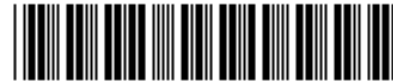


# REPORT OF NEW EMPLOYEE(S)

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



00340600



DATE M M D D Y Y	CA EMPLOYER ACCOUNT NO. L	BRANCH CODE L	FEDERAL ID NO. L
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BUSINESS NAME	CONTACT PERSON	TELEPHONE NO.
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ADDRESS	STREET	CITY	STATE	ZIP
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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	

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	

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	

## INSTRUCTIONS FOR COMPLETING THE REPORT OF NEW EMPLOYEE(S)

### WHO MUST BE REPORTED:

Federal law requires all employers to report to EDD within 20 days of start of work all employees who are newly hired or rehired. This information is used to assist state and county agencies 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 W-4 form 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

#### Employee's:

- First name, middle initial, and last name
- Social Security number
- Home address
- Start of work date (hire date)

### HOW TO COMPLETE THIS FORM:

Please record information in the spaces provided. If you use a typewriter or printer, 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 **must hand print this form**, write 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:

To obtain information for submitting Reports of New Employee(s) on magnetic media, call (916) 654-6845.

If you have any questions concerning this reporting requirement, please contact your local Employment Tax Office (ETO) listed in your local telephone directory in the State Government section under "Employment Development Department" or call (916) 657-0529.

### TO OBTAIN ADDITIONAL DE 34s:

- Contact your local ETO for less than 25 copies;
- Call (888) 745-3886 for 25 or more forms;
- Visit EDD's Home Page at [www.edd.ca.gov/taxrep/taxordn2.htm](http://www.edd.ca.gov/taxrep/taxordn2.htm).

### HOW TO REPORT:

Please record the information in the spaces provided and mail it to the following address or FAX to (916) 319-4400.

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