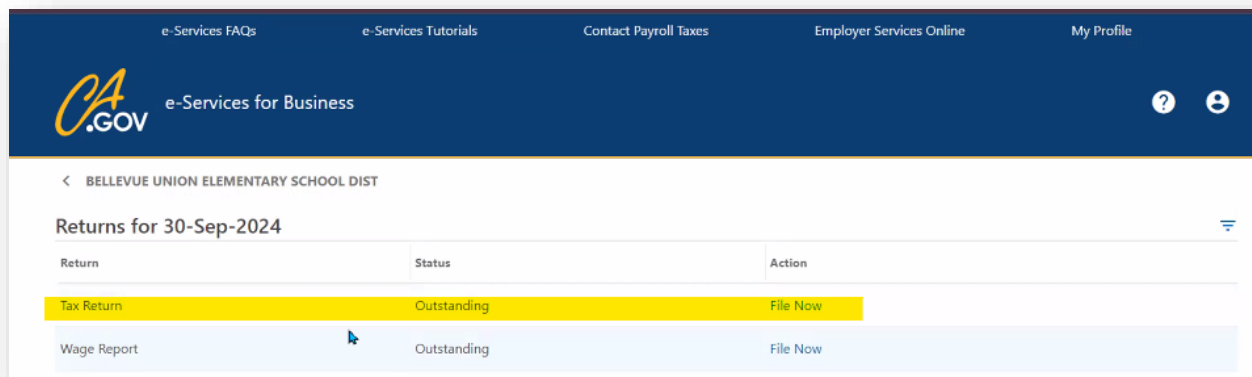


→ [ELEMENTARY & HIGH SCHOOL DISTRICTS](#) <sup>4</sup>

IMA CA 94952-2567

☆ Add to Favorites

- Click on Tax Return – File Now



e-Services FAQs e-Services Tutorials Contact Payroll Taxes Employer Services Online My Profile

CA .GOV e-Services for Business

< BELLEVUE UNION ELEMENTARY SCHOOL DIST

Returns for 30-Sep-2024

Return	Status	Action
Tax Return	Outstanding	File Now
Wage Report	Outstanding	File Now

## Payroll Information

- Click Yes to report
- Click Next

The screenshot displays the 'e-Services for Business' portal. At the top, navigation links include 'e-Services FAQs', 'e-Services Tutorials', 'Contact Payroll Taxes', 'Employer Services Online', and 'My Profile'. The main header features the 'CA.GOV' logo and 'e-Services for Business' text, along with help and user icons. A breadcrumb trail shows '< Returns'. The primary section is titled 'File and View Tax Return' with a green '\$0.00' amount. Below this, the tax period '30-Sep-2024' and employer details 'School Employees Fund', '942-0503-6', and 'BELLEVUE UNION ELEMENTARY SCHOOL DIST' are listed. A progress bar indicates the current step is 'Payroll Information'. The 'Payroll Information' section contains the question 'Do you have payroll to report?' with 'Yes' and 'No' radio buttons. The 'Yes' button is selected, and a 'Required' tooltip is visible. At the bottom, there is a 'Save Draft' button on the left and 'Previous' and 'Next' navigation buttons on the right.

e-Services FAQs e-Services Tutorials Contact Payroll Taxes Employer Services Online My Profile

CA.GOV e-Services for Business ?

< Returns

**File and View Tax Return** **\$0.00**  
Amount

30-Sep-2024  
School Employees Fund  
942-0503-6  
BELLEVUE UNION ELEMENTARY SCHOOL DIST

File and View Tax Return

Payroll Information

**Payroll Information**

Do you have payroll to report? \*

Yes No

Required

Save Draft < Previous Next >

## Pay91 State Quarterly Report Employee Listing

Use the last page of the Pay91 to report the SUI Wages and the Number of Employees Paid by period in the quarter.

Pay91a			State Quarterly Report Employee Listing						
Third Quarter 2024			File has not been generated						
Employee Name	(ID) SSN4	Months 1 2 3	SUI Wages	SUI Contributed	SIT Wages	SIT Withheld	SDI Wages	SDI Capped Wages	SDI Deducted
Number of Employees Paid in:		Total	335,235.95	167.56	304,148.22	13,415.19	.00	.00	.00
Month 1 - Jul	11		11		11		0		
Month 2 - Aug	27		27		27		0		
Month 3 - Sep	29		29		29		0		
Total Number of Employees		30							
There are no negative amounts for this Org									State EIN 8223200-0 Federal EIN 452381410 Pay Dates 07/10/2024 through 09/30/2024

- Enter the number of employees for each period in the quarter
- Click Next

File and View Tax Return

\$0.00

30-Sep-2024  
School Employees Fund  
942-0503-6

Amount

File and View Tax Return

Payroll Information

Employees

Number of Employees

Number of employees earning wages during or receiving pay for the pay periods that include the 12th day of the calendar month.

First Month  
0

Second Month  
0

Third Month  
0

Save Draft

< Previous

Next >

For negative SUI adjustments for prior period, use the DE938SEF Form, even if the District is reporting online. Attach to the DE9423 Form and mail with payment to EDD.

## File and View Tax Return

- Enter the Total Subject Wages for SUI
- Enter the UI Contributions
- Click Next

**File and View Tax Return** **\$0.00**  
Amount

30-Sep-2024  
School Employees Fund  
942-0503-6  
UNION ELEMENTARY SCHOOL DIST

**File and View Tax Return**

Payroll Information ☒ Employees ☒ Employee Information ☐

**Total Subject Wages**  
*Instructions*  
Total Subject Wages Paid this Quarter

**Unemployment Insurance (UI)**  
Total employee wages.  
UI %  
  
UI Wages  
  
UI Contributions

**Totals**  
Total Taxes Due or Overpaid

[Save Draft](#) [< Previous](#) [Next >](#)

## Declaration

- Enter in Contact Information
- Click Submit

**File and View Tax Return**

Payroll Information ☒ Wage Information ☒ Amendment Information ☒ **Declaration** ☐

**Declaration**

I declare that the information herein is true and correct to the best of my knowledge.

First Name  Required

Last Name  Required

Title  Required


Phone Number  Required

Email  Required

[Save Draft](#) [< Previous](#) [Submit](#)

- Print or save as PDF

## Example DE 9423 Form printed from website:

 <b>Employment Development Department</b> State of California	<b>Confirmation No.:</b> 0-792-519-824 <b>Date Requested:</b> October 8, 2024 <b>Account Number:</b> 942-0503-6
---	---

ELEMENTARY SCHOOL DIST

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QUARTER ENDED: **DE 9423** QUARTERLY CONTRIBUTION RETURN FOR SCHOOL EMPLOYERS  
September 30, 2024

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A. NUMBER OF EMPLOYEES earning wages during or receiving pay for the pay periods that include the 12th day of the calendar month (enter numerals only). Please complete all fields. Blank fields will be identified as missing data.	1st Month	178	2nd Month	261	3rd Month	274
B. TOTAL SUBJECT WAGES PAID THIS QUARTER..... (B)						3,775,896.44
C. EMPLOYER'S UI CONTRIBUTIONS 0.05% Times B..... (C)						1,887.95
<b>D. TOTAL TAXES DUE</b>						<b>1,887.95</b>

Make check payable to **EMPLOYMENT DEVELOPMENT DEPARTMENT**  
Include Employer Account Number on check. Do not staple check to return.

