



SAMPLE, this page for reference only.

Benefit Audit

Social Security Number (SSN):
Employee Name:

Llamar al 1-866-401-2849
si necesita instrucciones en Español.

If the employee's earnings are zero for all weeks listed, no response is needed; otherwise, respond within 10 days. For regular earnings, report when they actually worked. We included instructions to help you fill out the form. **For more information, call 1-866-401-2849 or visit edd.ca.gov.**

Return completed forms to:

Employment Development Department
PO Box 3038
Sacramento, CA 95812-3038

☐ **Person never worked for me.**

Week Begins	Week Ends	1. Gross Earnings	2. Check Earnings Type R T H V S O	
				<input type="checkbox"/> Teacher, Professor, or Lecturer Include a copy of their contract.
				R=Regular and Overtime T=Training V=Vacation Pay O=Other _____
				H=Holiday Pay S=Sick Pay
				3. Employee's actual first day worked (MM/DD/YYYY) _____
				Still Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No
				If No, provide employee's actual last day worked (MM/DD/YYYY) _____
				Separation Type
				<input type="checkbox"/> Fired <input type="checkbox"/> Voluntary Quit
				<input type="checkbox"/> Laid Off <input type="checkbox"/> Other _____
				4. Pay period
				<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-monthly
				<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
				Start day (MM/DD/YYYY) _____
				End day (MM/DD/YYYY) _____
				5. Compare the SSN and employee name shown above with your records. If different, provide the information below.
				SSN _____
				Name _____
				6. The information is accurate to the best of my knowledge.
				Signature _____
				Name and Title _____
				Date (MM/DD/YYYY) _____
				Phone Number _____
				Alternate Phone Number _____