

**QUARTERLY CONTRIBUTION
RETURN AND REPORT OF WAGES**

REMINDER: File your DE 9 and DE 9C together.

PLEASE TYPE THIS FORM—DO NOT ALTER PREPRINTED INFORMATION

00090112

QUARTER
ENDED

12-31-24

DUE

01-01-25

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY

01-31-25

YR

2 4

QTR

4

EMPLOYER ACCOUNT NO.

1 2 5 9 0 5 3 5

SILVER MASS ENTERTAINMENT

4341 REDWOOD AVENUE, UNIT 2
MARINA DEL REY, CA 90292

DEPT. USE ONLY	DO NOT ALTER THIS AREA										
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	EFFECTIVE DATE	Mo.	Day	Yr.							

FEIN

47-1814535

A. NO WAGES PAID THIS QUARTER ☐

B. OUT OF BUSINESS/NO EMPLOYEES ☐

ADDITIONAL
FEINS

B1. OUT OF BUSINESS DATE
M M D D Y Y Y Y

17764.93

C. TOTAL SUBJECT WAGES PAID THIS QUARTER

D. UNEMPLOYMENT INSURANCE (UI) (Total Employee Wages up to \$

per employee per calendar year)

(D1) UI Rate %

.029

TIMES

(D2) UI TAXABLE WAGES FOR THE QUARTER

7000 =

.00

203 =

(D3) UI CONTRIBUTIONS

.00

E. EMPLOYMENT TRAINING TAX (ETT)

(E1) ETT Rate %

.001

TIMES

7000 =

UI Taxable Wages for the Quarter (D2)

7210 =

(E2) ETT CONTRIBUTIONS

.00

F. STATE DISABILITY INSURANCE (SDI) (Total Employee Wages up to \$

per employee per calendar year)

(F1) SDI Rate %

.0110

TIMES

(F2) SDI TAXABLE WAGES FOR THE QUARTER

17764.93

=

(F3) SDI EMPLOYEE CONTRIBUTIONS WITHHELD

195.41

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD

826.56

H. SUBTOTAL (Add Items D3, E2, F3, and G)

1021.97

I. LESS: CONTRIBUTIONS AND WITHHOLDINGS PAID FOR THE QUARTER
(DO NOT INCLUDE PENALTY AND INTEREST PAYMENTS)

1021.97

J. TOTAL TAXES DUE OR OVERPAID (Item H minus Item I)

.00

If amount due, prepare a *Payroll Tax Deposit* (DE 88), include the correct payment quarter, and mail to: Employment Development Department, P.O. Box 826276, Sacramento, CA 94230-6276. **NOTE:** Do not mail payments along with the DE 9 and *Quarterly Contribution Return and Report of Wages (Continuation)* (DE 9C), as this may delay processing and result in erroneous penalty and interest charges. **Mandatory Electronic Funds Transfer (EFT)** filers must remit all SDI/PIT deposits by EFT to avoid a noncompliance penalty.

K. I declare that the above, to the best of my knowledge and belief, is true and correct. If a refund was claimed, a reasonable effort was made to refund any erroneous deductions to the affected employee(s).

Signature _____ Title _____ Phone _____ Date _____
(Owner, Accountant, Preparer, etc.)