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NOTE: IMPORTANT	Please check the appropriate box:	No Payroll. Enter "0" on line B. <input type="checkbox"/>	Final Return <input type="checkbox"/>
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INFORMATION

Employer UI contributions are due and payable on the first day of the calendar month following the close of each calendar quarter. Payment shall be delinquent if not paid on or before the last day of such month.

FILING THE RETURN - This return must report all UI subject California wages paid (refer to the *California Employer's Guide*, DE 44).

PENALTY of 15% (10% for periods prior to the 3rd quarter 2014) is added for failure to make payment by the delinquent date of the return. An additional 15% (10% for periods prior to the 3rd quarter 2014) is added if the return and report of wages is not filed within 60 days of the delinquent date of the return. Interest accrues from the delinquent date for the return.

NOTE: If you combine schools, you must file and pay the final return within 10 days of merging to avoid penalty and interest.

If your school was merged, or if a change in district occurred during the period covered by this Quarterly Contribution Return, each district must file a separate return covering only that part of the quarter (or year for income tax forms) during which the particular district operated.

TOTAL WAGES - Means all remuneration payable for personal services when they meet the criteria of UI subject wages (refer to the DE 44).

TAXABLE WAGE LIMIT - Total individual employee wages are taxable. There is no wage limit.

If you need assistance completing this form, contact the Employment Development Department, School Employees Fund at (916) 653-5380.

## SUI Quarterly Reporting Submission to SCOE Business Services

Send a copy of the Quarterly Reports to SCOE Business Services by AV or email [carend@scoe.org](mailto:carend@scoe.org) , [jliu@scoe.org](mailto:jliu@scoe.org) , [tpham@scoe.org](mailto:tpham@scoe.org) , [jsarsfield@scoe.org](mailto:jsarsfield@scoe.org).

- Copy of the Pay91a – Only the last page with negative totals. Page with “There are no negative amounts for this Org” or when there are negatives.
- Copy of the DE9423
- Copy of the DE938SEF for negative adjustments

## State Disability Wages SDI (If applicable)

SDI participation is based on the bargaining unit agreement. It is required to make the SDI payment electronically per AB1245. This can be paid by scheduling EDD to pull the funds from the District's clearing account after funds have been deposited or by credit card. **Caution:** Credit card vendor charges an administrative fee.

NOTE: There is a waiver for this. [https://edd.ca.gov/en/Payroll\\_Taxes/E-file\\_and\\_E-pay\\_Mandate\\_for\\_Employers](https://edd.ca.gov/en/Payroll_Taxes/E-file_and_E-pay_Mandate_for_Employers)

- SDI Wages can be found on the last page of the Pay91a.

Pay91a		State Quarterly Report Employee Listing							
Org Recap						Pay Dates 10/31/2014 through 12/30/2014			
Org	State EIN	Federal EIN	SUI Wages	SUI Deducted	SIT Wages	SIT Withheld	SDI Wages	SDI Deducted	Total Number of Employees
618	80114123	952868123	26,049,196.13	13,024.72	23,099,933.76	742,752.61	205,434.60	2,054.34	1,945
Number of Employees Paid in:		Grand Total	26,049,196.13	13,024.72	23,099,933.76	742,752.61	205,434.60	2,054.34	
Month 1 - Oct	1,941		1,937		1,941		16		
Month 2 - Nov	1,942		1,938		1,942		16		
Month 3 - Dec	1,945		1,941		1,945		16		

## SDI Vendor Setup

To process SDI payments through the clearing account, the SDI Deduction Code would need to be set up with the District as the vendor and Vendor Check as C {Combine Vendor/Address/Object}.

When payroll is processed a check will be created. This will need to be deposited to the District's clearing account before making the SDI payment online.

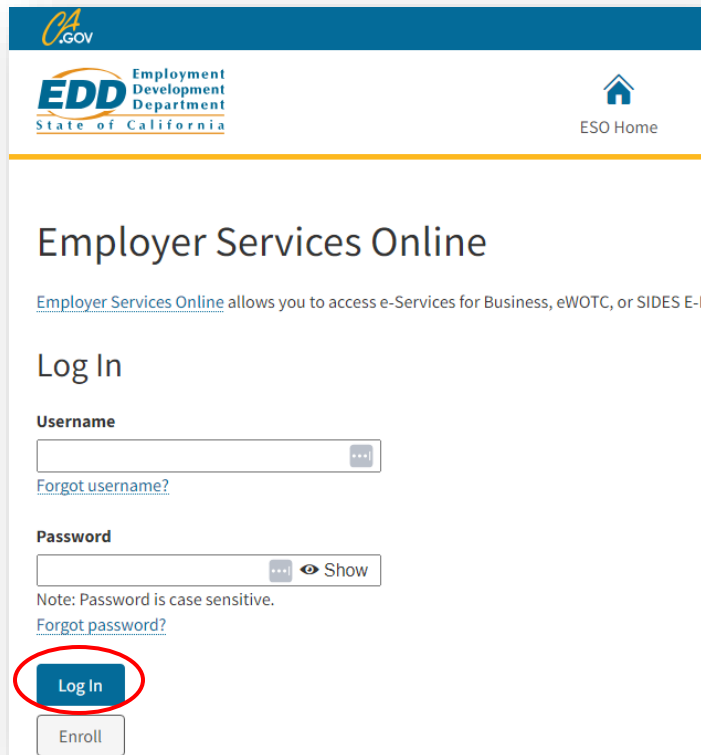
***Go to HR/Payroll – Reports – Payroll – Pay91***

### Example SDI Deduction Code with the District as the vendor:

The screenshot shows the 'HR / Payroll - Setup - Payroll - Deductions Management' window. It has tabs for 'Search', 'List', and 'Form'. Below the tabs are buttons for 'Delete', 'Prev', 'Next', 'Save/Close', and 'Cancel'. The main area is divided into two panes: 'Pay Deduction' and 'Org Deductions'. The 'Pay Deduction' pane shows fields for 'Deduction Id' (SDI), 'Description' (SDI), 'Group' (T (Taxes)), 'Sequence' (10), 'Date From' (1/1/2024), 'Date Thru', 'Date Used' (P (Pay Date)), and 'Note'. The 'Org Deductions' pane shows fields for 'Vendor Id' (000797 {ABC District}), 'Vendor Address Id' (1), 'Vendor Locked' (No), 'Benefit Provider', 'Calc Type' (D (Deduction)), and '2 - Subject Grosses Affected' (FIT, Medi, OASDI, SDI, SIT, SUI). The '4 - Miscellaneous' pane shows fields for 'Liability Object' (9557), 'All Pay Cycles' (Yes), 'Life Insurance > 50 k' (No), 'Method' (P1 (% of Base Below)), 'Amt/Percent' (1.1000), 'Dues Group', 'Contribution Group', 'Contribution Group Option', 'Annual Max' (0.00), 'Year Begin Month' (January), 'Base Used' (SDI (Based on State Disability Wages)), 'Base Max' (0.00), 'Base Min' (0.00), 'Calc Base Factor' (0.0000), 'Option', 'Calc Ranges', 'Description on Check' (SDI), 'Print On Contract' (Yes), 'Take Partial' (No), and 'Vendor Check' (C {Combine on Vendor/Address/Object}).

