EDD Employment Development Department
State of California

BENEFIT AUDIT

Por favor llamar al 1-866-401-2849
si necesita instrucciones en Español

REPLY IS REQUIRED BY LAW

Please return **ALL** Benefit Audit forms.

See enclosed instructions for step-by-step assistance.
For additional clarification, call 1-866-401-2849.

Social Security No. (SSN):

Employee Name:

1. If this **INDIVIDUAL WORKED** or had earnings, complete Items 2 through 6. For regular earnings, report when actually worked.

If **EARNINGS ARE ZERO** for all of the weeks listed, **CHECK HERE** ☐ and complete Item 6. No other entries are necessary.

Week Begins	Week Ends	**2.** Gross Earnings	**3.** Circle Earnings Type Below
mm/dd/yy	mm/dd/yy		RE V H S R C P O

RE=Regular Earnings (includes overtime)
V=Vacation Pay
H=Holiday Pay
S=Severance Pay
O=Other (indicate type) _____
R=Residuals
C=Commissions
P=Piece Work

4. Provide the following information:

Actual First Day Worked: _____

Still Employed ☐ or Actual Last Day Worked: _____

Additional dates (i.e., laid off, returned to work) and/or reason for separation: _____

5. Compare the name and SSN shown above with your records. Enter any differences below:

SSN: _____

Name: _____

Please complete the audit even if name or SSN is different.

6. I hereby certify that the information provided is true and correct to the best of my knowledge.

SIGNED: _____

Title: _____

Date: _____

Telephone No.: _____

Person *(if other than above)* to be contacted for additional information:

Name: _____

Telephone No.: ( ) _____

Please return **ALL** Benefit Audits within 10 days of receipt to:

EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD)
P.O. BOX 3038
SACRAMENTO, CA 95812-3038

SAMPLE