Department	DSIT DE 88ALL		(TYPE OR PRINT IN BLACK INK ONLY)		
State of California	1. PAY DATE: MUST BE COMPLETED		2. DEPOSIT SCHEDULE: (MUST MARK ONE BOX)		4. DEPOSIT AMOUNTS:
		NEXT-DAY	A)	UI	, ,
P O BOX 826276 SACRAMENTO, CA 94230-6	(Last PAY DATE covered by deposit)	SEMIWEEKLY	B)	ETT	, , ,
Employer Name Employer DBA		MONTHLY	C)	SDI	
Indicate your Account Nu	QUARTERLY	D)	California PIT		
	UARTER OVERED	E)	Penalty	2	
EMPI	NT DEPT	F)	Interest	, , ,	
			G) <b>TOT</b> PA	ID 🧿 🗌	Y THIS AMOUNT
PREPARER'S SIGNATURE				DO NOT F	NES A THROUGH F. FOLD OR STAPLE. ck payable to <b>EDD</b> .
X	(/			DE 88AL	L Rev. 18 (11-12)

CUT ALONG DASHED LINES