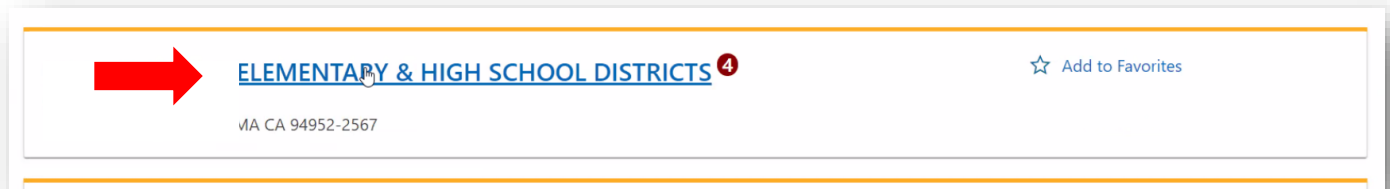
## SDI Payment Online

To make an online payment by ACH or credit card the District would need an online login. Once the account is created go to <https://eddservices.edd.ca.gov/tap/secure/eservices/#0>.



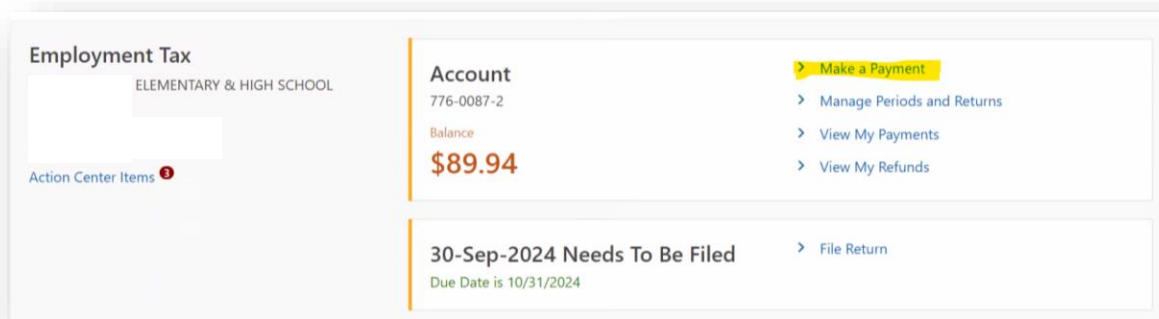
- Enter the Username
- Enter the Password
- Click on Log In

- Click on the District SDI Account



## Employment Tax

- Click on Make a Payment



## Payment

- Click on Payroll Tax Deposit/DE 88  
**-OR-**
- Credit or Debit Card Payment

**Important:** ACH Debit electronically transfers money from your bank account. Payments submitted weekdays before 3 p.m. PT (except holidays) will be posted the next business day.

<b>ACH Debit Payment</b>	
<u>Payroll Tax Deposit (DE 88)</u>	Report and pay your payroll taxes.
Account Payment	Pay an amount due on your account.
Letter ID Payment	Pay a specific amount you received in a letter.
<b>Card Payment</b>	
Credit or Debit Card Payment	Pay with ACI Payments, Inc., with a convenience fee (2.75% for credit cards and 1.75% for debit cards). Your payment will post to your account the day you pay it, if completed by 12 midnight (PT).

## Payment Period

- Click on the Period Ending that applies
- Click Next

e-Services Payment Request

**\$0.00**

Employment Tax

Payment Amount

ELEMENTARY & HIGH SCHOOL

Make a Payment

DE 88 Validation

**Payment Period**

Period Ending

☒ 30-Sep-2024

☐ 31-Dec-2024

☐ 31-Mar-2025

< Previous

Next >



## Payment Source

- Verify the Default source still applies
- Enter the Bank Debit Date (Be sure check has already been deposited to District Clearing Account)
- Enter the Amount
- Enter Confirm Amount

The screenshot shows two side-by-side form sections. The left section, titled "Payment Source", has a "Payment Source" label and three options: "Default - EXCHANGE BANK - \*!" (selected with a blue radio button), "Use a new payment source" (unselected), and "Direct Debit - US Bank EXCHANGE BANK \*\*\*\*\*" (with a bank icon). The right section, titled "Payment", has a "Standard" label and a "Bank Debit Date" field containing "10-Oct-2024" (circled in red). Below this are three fields: "Amount" (with a red asterisk), "Required" (with a red asterisk), and "Confirm Amount" (with a red asterisk). Each of these three fields has a yellow highlight bar below it.

## Schedule and Pay Date

- Monthly (If only applies to Regular Payroll)
- Semimonthly (Regular & Supplemental Payroll and Independent Charters)
- Enter Pay Date Wages Were Paid

The screenshot shows three side-by-side form sections. The left section, titled "Schedule and Pay Date", has a "Deposit Schedule" label and four options: "Monthly", "Next-Day", "Quarterly", and "Semiweekly" (selected with a blue radio button). Below is a "Pay Date (Date Wages Were Paid)" field containing "30-Sep-2024". The middle section, titled "Payment Amounts", lists four items: "Unemployment Insurance" (0.00), "Employment Training Tax" (0.00), "State Disability Insurance" (1,000.00, circled in red), and "Personal Income Tax" (0.00). Below these is a warning message: "Warning! PIT is typically greater than the SDI amount. If your amounts are correct, please proceed." The right section, titled "Penalty and Interest", lists "Penalty" (0.00) and "Interest" (0.00). Below is a "Payment Total" field containing "1,000.00". At the bottom of the form, there is a green box with the text "Ignore PIT Warning as this reported by SCOE" and two buttons: "Previous" and "Next".

## Payment Amounts

- State Disability Insurance – Enter Amount

## Penalty and Interest

- Penalties and Interest should be 0.00
- Payment Total – Enter Payment Total
- Click Next

