

REPORT OF NEW EMPLOYEE(S)

See detailed instructions on reverse. Please type or print.
NOTE: Report new employees within 20 days of start-of-work date.



00340600



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|---------------------|------------------------------|------------------|---------------------|
| DATE M M D D Y Y | CA EMPLOYER ACCOUNT NO. L | BRANCH CODE L | FEDERAL ID NO. L |
|---------------------|------------------------------|------------------|---------------------|

| | | |
|---------------|----------------|---------------|
| BUSINESS NAME | CONTACT PERSON | TELEPHONE NO. |
|---------------|----------------|---------------|

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|---------|--------|------|-------|-----|
| ADDRESS | STREET | CITY | STATE | ZIP |
|---------|--------|------|-------|-----|

| | | | |
|--------------------------|-----------------|-------------------------|-----------------------------------|
| EMPLOYEE FIRST NAME L | MI L | EMPLOYEE LAST NAME L | UNIT/APT L |
| SOCIAL SECURITY NO. L | STREET NO. L | STREET NAME L | START-OF-WORK DATE M M D D Y Y |
| CITY L | STATE L | ZIP L | |

| | | | |
|--------------------------|-----------------|-------------------------|-----------------------------------|
| EMPLOYEE FIRST NAME L | MI L | EMPLOYEE LAST NAME L | UNIT/APT L |
| SOCIAL SECURITY NO. L | STREET NO. L | STREET NAME L | START-OF-WORK DATE M M D D Y Y |
| CITY L | STATE L | ZIP L | |

| | | | |
|--------------------------|-----------------|-------------------------|-----------------------------------|
| EMPLOYEE FIRST NAME L | MI L | EMPLOYEE LAST NAME L | UNIT/APT L |
| SOCIAL SECURITY NO. L | STREET NO. L | STREET NAME L | START-OF-WORK DATE M M D D Y Y |
| CITY L | STATE L | ZIP L | |

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|--------------------------|-----------------|-------------------------|-----------------------------------|
| EMPLOYEE FIRST NAME L | MI L | EMPLOYEE LAST NAME L | UNIT/APT L |
| SOCIAL SECURITY NO. L | STREET NO. L | STREET NAME L | START-OF-WORK DATE M M D D Y Y |
| CITY L | STATE L | ZIP L | |

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|--------------------------|-----------------|-------------------------|-----------------------------------|
| EMPLOYEE FIRST NAME L | MI L | EMPLOYEE LAST NAME L | UNIT/APT L |
| SOCIAL SECURITY NO. L | STREET NO. L | STREET NAME L | START-OF-WORK DATE M M D D Y Y |
| CITY L | STATE L | ZIP L | |

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|--------------------------|-----------------|-------------------------|-----------------------------------|
| EMPLOYEE FIRST NAME L | MI L | EMPLOYEE LAST NAME L | UNIT/APT L |
| SOCIAL SECURITY NO. L | STREET NO. L | STREET NAME L | START-OF-WORK DATE M M D D Y Y |
| CITY L | STATE L | ZIP L | |

INSTRUCTIONS FOR COMPLETING THE REPORT OF NEW EMPLOYEE(S)

WHO MUST BE REPORTED:

Federal law requires all employers to report all newly hired or rehired workers to the Employment Development Department (EDD) within 20 days of their start-of-work date. State and county agencies use this information to assist them in locating parents who are delinquent in their child support obligations.

An individual is considered a **new hire** on the first day in which he/she performs services for wages. An individual is considered a **rehire** if the employer/employee relationship has ended and the returning individual is required to submit a Form W-4 to the employer.

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 telephone number

Employee's

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

HOW TO COMPLETE THIS FORM:

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 or slashes.

| | | | |
|---------------------|------------|--------------------|----------|
| EMPLOYEE FIRST NAME | MI | EMPLOYEE LAST NAME | |
| IMOGENE | A | SAMPLE | |
| SOCIAL SECURITY NO. | STREET NO. | STREET NAME | UNIT/APT |
| 123456789 | 1234 | ANY STREET | 312 |

If you **handwrite this form**, print each letter or number in a separate box as shown. Do not use commas or periods.

| | | | |
|---------------------|------------|--------------------|----------|
| EMPLOYEE FIRST NAME | MI | EMPLOYEE LAST NAME | |
| I M O G E N E | A | S A M P L E | |
| SOCIAL SECURITY NO. | STREET NO. | STREET NAME | UNIT/APT |
| 1 2 3 4 5 6 7 8 9 | 1 2 3 4 | A N Y S T R E E T | 3 1 2 |

ADDITIONAL INFORMATION:

If you have any questions concerning the new employee reporting requirement, you may visit our Web site at www.edd.ca.gov/Payroll_Taxes/New_Hire_Reporting.htm, call the New Employee Registry and Independent Contractor Reporting telephone line at (916) 657-0529, call the Taxpayer Assistance Center at (888) 745-3886, or visit your local Employment Tax Office listed in the *California Employer's Guide* (DE 44).

To obtain additional DE 34 forms:

- Visit our Web site at www.edd.ca.gov/Forms/default.asp; or
- 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 method of reporting your DE 34 information, you are encouraged to report online using any of the options available with EDD's Expanded e-Services for Business. Visit our Web site at <https://eddservices.edd.ca.gov> to choose the option that is best for you.

To file a DE 34 form, complete the information in the spaces provided on the form and fax it to (916) 319-4400 or mail it to the following address:

EMPLOYMENT DEVELOPMENT DEPARTMENT
Document Management Group, MIC 96
P.O. Box 997016
West Sacramento, CA 95799-7016