



AFFIDAVIT OF MAILING

| Acco | ount No | Business N | lame | | | |
|------|--|------------------------|--------------------------|--|--|--|
| I, | (Print Name), declare that on, (Date Originally Mailed) | | | | | |
| | (Print Name) | | (Date Originally Mailed) | | | |
| l ma | iled the following document(s): | | | | | |
| | DE 3BHW, Employer of Household Worker(s) Quarterly Report of Wages and Withholdings, for quarter ending | | | | | |
| | DE 3D, Quarterly Contribution Return (Voluntary Plan), for quarter ending | | | | | |
| | DE 3HW, Employer of Household Worker(s) Annual Payroll Tax Return, for year ending | | | | | |
| | DE 6, Quarterly Wage and Withholding Report, ¹ for quarter ending | | | | | |
| | DE 7, Annual Reconciliation Statement, ¹ for the year | | | | | |
| | DE 9, Quarterly Contribution Return and Report of Wages, ² for quarter ending | | | | | |
| | DE 9C, Quarterly Contribution Return and Report of Wages (Continuation), ² for quarter ending | | | | | |
| | DE 88, Payroll Tax Deposit, for payroll date | | | | | |
| | PAYMENT TYPE: 🗌 Next-Day | y 🗌 Semiweekly 🗌 Montl | hly 🗌 Quarterly | | | |
| | Check No. | Date | Amount | | | |
| | Other | | | | | |

The document(s) was/were contained in (a) sealed envelope(s) with postage fully prepaid and properly addressed to the Employment Development Department (EDD).

I declare under penalty of perjury that the foregoing is true and correct.

| Executed at | uted at | | , on | | |
|----------------------|---|-----------------|---------|--------|--|
| | (City) | | (State) | (Date) | |
| (Cignoture and title | ignature and title of person who mailed the document[s].) | | | | |
| (Signature and the | or person who malled in | e document(sj.) | | | |
| | (Business Address) | | | | |
| (City) | (State) | (ZIP Code) | | | |
| | (Business Phone) | | | | |
| | s ending December s beginning January | | | | |

P.O. Box 826805 • Sacramento CA 94205-0001

Instructions for Completing Affidavit of Mailing (DE 2251A)

NOTICE: This form will not be processed unless it is accurately completed according to the following instructions:

- Enter the eight-digit EDD account number and the business name as registered with the EDD.
- Enter the person's name who will sign the affidavit and who actually deposited the envelope in the United States mail.
- Enter the date the envelope was originally deposited in the United States mail.
- Check the appropriate box(es) and enter the period covered by the document mailed.
- Enter the check number or warrant number (not federal reserve or bank number), date, and amount.
- Enter the exact location of United States mailbox or United States post office branch where the envelope was deposited.
- Enter the city, state, and date the affidavit was signed.
- The signature and title of the person signing under penalty of perjury, address of the business, and phone number, including area code, of the business.

Please mail this form to the address shown on the correspondence which accompanied this form or to P.O. Box 826805, Sacramento, CA 94205-0001.