## Account Information and Payment Information

- Review and Verify the Account and Payment Information
- Click Submit

**Make a Payment**

DE 88 Validation ✓    Payment Information ✓    **Review** >

**Account Information**

Name: ELEMENTARY & HIGH SCHOOL DISTRICTS

Account ID: 776-0087-2

Filing Period: 30-Sep-2024

**Payment Information**

Bank Routing #

Bank Account #

Payment Date: 10-Oct-2024

Payment Amount: \$1,000.00

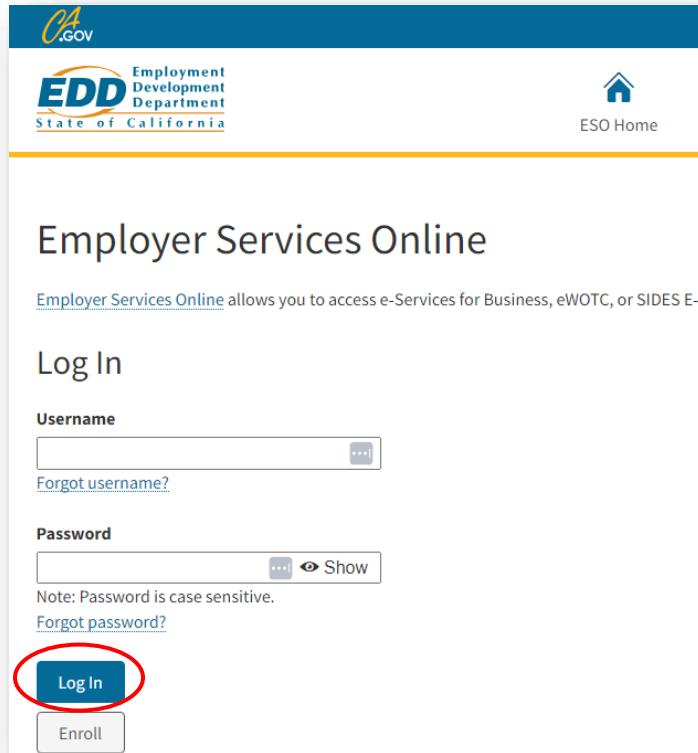
[< Previous](#) [Submit](#)

- Payment Confirmation – Print or Save as PDF for the District records

## SDI Quarterly Reporting Online

SDI Payments are made when payroll is processed semi-monthly or monthly and the SDI Reporting is quarterly. This must be reported and paid online unless the waiver is submitted to EDD. Use the same EDD login as the SDI Payments.

<https://eddservices.edd.ca.gov/tap/secure/eservices/> /#0.



CA.gov  
EDD Employment Development Department  
State of California

ESO Home

### Employer Services Online

[Employer Services Online](#) allows you to access e-Services for Business, eWOTC, or SIDES E-R

#### Log In

**Username**

[Forgot username?](#)

**Password**

 [Show](#)

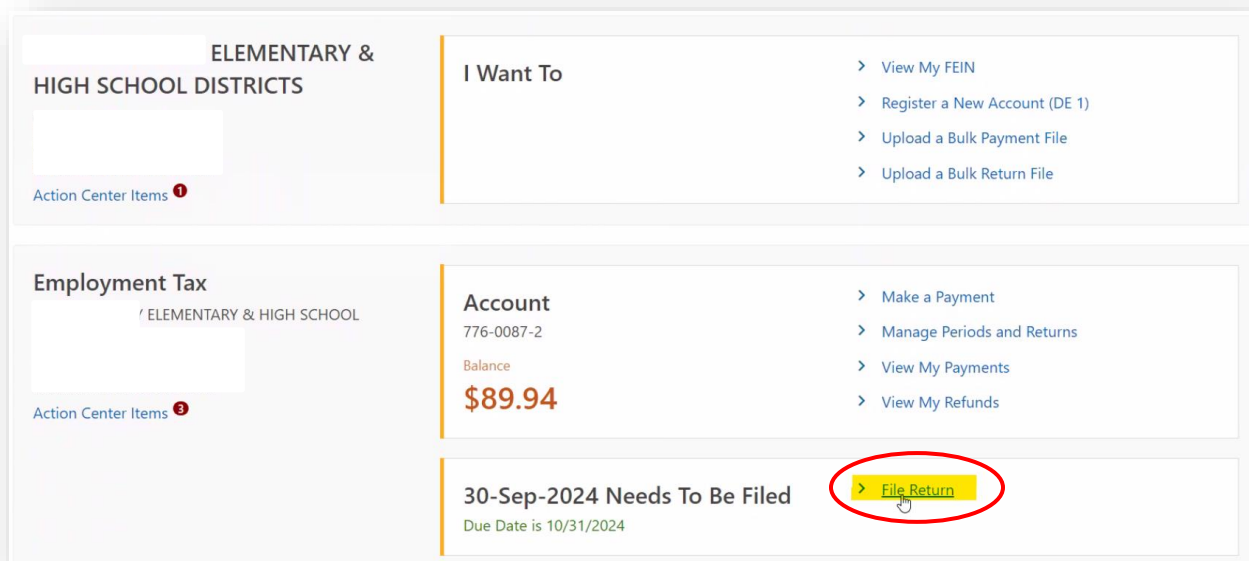
Note: Password is case sensitive.  
[Forgot password?](#)

**Log In**

Enroll

- Enter the Username
- Enter the Password
- Click on Log In

- Click on File Return



**ELEMENTARY & HIGH SCHOOL DISTRICTS**

Action Center Items 1

**I Want To**

- > View My FEIN
- > Register a New Account (DE 1)
- > Upload a Bulk Payment File
- > Upload a Bulk Return File

