

# 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:

- 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	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 <input type="checkbox"/> 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 <b>ALL</b> Benefit Audits within 10 days of receipt to:  <b>EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD)</b> <b>P.O. BOX 3038</b> <b>SACRAMENTO, CA 95812-3038</b>

