

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 M M D D Y Y	CA EMPLOYER ACCOUNT NUMBER L	BRANCH CODE L	FEDERAL ID NUMBER L
---------------------	---------------------------------	------------------	------------------------

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

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

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

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

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

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

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

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



INSTRUCTIONS FOR COMPLETING ALL OF THE ELEMENTS ON THE REPORT OF NEW EMPLOYEE(S), DE 34

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 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 payroll tax 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 web page at 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 web page at www.edd.ca.gov/Office_Locator/.

To obtain additional DE 34 forms:

- Visit our website at www.edd.ca.gov/Forms.
- 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 fast, easy, and secure way to report your new employee information, use e-Services for Business. For more information or to enroll, visit www.edd.ca.gov/e-Services_for_Business.

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
PO Box 997016, MIC 96
West Sacramento, CA 95799-7016