**Employment Tax**

ELEMENTARY & HIGH SCHOOL

Action Center Items 1

**Account**

776-0087-2

Balance

**\$89.94**

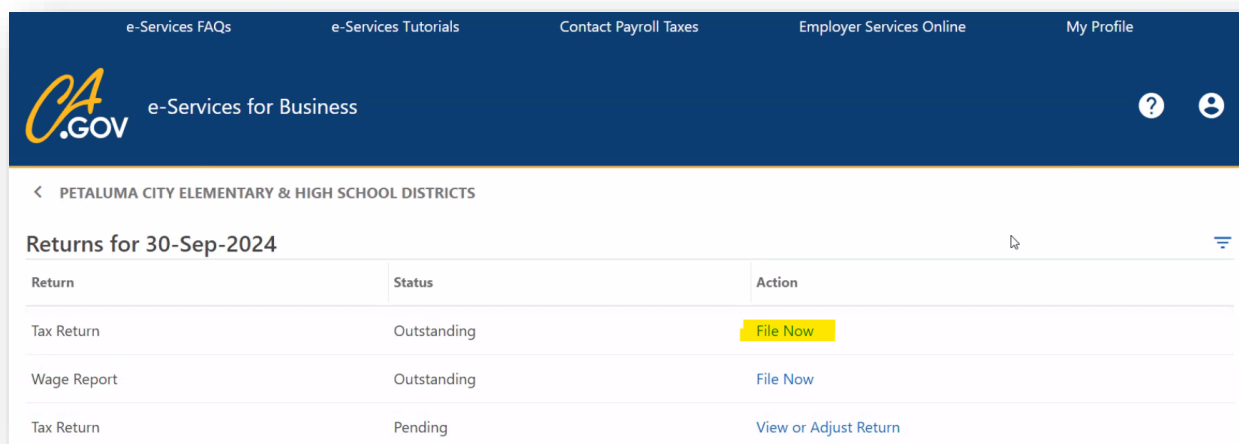
**30-Sep-2024 Needs To Be Filed**

Due Date is 10/31/2024

> **File Return**

## Tax Return

- Click on File Now

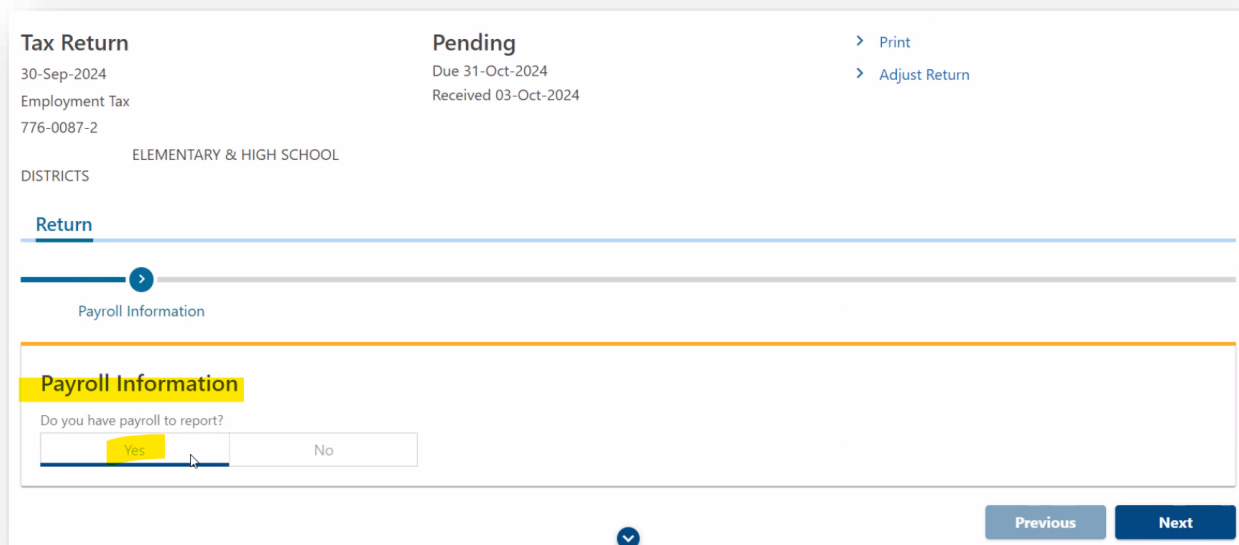


The screenshot shows the CA.GOV e-Services for Business interface. At the top, there are navigation links: e-Services FAQs, e-Services Tutorials, Contact Payroll Taxes, Employer Services Online, and My Profile. Below the header, the breadcrumb trail reads: < PETALUMA CITY ELEMENTARY & HIGH SCHOOL DISTRICTS. The main heading is "Returns for 30-Sep-2024". Below this is a table with three columns: Return, Status, and Action.

Return	Status	Action
Tax Return	Outstanding	<a href="#">File Now</a>
Wage Report	Outstanding	<a href="#">File Now</a>
Tax Return	Pending	<a href="#">View or Adjust Return</a>

## Payroll Information

- Click Yes to report payroll information
- Click Next



The screenshot shows the "Payroll Information" step in the tax return process. The top section displays "Tax Return" with details: 30-Sep-2024, Employment Tax, 776-0087-2, and DISTRICTS. The status is "Pending" with due dates: Due 31-Oct-2024 and Received 03-Oct-2024. There are links for "Print" and "Adjust Return". Below this is a progress bar with a dropdown menu labeled "Return" and a button labeled "Payroll Information". The main section is titled "Payroll Information" and asks "Do you have payroll to report?". There are two buttons: "Yes" (highlighted) and "No". At the bottom, there are "Previous" and "Next" buttons.

- Enter the Total Subject Wages
- Confirm the rate
- Enter SDI Wages
- Enter SDI Tax Withheld based on the Pay91a
- Enter field “Less Contributions & Withholdings” Paid for the Quarter
- Click Next

<h3>Total Subject Wages</h3> <p><b>Instructions</b></p> <p>Total Subject Wages Paid this Quarter</p> <p>5,052,676.50</p>	<h3>Unemployment Insurance (UI)</h3> <p>Total employee wages up to <b>\$7,000.00</b> per employee per calendar year.</p> <p>UI % 0.00</p> <p>UI Wages 0.00</p> <p>UI Contributions 0.00</p>	<h3>Employment Training Tax (ETT)</h3> <p>Total employee wages up to <b>\$7,000.00</b> per employee per calendar year.</p> <p>ETT % 0.00</p> <p>ETT Wages 0.00</p> <p>ETT Contributions 0.00</p>
<h3>State Disability Insurance (SDI)</h3> <p>Total employee wages.</p> <p>SDI % 1.10</p> <p>SDI Wages 5,052,676.50</p> <p>SDI Tax Withheld 55,579.54</p>	<h3>Totals</h3> <p>Personal Income Tax (PIT) Withheld 0.00</p> <p>Subtotal (Sum of UI, ETT, SDI, and PIT) 55,579.54</p> <p>Less: Contributions and Withholdings Paid for the Quarter 55,539.80</p> <p>Total Taxes Due or Overpaid 39.74</p>	

[Previous](#)

Amendment Information will only show if there is an adjustment.

- Enter a reason for adjustment

**File and View Tax Return**

Payroll Information ✓ Wage Information ✓ Amendment Information ➤

---

### Amendment Information

Reason for Adjustment \*

Required

[Save Draft](#) [< Previous](#) [Next >](#)

## **Declaration**

- Enter in Contact Information
- Click Submit

**File and View Tax Return**

Payroll Information Wage Information Amendment Information Declaration

### Declaration

I declare that the information herein is true and correct to the best of my knowledge.

First Name \*  
Required

Last Name \*  
Required

Title \*  
Required

Phone Number \*  
Required

Email \*  
Required

Save Draft

< Previous Submit

- Print or save as PDF

## Negative Adjustments Online

Negative adjustments need to be reported to the prior quarter, not the current quarter. The District will need to file online adjustment to both the Wage Report and the Tax Return when applicable. Use the same EDD login. <https://eddservices.edd.ca.gov/tap/secure/eservices/> /#0

CA.GOV  
EDD Employment Development Department  
State of California  
ESO Home

### Employer Services Online

[Employer Services Online](#) allows you to access e-Services for Business, eWOTC, or SIDES E-R

#### Log In

Username

[Forgot username?](#)

Password  
 [Show](#)

Note: Password is case sensitive.  
[Forgot password?](#)

**Log In**

Enroll

- Enter the Username
- Enter the Password
- Click on Log In

## Negative Adjustments

- Click on Manage Periods and Returns

**ELEMENTARY & HIGH SCHOOL DISTRICTS**  
0039-0987776  
Action Center Items 1

**I Want To**

- > View My FEIN
- > Register a New Account (DE 1)
- > Upload a Bulk Payment File
- > Upload a Bulk Return File

**Employment Tax**  
ELEMENTARY & HIGH SCHOOL DISTRICTS  
Action Center Items 1

**Account**  
776-0087-2  
Balance  
**\$89.94**

- > Make a Payment
- > **Manage Periods and Returns**
- > View My Payments
- > View My Refunds


**30-Sep-2024 Needs To Be Filed**  
Due Date is 10/31/2024

- > File Return

- Select the prior period

Periods		
Period	Balance	Action
31-Dec-2024	\$0.00	
30-Sep-2024	\$0.00	⚠ File Return
30-Jun-2024	\$89.94	⚠ Make Payment
31-Mar-2024	\$0.00	
31-Dec-2023	\$0.00	
30-Sep-2023	\$0.00	

