

NEW EMPLOYEE REGISTRY BENEFIT AUDIT

REPLY IS REQUIRED BY LAW

Please return **ALL** Benefit Audit forms. This information could be the basis for administrative penalties assessed against a claimant and may impact your benefit charges. Accuracy is extremely important.

See enclosed instructions for step-by-step assistance. For additional clarification, **call 1-866-401-2849, or visit the EDD website at edd.ca.gov.**

Social Security no. (SSN): 000-000-0000
Employee Name:

FIRST M LAST

NAME 1
NAME 2
NAME 3
123 SOMETHING AVE
SAMPLE CITY, CA 99999-00000

ER NAME

000-0000 00

BYB 09/12/2019 A M1

[illegible]

**PLEASE RETURN ALL NEW EMPLOYEE REGISTRY BENEFIT AUDITS WITHIN 10 DAYS OF RECEIPT TO:
EMPLOYMENT DEVELOPMENT DEPARTMENT, PO BOX 989885, WEST SACRAMENTO, CA 95798-9895**