

**Confirmation No.:** 

0-915-896-384

Date Requested: Account Number:

January 1, 2018 910-2995-9

## MONEY ON BOOKS

Page: 1

Quarterly Contribution Return and Report of Wages (DE 9) Quarter Ended: December 31, 2017								
A. No Wages Paid This Quarter	[X]							
B. Out of Business/No Employees	÷ [1]							
C. Total Subject Wages Paid This	Quarter	\$0.00						
D. Unemployment Insurance (UI) UI Rate % UI Taxable V	(Total employee wages up to 7,000.00 per employee per calandar year)							
0.00 x \$0.00	=	\$0.00						
E. Employment Training Tax (ETT ETT Rate % ETT Taxable								
0.00 × \$0.00	=	\$0.00						
F. State Disability Insurance SDI Rate % SDI Taxable	(Total employee wages up to 110,902.00 per employee per calendar year) Wages							
0.90 × \$0.00	=	\$0.00						
G. California Personal Income Tax	\$0.00							
H. Subtotal		\$0.00						
I. Less: (Contributions and Withholdings P. (DO NOT Include Penalty and Inte	\$0.00							
J. Total Taxes Due or Overpaid	(Item H minus Item I)	\$0.00						



Date Requested: Account Number:

January 1, 2018

910-2995-9

## MONEY ON BOOKS

	MONEYON	I BOOKS								
A. Employees full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.  [ ] B. Reporting Voluntary DI wages [X] C. No Payroll [ ] D. Out of Business  1st Month 0 0 0  G. Total Subject H. Total PIT I. Total PIT Wages	Quarterly C	Contribution Return	and F	Report of Wages (	Continuation) (DE 9C)					
during or received pay subject to UI for the payroll period which includes the 12th of the month.  [X] C. No Payroll  [X] D. Out of Business  1st Month  2nd Month  0  G. Total Subject H. Total PIT I. Total PIT Wag	Quarter End	ded: December 31, 20	)17							
0 0 0 G. Total Subject H. Total PIT I. Total PIT Wag	during or received pay subject to UI for the payroll			[X] C. No Payroll						
	E. SSN	F. First Name	МІ	Last Name	-				Wage Code	
N. C. L. T. (10 LL VIV)										
	M. Grand Total Subject Wages		N. Gran			0. G	0.00			