- Click on File or Adjust a Return or Wage Report


e-Services for Business

< Manage Periods and Returns

31-Mar-2024

Balance  
\$0.00

> Make a Payment  
> **File or Adjust a Return or Wage Report**

Employment Tax  
776-0087-2  
PETALUMA CITY ELEMENTARY & HIGH SCHOOL DISTRICTS

File or Adjust a Return or Wage Report

Period

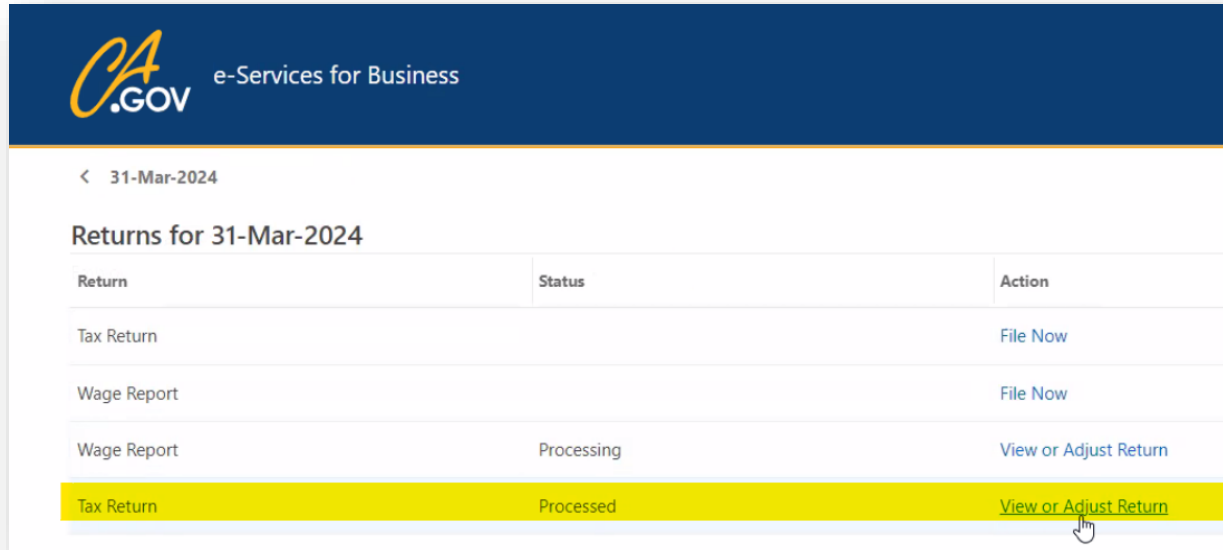
Summary

Period Activity

Tax	\$53,998.10	16-Apr-2024	Processing	Wage Report
Credit	(\$53,998.10)	04-Apr-2024	Payment posted	Payment for \$17,600.04
Balance	\$0.00	03-Apr-2024	Processed	Tax Return
		14-Mar-2024	Payment posted	Payment for \$883.19
		05-Mar-2024	Payment posted	Payment for \$17,026.63



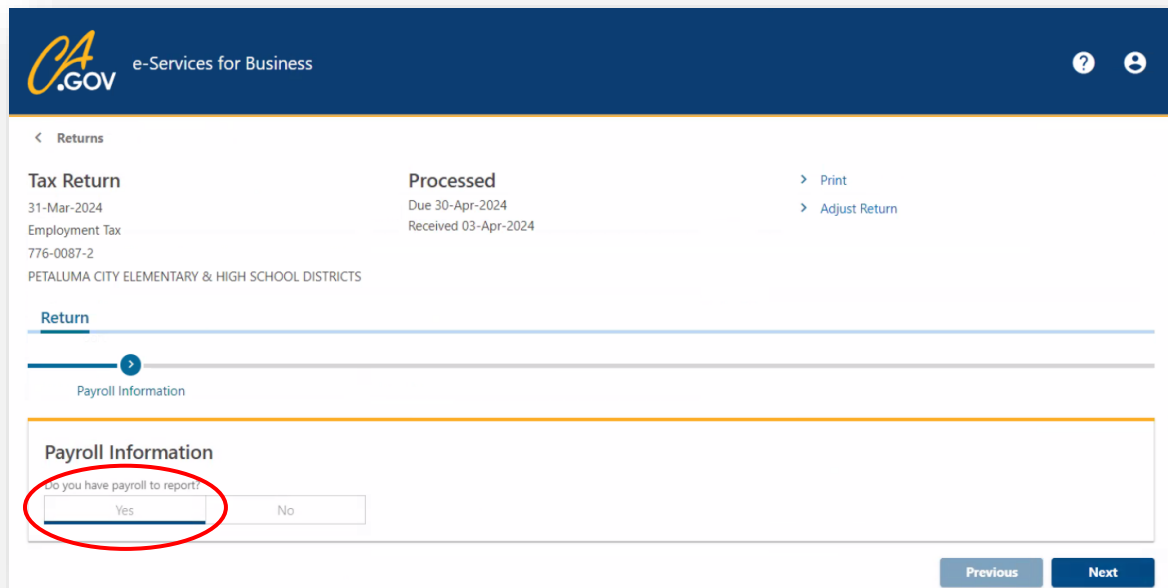
- Click on Tax Return – View or Adjust Return



Return	Status	Action
Tax Return		<a href="#">File Now</a>
Wage Report		<a href="#">File Now</a>
Wage Report	Processing	<a href="#">View or Adjust Return</a>
Tax Return	Processed	<a href="#">View or Adjust Return</a>

## Payroll Information

- Click Yes to report
- Click Next



**CA.GOV** e-Services for Business

< Returns

**Tax Return**  
 31-Mar-2024  
 Employment Tax  
 776-0087-2  
 PETALUMA CITY ELEMENTARY & HIGH SCHOOL DISTRICTS

**Processed**  
 Due 30-Apr-2024  
 Received 03-Apr-2024

> Print  
 > Adjust Return

**Return**

Payroll Information

**Payroll Information**

Do you have payroll to report?

☒ Yes ☐ No

Previous Next

## Total Subject Wages

- Enter in the total wages from prior period less the negative amount from current period

**Return**

Payroll Information Wage Information

**Total Subject Wages**

Instructions

Total Subject Wages Paid this Quarter

4,908,917.89

**Unemployment Insurance (UI)**

Total employee wages up to **\$7,000.00** per employee per calendar year.

UI %  
0.00

UI Wages  
0.00

UI Contributions  
0.00

**Employment Training Tax (ETT)**

Total employee wages up to **\$7,000.00** per employee per calendar year.

ETT %  
0.00

ETT Wages  
0.00

ETT Contributions  
0.00

## SDI Wage Adjustment

- Enter in SDI Wages total wage from prior period less the negative amount from current period
- Total Taxes Dues or Overpaid will be automatically calculated
- Click Next

**State Disability Insurance (SDI)**

Total employee wages.

