



**ANNUAL RECONCILIATION STATEMENT (DE 7)
PRINTING SPECIFICATIONS
COMPUTER OR LASER GENERATED ALTERNATE FORMS**

The Employment Development Department (EDD) provides DE 7 forms suitable for laser printers at no cost to our customers.

These specifications will assist you in creating an alternate (facsimile) DE 7 form that we can image with our equipment. A sample alternate DE 7 and an original DE 7 are included with these specifications. The sample alternate format should not be used to align with your alternate format because reproduction has caused distortion.

Please use the print and line positions provided in these specifications to create your alternate form. The DE 7 form is the correct template to use to verify that your alternate format is correct. Place the DE 7 over or under your alternate format, and verify that the data on your alternate form is printing within the corresponding boxes on the DE 7. If this is the case, the alternate format has been designed to meet our specifications.

ALL FORMS MUST BE SUBMITTED FOR APPROVAL PRIOR TO USE.

Please submit a sample deck for testing and approval. The test deck should include 25 original documents, no photocopies. You may use test data and repeat the data on all the pages.

Mail the completed test deck to the following address:

Alternate Forms Coordinator
Information Management Group/MIC 96
Employment Development Department
P.O. Box 826880
Sacramento, CA 94280-0001

For express mail, include the phone number 916-255-0649 on the air bill. The street address is: 9815 C Goethe Road, Sacramento, CA 95827, Attention: Alternate Forms Coordinator, MIC 96.

TEST SAMPLES MUST MEET A 95 PERCENT (95%) OR BETTER READ RATE TO BE APPROVED.

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GENERAL REQUIREMENTS

Paper: Use 8 1/2" by 11" white, 20-pound bond paper. No Carbon Required (NCR) paper or recycled paper will not feed into the scanners and is not acceptable.

Alignment: The top edge of the form is zero, the bottom edge of the form is line 66, the left edge is print position zero, and the right edge is print position 85. Print 6 vertical lines per inch and 10 horizontal print positions per inch.

Ink: Use black ink only. If possible, use non-ferric ink because ferric ink contains metal which interferes with our automated mail sorting equipment.

Printer: Do not use a dot matrix printer. Dot matrix printing will not meet the 95 percent (95%) read rate requirement.

Font Size: Please use 10 or 12 point Lucinda Console or Courier font to print the data to be captured. Data to be captured is indicated by bold print. **Do not print your alternate format in bold type**, unless indicated. ALL LETTERS MUST BE PRINTED IN UPPER CASE ONLY.

EDD Approval Number: This number will be assigned to forms that the EDD has tested and approved.

Non-scannable File Copies: If you provide your customers with copies that are not Optical Character Reader (OCR) compatible, please advise them **not** to submit their file copies to the EDD. We have found that the warning "**DO NOT SEND THIS COPY TO THE EDD**" is effective when printed on the file copy.

User Codes: If you print code numbers or letters on your forms, please position them above the Employer Name and Address between lines 10 and 13 and print positions 10 through 45.

Display of Numbers: Left justify the wage totals reported (begin printing wage totals in the first position of the wage fields). Use decimal points or spaces between digits as appropriate. For example: 32 417.98 or 32 417 98. Do not use dollar signs or commas.

Year Ended/Due/Delinquent: The year ends December 31 and the DE 7 is due January 1. The DE 7 is delinquent if not postmarked by January 31. If January 31 falls on a Saturday, Sunday, or holiday, the delinquent date becomes the next working day.

