

# REPORT OF NEW EMPLOYEE(S)

NOTE: Failure to provide all of the information below may result in this form being rejected and/or a penalty being assessed.



00340600



|                     |                                 |                  |                        |
|---------------------|---------------------------------|------------------|------------------------|
| DATE<br>M M D D Y Y | CA EMPLOYER ACCOUNT NUMBER<br>L | BRANCH CODE<br>L | FEDERAL ID NUMBER<br>L |
|---------------------|---------------------------------|------------------|------------------------|

|               |                |              |
|---------------|----------------|--------------|
| BUSINESS NAME | CONTACT PERSON | PHONE NUMBER |
|---------------|----------------|--------------|

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

|                             |                    |                         |                                   |
|-----------------------------|--------------------|-------------------------|-----------------------------------|
| EMPLOYEE FIRST NAME<br>L    | MI<br>L            | EMPLOYEE LAST NAME<br>L | UNIT/APT<br>L                     |
| SOCIAL SECURITY NUMBER<br>L | STREET NUMBER<br>L | STREET NAME<br>L        | START-OF-WORK DATE<br>M M D D Y Y |
| CITY<br>L                   | STATE<br>L         | ZIP CODE<br>L           |                                   |

|                             |                    |                         |                                   |
|-----------------------------|--------------------|-------------------------|-----------------------------------|
| EMPLOYEE FIRST NAME<br>L    | MI<br>L            | EMPLOYEE LAST NAME<br>L | UNIT/APT<br>L                     |
| SOCIAL SECURITY NUMBER<br>L | STREET NUMBER<br>L | STREET NAME<br>L        | START-OF-WORK DATE<br>M M D D Y Y |
| CITY<br>L                   | STATE<br>L         | ZIP CODE<br>L           |                                   |

|                             |                    |                         |                                   |
|-----------------------------|--------------------|-------------------------|-----------------------------------|
| EMPLOYEE FIRST NAME<br>L    | MI<br>L            | EMPLOYEE LAST NAME<br>L | UNIT/APT<br>L                     |
| SOCIAL SECURITY NUMBER<br>L | STREET NUMBER<br>L | STREET NAME<br>L        | START-OF-WORK DATE<br>M M D D Y Y |
| CITY<br>L                   | STATE<br>L         | ZIP CODE<br>L           |                                   |

|                             |                    |                         |                                   |
|-----------------------------|--------------------|-------------------------|-----------------------------------|
| EMPLOYEE FIRST NAME<br>L    | MI<br>L            | EMPLOYEE LAST NAME<br>L | UNIT/APT<br>L                     |
| SOCIAL SECURITY NUMBER<br>L | STREET NUMBER<br>L | STREET NAME<br>L        | START-OF-WORK DATE<br>M M D D Y Y |
| CITY<br>L                   | STATE<br>L         | ZIP CODE<br>L           |                                   |

|                             |                    |                         |                                   |
|-----------------------------|--------------------|-------------------------|-----------------------------------|
| EMPLOYEE FIRST NAME<br>L    | MI<br>L            | EMPLOYEE LAST NAME<br>L | UNIT/APT<br>L                     |
| SOCIAL SECURITY NUMBER<br>L | STREET NUMBER<br>L | STREET NAME<br>L        | START-OF-WORK DATE<br>M M D D Y Y |
| CITY<br>L                   | STATE<br>L         | ZIP CODE<br>L           |                                   |

|                             |                    |                         |                                   |
|-----------------------------|--------------------|-------------------------|-----------------------------------|
| EMPLOYEE FIRST NAME<br>L    | MI<br>L            | EMPLOYEE LAST NAME<br>L | UNIT/APT<br>L                     |
| SOCIAL SECURITY NUMBER<br>L | STREET NUMBER<br>L | STREET NAME<br>L        | START-OF-WORK DATE<br>M M D D Y Y |
| CITY<br>L                   | STATE<br>L         | ZIP CODE<br>L           |                                   |

# INSTRUCTIONS FOR COMPLETING ALL OF THE ELEMENTS ON THE REPORT OF NEW EMPLOYEE(S) FORM

## REQUIREMENTS:

Federal law requires all employers to report all newly hired employees, who work in California, to the Employment Development Department (EDD) within 20 days of their start-of-work date, which is the first day of work. In addition, any employee who is rehired after a separation of at least sixty (60) consecutive days must also be reported within the 20 days. State and county agencies use this information to assist them in locating parents who are delinquent in their child support obligations.

## PENALTIES:

Employers who fail to report the hiring or rehiring of an employee, as required and within the time frame required, may be assessed a penalty of \$24 for each failure to report or \$490 if the failure to report is an intentional agreement between the employer and employee to not supply the required information or to supply a false or incomplete report.

## 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 phone 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, slashes, commas, or periods.

|                        |               |                    |          |
|------------------------|---------------|--------------------|----------|
| EMPLOYEE FIRST NAME    | MI            | EMPLOYEE LAST NAME |          |
| IMOGENE                | A             | SAMPLE             |          |
| SOCIAL SECURITY NUMBER | STREET NUMBER | STREET NAME        | UNIT/APT |
| 000000000              | 1234          | ANY STREET         | 312      |

If handwritten, use CAPITAL LETTERS and print each letter or number in a separate box as shown. Do not use dashes, slashes, 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 NUMBER | STREET NUMBER | STREET NAME        | UNIT/APT |
| 0 0 0 0 0 0 0 0 0      | 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 website at [www.edd.ca.gov/Payroll\\_Taxes/New\\_Hire\\_Reporting.htm](http://www.edd.ca.gov/Payroll_Taxes/New_Hire_Reporting.htm), call the New Employee Registry and Independent Contractor Reporting at 916-657-0529, call the Taxpayer Assistance Center at 888-745-3886, or visit your local Employment Tax Office, which is listed in the *California Employer's Guide* (DE 44) and on our website at [www.edd.ca.gov/Office\\_Locator/](http://www.edd.ca.gov/Office_Locator/).

To obtain additional DE 34 forms:

- Visit our website at [www.edd.ca.gov/Payroll\\_Taxes/Forms\\_and\\_Publications.htm](http://www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm).
- 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 way of reporting your new employee information, you are encouraged to report electronically by accessing the EDD's e-Services for Business website at <https://eddservices.edd.ca.gov> to select the option that is best for you.

To file a paper DE 34 form, complete all of the information on the reverse side of this form and fax it to 916-319-4400 or mail it to:

**EMPLOYMENT DEVELOPMENT DEPARTMENT**  
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P.O. Box 997016  
West Sacramento, CA 95799-7016