

BENEFIT AUDIT

Social Security Number (SSN):
Employee Name:

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

REPLY IS REQUIRED BY LAW TO REPORT EARNINGS

If this INDIVIDUAL WORKED or had earnings, complete items 1 through 5. For regular earnings, report when actually worked.

If EARNINGS ARE ZERO for **ALL** the weeks listed, **DO NOT RETURN THIS FORM.**

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

Week Begins	Week Ends	1. Gross Earnings	2. Circle Earnings Type Below	
				RE =Regular Earnings (includes overtime) V =Vacation Pay R =Residuals H =Holiday Pay C =Commissions S =Severance Pay P =Piece Work O =Other (indicate type) _____
				3. 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: _____
				4. 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.
				5. I hereby certify that the information provided is true and correct to the best of my knowledge. SIGNED: _____ Title: _____ Date: _____ Phone Number: _____ Person (if other than above) to be contacted for additional information: Name: _____ Phone Number: _____
				Please return ALL completed benefit audits within 10 days of receipt to: EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD) PO BOX 3038 SACRAMENTO, CA 95812-3038