SDI %  
1.10

SDI Wages  
4,908,917.89

SDI Tax Withheld  
53,998.10

**Totals**

Personal Income Tax (PIT) Withheld  
0.00

Subtotal (Sum of UI, ETT, SDI, and PIT)  
53,998.10

Less: Contributions and Withholdings Paid for the Quarter  
54,058.56

Total Taxes Due or Overpaid  
-60.46

Save Draft

Previous Next

- Enter Reason for Adjustment
- Click Next

**File and View Tax Return**

Payroll Information Wage Information Amendment Information

**Amendment Information**

Reason for Adjustment

Jessalyn Ealand was overpaid, set up repayment

Save Draft

Previous Next

## **Declaration**

- Enter Contact Information
- Click Submit

The screenshot displays the 'File and View Tax Return' interface. At the top, a progress bar shows four steps: 'Payroll Information', 'Wage Information', 'Amendment Information', and 'Declaration'. The 'Declaration' step is currently active and highlighted with an orange box. Below the progress bar, the 'Declaration' section contains a statement: 'I declare that the information herein is true and correct to the best of my knowledge.' followed by five required fields: 'First Name', 'Last Name', 'Title', 'Phone Number', and 'Email'. Each field has a red asterisk and the word 'Required' below it. At the bottom of the form, there are three buttons: 'Save Draft' on the left, and 'Previous' and 'Submit' on the right.

- Print or save as a PDF

## **SDI Adjustments by Form**

When there are negative amounts, there is an option to report the adjustments online or by form.

DE938 Form: [https://edd.ca.gov/siteassets/files/pdf\\_pub\\_ctr/de938.pdf](https://edd.ca.gov/siteassets/files/pdf_pub_ctr/de938.pdf)

DE938i Form Instructions: [https://edd.ca.gov/siteassets/files/pdf\\_pub\\_ctr/de938i.pdf](https://edd.ca.gov/siteassets/files/pdf_pub_ctr/de938i.pdf)



## Voluntary Plan for Disability Insurance Quarterly Adjustment Form

The *Voluntary Plan for Disability Insurance Quarterly Adjustment Form* (DE 938) is used to request corrections to information previously reported on a *Quarterly Contribution Return* (DE 3D) and/or *Quarterly Contribution Return and Report of Wages (Continuation)* (DE 9C). A claim for refund must be filed within 3 years of the last timely date of the quarter being adjusted, 6 months after an assessment becomes final, or 60 days from the date of the overpayment, whichever date occurs later.

You can also file adjustments to previously filed returns online through the Employment Development Department (EDD) [e-Services for Business](http://e-Services for Business (edd.ca.gov/e-Services_for_Business)) (edd.ca.gov/e-Services\_for\_Business). Refer to the [Instructions for Completing the Voluntary Plan for Disability Insurance Quarterly Adjustment Form \(DE 938-I\) \(PDF\)](http://Instructions for Completing the Voluntary Plan for Disability Insurance Quarterly Adjustment Form (DE 938-I) (PDF) (edd.ca.gov/pdf_pub_ctr/de938i.pdf)) (edd.ca.gov/pdf\_pub\_ctr/de938i.pdf) for additional information.

Check the box ☐ If only adjusting the DE 3D, complete Sections I, II, III, and V. ☐ If only adjusting the DE 9C, complete Sections I, II, IV, and V. ☐ If adjusting DE 3D and DE 9C, complete all sections.

### Section I: Employer Information. Complete all fields (Please print).

Business Name:

Quarter

Employer Account Number

Street Address:

City, State, ZIP Code:

### Section II: Reason for Adjustment. Enter a detailed reason for the adjustments requested. (Required)

### Section III: Request to Adjust the DE 3D.

Complete all fields. If requesting a credit (decrease) to SDI or PIT previously reported, you must also complete **Line Q** below.

A. Total Subject Wages

B. Unemployment Insurance (UI) Taxable Wages

C. State Disability Insurance (SDI) Taxable Wages

D. Voluntary Plan DI (VPDI) Taxable Wages

E. Employer's UI Contributions (UI rate  % times B)

F. Employment Training Tax (ETT rate  % times B)

G. SDI Withheld (SDI Rate  % times C)  
(Includes Paid Family Leave)

H. Voluntary Plan Assessment (VPDI Rate  % times D)

I. Personal Income Tax (PIT) Withheld

J. Subtotal (Add amounts on Lines E, F, G, H, and I)

K. Plus: Erroneous SDI Deductions Not Refunded (Refer to **Note** below)

L. Less: Contributions and Withholdings Paid for the Quarter

M. Total Taxes Due or Overpaid (J2 - K + L). (If balance due, complete N, O, and P)

N. Penalty (If balance is due, calculate 15% of the amount on Line M)

O. Interest (Refer to the DE 938-I for instructions)

P. Total Due (Lines M + N + O)

Q. SDI and PIT Overpayments. If requesting a credit (decrease) to SDI or PIT, you must answer the following questions:

1. Was the credit claimed above (column 3) withheld from the wages of employee(s)?
2. If yes, has this amount been refunded to the employee(s)?
3. Was the correct PIT reported on the Form W-2 issued to the employee(s)?

#### SDI Deductions

☐ Yes ☐ No  
☐ Yes ☐ No

#### PIT Deductions

☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No

**Note:** SDI and PIT deductions are employee contributions. The EDD cannot refund these amounts unless you first refund the erroneous deductions to the employee(s). If you have issued Form(s) W-2, do not refund PIT overwithholdings or change the amount reported on the employee(s) Form W-2. The employee will receive a credit for the PIT overwithheld when they file their *California Income Tax Return* (Form 540) with the Franchise Tax Board. If you are requesting a PIT credit for a prior year because you paid the EDD more than the amount withheld from the employee(s), attach a copy of Form(s) W-2 filed for each affected employee. Refer to the DE 938-I for additional instructions.

Sign on Page 2 and Mail To: Employment Development Department / PO Box 989073 / West Sacramento, CA 95798-9073

**Section IV: Request to Adjust the DE 9C.** Complete **Item A** for all DE 9C adjustments. Complete **Item B** only for wage plan code corrections to all employees. Complete **Item C** to request adjustments to individual employee information.

**A. DE 9C Grand Totals for the Quarter**

A1. Enter the correct grand totals for all employees for the quarter.

Total Subject Wages	Total PIT Wages	Total PIT Withheld
---------------------	-----------------	--------------------

A2. Enter the number of employees full-time and part-time who worked during or received pay subject to UI for the pay period which includes the 12<sup>th</sup> of the month.

1st Month	2nd Month	3rd Month
-----------	-----------	-----------

Wage Item Count

A3. Enter the correct total number of wage lines for all employees for the quarter.

**B. Wage Plan Code Corrections for All Employees.** Leave blank if not correcting all wage plan codes. Refer to the [Information Sheet: Reporting Wage Plan Codes on Quarterly Wage Reports and Adjustments \(DE 231WPC\) \(PDF\)](http://edd.ca.gov/pdf/pub_ctr/de231wpc.pdf) ([edd.ca.gov/pdf/pub\\_ctr/de231wpc.pdf](http://edd.ca.gov/pdf/pub_ctr/de231wpc.pdf)) for additional information.

