

Confirmation No.:Date Requested:

Account Number:

1-941-104-064 October 13, 2019

910-2995-9

GLOBAL HANDS 360

Page: 1

Quarterly Contribution Return and Report of Wages (DE 9) Quarter Ended: September 30, 2019			
A. No Wages Paid T	nis Quarter	[X]	
B. Out of Business/N	o Employees	[1]	
C. Total Subject Wag	es Paid This	Quarter	\$0.00
D. Unemployment Insurance (UI) UI Rate % UI Taxable W		•	
0.00 x	\$0.00	=	\$0.00
E. Employment Training Tax (ETT) ETT Rate % ETT Taxable Wages			
0.00 x	\$0.00	=	\$0.00
F. State Disability Ins	SURANCE SDI Taxable	(Total employee wages up to 118,371.00 per employee pe year) Wages	r calendar
1.00 x	\$0.00	=	\$0.00
G. California Personal Income Tax (PIT) Withheld			\$0.00
H. Subtotal			\$0.00
11. Subtotal			ψ0.00
I. Less: (Contributions and Withholdings Paid for the Year) (DO NOT include Penalty and Interest Payments)			\$0.00
J. Total Taxes Due o	\$0.00		



Date Requested: Account Number:

October 13, 2019

910-2995-9

0.00

GLOBAL HANDS 360

Quarterly Contribution Return and Report of Wages (Continuation) (DE 9C) Quarter Ended: September 30, 2019 [] B. Reporting Voluntary DI wages A. Employees full-time and part-time who worked during or received pay subject to UI for the payroll [X] C. No Payroll period which includes the 12th of the month. [] D. Out of Business 2nd Month 3rd Month 1st Month 0 0 0 G. Total Subject H. Total PIT I. Total PIT Wage E. SSN F. First Name MI **Last Name** Withheld Code Wages Wages O. Grand Total PIT Withheld N. Grand Total PIT Wages M. Grand Total Subject Wages

0.00