Employment Development Department
State of California

EMPLOYER RESPONSE

Please provide the information requested below. This form will be used to update your EDD account.

YOUR ACCOUNT NUMBER ☐☐☐ ☐☐☐☐ ☐ YOUR NAME (Your Business or Household Name) ☐

1 ☐ **No wages paid during entire quarter(s). (Please enter the appropriate year and quarter in the boxes provided)**

YYYYQ YYYYQ YYYYQ
YYYYQ YYYYQ YYYYQ

2 ☐ **Business no longer has employees: Last wage payment was made on (Date)** MMDDYYYY

☐ Last wages were reported on a DE 6 / DE 3BHW / DE 3D for calendar quarter ended MMDDYY

☐ DE 6 / DE 3BHW / DE 3D filed on (Date) MMDDYYYY (Attach copy)

☐ DE 7 / DE 3HW filed on (Date) MMDDYY (Attach copy)

3 ☐ **Business discontinued without successor on (Date)** MMDDYYYY

☐ All required EDD TAX FORMS have been filed up to and including last wage payment date above. (Attach copy)

☐ Account number forms were filed under, if different from above. ☐☐☐ ☐☐☐☐ ☐

4 ☐ **Entire business sold on (Date)** MMDDYYYY

☐ Partial sale on (Date) MMDDYYYY

☐ New owner information: Name _____ DBA _____

Address _____ _____ _____ _____
(Street) (City) (State) (ZIP)

Business Phone Number ( ) _____-_____ Home Number ( ) _____-_____

5 ☐ **DE 6 / DE 3BHW / DE 3D filed under a different account number** ☐☐☐ ☐☐☐☐ ☐☐

Date MMDDYYYY

Name of Owner _____ Business Name _____

Paid by check number _____ Amount _____ Check date MMDDYYYY (Attach copy – front and back)

Name of Bank _____

Paid by cash (Date) MMDDYYYY (Attach copy of Department receipt)

6 ☐ **Other changes affecting your filing status:** If your business experienced changes in ownership or other account corrections, please complete a *Change of Employer Account Information* (DE 24). This form is available by accessing our Web site at **www.edd.ca.gov/taxrep/de24.pdf,** by calling Fax on Demand at 1-877-547-4503, or our Taxpayer Assistance Center at 1-888-745-3886.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Name _____ Title _____

Signature _____ Date _____ ( ) _____-_____
(Phone Number)

Current Address _____

RETURN THIS FORM TO THE ADDRESS SHOWN ON THE *EMPLOYER ACCOUNT STATEMENT* (DE 2176)