SAN MATEO COUNTY OFFICE OF EDUCATION

REQUEST FOR EDD QUARTERLY CONTRIBUTION AND WAGE ADJUSTMENT

(EDD Form DE9ADJ)

TO: District Business Services / Payroll Audit Dept.

FROM: Select a district

Requested By _____ **Date** _____

Authorized Signature _____ **Date** _____

SSN CORRECTIONS ONLY

Employee Name (First, MI, Last)	Incorrect SSN	Correct SSN	Year/Quarter

SIT WAGE / WITHHOLDING CORRECTIONS

Run Pay91 report to see what has been previously reported.

Year / Qtr	SSN	Employee Name (First, MI, Last)	PIT Wages Previously Reported	PIT Wages Should Be	PIT Withheld Previously Reported	PIT Withheld Should Be

SDI WAGE / WITHHOLDING CORRECTIONS

Run Pay91 report to see what has been previously reported.

Year / Qtr	SSN	Employee Name (First, MI, Last)	SDI Wages Previously Reported	SDI Wages Should Be	SDI Withheld Previously Reported	SDI Withheld Should Be

Required Documentation:

(1) Pay91 report for each employee for each quarter.
(2) Social Security card or other SSN verification if correcting an employee's SSN.
(3) District Request for SIT/SDI Refund form and Employee SIT/SDI Certification Statement if correcting an employee's SIT/SDI withholding.

SMCOE USE ONLY

Submitted by (Auditor's initials) _____ Date _____	Processed by (Auditor's initials) _____ Date _____	Date DE9ADJ submitted to EDD _____ Date refund check received _____ Date balance due paid _____

DISTRICT REQUEST FOR SIT REFUND

Field	Response
District Number	
District Name	
Employee ID Number	
Employee Name	
District Signature	

Calendar Year: _____ Quarter(s): _____

SIT Refund / Credit Requested: $ _____

Select one response for each question:

1. Was the credit claimed withheld from the employee's wages?

○ Yes ○ No

2. If yes, has this amount been refunded to the employee?

○ Yes ○ No ○ N/A - not withheld

3. Was the correct PIT reported on the Form W-2 issued to the employee?

○ Yes ○ No ○ W-2 not yet issued

NOTE: According to EDD instructions "The EDD cannot issue a refund to you for SDI and PIT contributions, unless you first refund the erroneous deductions to the employee(s)."

EMPLOYEE SIT CERTIFICATION STATEMENT

In compliance with state payroll tax laws, the employee statement should include the information shown in the sample below when a claim is filed for a refund of employee contributions. When applicable, the employer will refund any employee contributions withheld in error.

Field	Response
Employee Name	
Employer Name	

Calendar Year: _____ Refund Amount: $ _____

I give my consent to have my employer, named above, file a claim on my behalf with EDD requesting $ _____ in over-collected SIT taxes for 20____. I have not claimed a refund or credit of the over-collected taxes from EDD; or, if I did, that claim was rejected. I will not claim a refund or credit for this amount.

Field	Response
Employee Signature	
Date	

DISTRICT REQUEST FOR SDI REFUND

Field	Response
District Number	
District Name	
Employee ID Number	
Employee Name	
District Signature	

When corrections are made to Form W-2, Wage and Tax Statement, Form DE 9ADJ must be completed to correct applicable quarterly reports previously filed with the Employment Development Department (EDD).

For over-reported State Disability Insurance (SDI), EDD requires the following information when there is a request for a refund of employee contributions.

Select the applicable response for each question:

Was the credit claimed withheld from the employee's wages?

☐ Yes

☐ No

If yes, has this amount been refunded to the employee?

☐ Yes

☐ No

NOTE: EDD cannot refund these contributions to the district unless the district first refunds the erroneous deductions to the employee.

EMPLOYEE SDI CERTIFICATION STATEMENT

In compliance with state payroll tax laws, the employee statement should include the information shown in the sample below when a claim is filed for a refund of employee contributions. When applicable, the employer will refund any employee contributions withheld in error.

Sample Certification Statement

Field	Response
Employee Name	
Employer Name	

I give my consent to have my employer, named above, file a claim on my behalf with EDD requesting $_____ in over-collected SDI taxes for 20____. I have not claimed a refund or credit of the over-collected taxes from EDD; or, if I did, that claim was rejected. I will not claim a refund or credit for this amount.

Field	Response
Employee Signature	
Date	

DO NOT SEND THIS STATEMENT TO EDD. KEEP IT FOR THE DISTRICT'S RECORDS.