Enter Number of Employees: \_\_\_\_\_ Prior Plan Code: \_\_\_\_\_ Correct Plan Code: \_\_\_\_\_  
(Item C below is not required if only adjusting wage plan codes for all employees.)

**C. Individual Wage Line Adjustments.** Identify the adjustment type for each affected employee and complete the fields indicated. Include only the wage lines that need to be corrected. Make corrections to the quarter(s) in which the information was originally reported. Do not report negative amounts.

Adjustment Type	Fields to Complete for Each Affected Employee
Add employee(s) not previously reported.	C1 – C6. Leave C7 – C9 blank.
Remove employee(s) reported in error.	C1 – C6. Enter 0.00 in C3 – C5.
Adjust wages or PIT amounts previously reported.	C1 – C6. Leave C7 – C9 blank.
Correct employee name(s).	C1 – C6 and C7. Leave C8 – C9 blank.
Correct a Social Security number (SSN).	C1 – C6 and C8. Leave C7 and C9 blank.
Correct wage plan code for one or more employees but not all.	C1 – C6 and C9. Leave C7 and C8 blank.
Multiple adjustments.	C1 – C6 and C7 – C9 if they apply to adjustment.

Enter the information that <b>should have been reported</b> in fields C1 – C6. If a correction reduces wages or withholdings amount to zero, enter 0.00 in the field.				For name, SSN, or plan code corrections, enter the information <b>previously reported</b> in fields C7 – C9. Leave these fields blank for all other adjustment types.	
C1. Social Security Number (SSN)	C2. Employee Name (First, Middle Initial, Last)			C7. Previously Reported Name (First, Middle Initial, Last)	
C3. Total Subject Wages	C4. PIT Wages	C5. PIT Withheld	C6. Plan Code	C8. Previously Reported SSN	C9. Previously Reported Plan Code
C1. Social Security Number (SSN)	C2. Employee Name (First, Middle Initial, Last)			C7. Previously Reported Name (First, Middle Initial, Last)	
C3. Total Subject Wages	C4. PIT Wages	C5. PIT Withheld	C6. Plan Code	C8. Previously Reported SSN	C9. Previously Reported Plan Code
C1. Social Security Number (SSN)	C2. Employee Name (First, Middle Initial, Last)			C7. Previously Reported Name (First, Middle Initial, Last)	
C3. Total Subject Wages	C4. PIT Wages	C5. PIT Withheld	C6. Plan Code	C8. Previously Reported SSN	C9. Previously Reported Plan Code

Please attach additional pages if reporting more than 3 wage line adjustments.

**Section V: Declaration.** I declare that the information herein is true and correct to the best of my knowledge. (A signature is required on all adjustments.)

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Sign and Mail To:** Employment Development Department / PO Box 989073 / West Sacramento, CA 95798-9073



Business Name: \_\_\_\_\_

Quarter \_\_\_\_\_

Employer Account Number \_\_\_\_\_

Enter the information that <b>should have been reported</b> in fields C1 – C6. If a correction reduces wages or withholdings amount to zero, enter 0.00 in the field.					For name, SSN, or plan code corrections, enter the information <b>previously reported</b> in fields C7 – C9. Leave these fields blank for all other adjustment types.	
C1. Social Security Number (SSN)	C2. Employee Name (First, Middle Initial, Last)				C7. Previously Reported Name (First, Middle Initial, Last)	
C3. Total Subject Wages	C4. PIT Wages	C5. PIT Withheld	C6. Plan Code		C8. Previously Reported SSN	C9. Previously Reported Plan Code
C1. Social Security Number (SSN)	C2. Employee Name (First, Middle Initial, Last)				C7. Previously Reported Name (First, Middle Initial, Last)	
C3. Total Subject Wages	C4. PIT Wages	C5. PIT Withheld	C6. Plan Code		C8. Previously Reported SSN	C9. Previously Reported Plan Code
C1. Social Security Number (SSN)	C2. Employee Name (First, Middle Initial, Last)				C7. Previously Reported Name (First, Middle Initial, Last)	
C3. Total Subject Wages	C4. PIT Wages	C5. PIT Withheld	C6. Plan Code		C8. Previously Reported SSN	C9. Previously Reported Plan Code
C1. Social Security Number (SSN)	C2. Employee Name (First, Middle Initial, Last)				C7. Previously Reported Name (First, Middle Initial, Last)	
C3. Total Subject Wages	C4. PIT Wages	C5. PIT Withheld	C6. Plan Code		C8. Previously Reported SSN	C9. Previously Reported Plan Code
C1. Social Security Number (SSN)	C2. Employee Name (First, Middle Initial, Last)				C7. Previously Reported Name (First, Middle Initial, Last)	
C3. Total Subject Wages	C4. PIT Wages	C5. PIT Withheld	C6. Plan Code		C8. Previously Reported SSN	C9. Previously Reported Plan Code
C1. Social Security Number (SSN)	C2. Employee Name (First, Middle Initial, Last)				C7. Previously Reported Name (First, Middle Initial, Last)	
C3. Total Subject Wages	C4. PIT Wages	C5. PIT Withheld	C6. Plan Code		C8. Previously Reported SSN	C9. Previously Reported Plan Code
C1. Social Security Number (SSN)	C2. Employee Name (First, Middle Initial, Last)				C7. Previously Reported Name (First, Middle Initial, Last)	
C3. Total Subject Wages	C4. PIT Wages	C5. PIT Withheld	C6. Plan Code		C8. Previously Reported SSN	C9. Previously Reported Plan Code
C1. Social Security Number (SSN)	C2. Employee Name (First, Middle Initial, Last)				C7. Previously Reported Name (First, Middle Initial, Last)	
C3. Total Subject Wages	C4. PIT Wages	C5. PIT Withheld	C6. Plan Code		C8. Previously Reported SSN	C9. Previously Reported Plan Code
C1. Social Security Number (SSN)	C2. Employee Name (First, Middle Initial, Last)				C7. Previously Reported Name (First, Middle Initial, Last)	
C3. Total Subject Wages	C4. PIT Wages	C5. PIT Withheld	C6. Plan Code		C8. Previously Reported SSN	C9. Previously Reported Plan Code
C1. Social Security Number (SSN)	C2. Employee Name (First, Middle Initial, Last)				C7. Previously Reported Name (First, Middle Initial, Last)	
C3. Total Subject Wages	C4. PIT Wages	C5. PIT Withheld	C6. Plan Code		C8. Previously Reported SSN	C9. Previously Reported Plan Code
C1. Social Security Number (SSN)	C2. Employee Name (First, Middle Initial, Last)				C7. Previously Reported Name (First, Middle Initial, Last)	
C3. Total Subject Wages	C4. PIT Wages	C5. PIT Withheld	C6. Plan Code		C8. Previously Reported SSN	C9. Previously Reported Plan Code
C1. Social Security Number (SSN)	C2. Employee Name (First, Middle Initial, Last)				C7. Previously Reported Name (First, Middle Initial, Last)	
C3. Total Subject Wages	C4. PIT Wages	C5. PIT Withheld	C6. Plan Code		C8. Previously Reported SSN	C9. Previously Reported Plan Code

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## **SDI Quarterly Reporting Submission to SCOE Business Services**

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