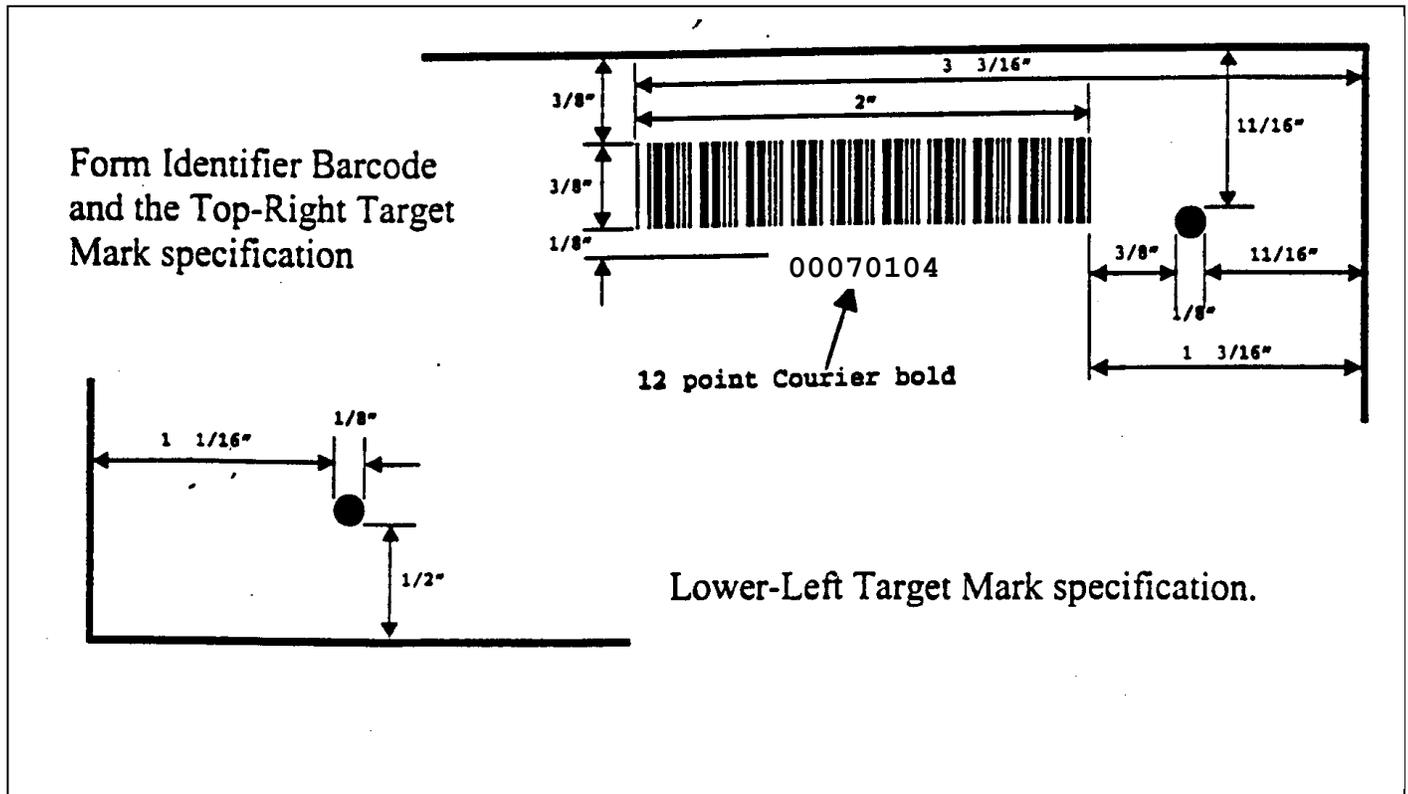
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BARCODE AND TARGET MARK SPECIFICATIONS

Form Identification: A form identification barcode is added to the DE 7 to help the EDD identify the forms automatically. The Form Identifier String “00070104” is encoded in Code 3 of 9 barcode format (also called Code 39). This barcode is 2 inches wide, 3/8 inches high, is located 3/8 inch below the top paper edge and 1 3/16 inch off the right paper edge. The Form Identifier String should be printed 1/8 inch beneath the barcode in 12 point Courier bold font.

Target Marks: Two target marks are placed on the top-right and lower-left corners to help the EDD equipment de-skew the scanned forms. Target marks are black circles 1/8 inch in diameter. The top-right target mark is 11/16 inch off the top and right paper edges, and the bottom-left target mark is 1 1/16 inch off the left paper edge and 1/2 inch off the bottom paper edge.

The following is a sample of the correct format for the barcode and target marks:



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FORM IDENTIFIER STRING SEPCIFICATIONS (No Barcode/Target Marks)

The EDD prefers that you provide the barcode and target marks your alternate format to ensure the most accurate processing of your DE 7. If it is not possible to include the barcode and target marks, submit your alternate form test samples with the unique FORM IDENTIFIER STRING used to identify alternate formats without barcode/target marks. The correct format for the Form Identifier String without barcode/target mark is “**B0070104**” printed in the 12 point Courier bold font. The print and line position for the Form Identifier String are listed below:

<u>ITEM</u>	<u>PRINT LINES</u>	<u>PRINT POSITIONS</u>	<u>PRINT FORMAT</u>
Form Identifier String	6	60 thru 67	B0070104

The following is a sample of the correct position for the Form Identifier String on the alternate DE 7 form:

DE 7

EDD 12345

B0070104

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ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
DE 7	4	6 thru 11	DE 7
FORM APPROVAL NUMBER	4	26 thru 36	EDD 12345
BARCODE/TARGET MARKS	Instructions are on page 3.		
FORM IDENTIFIER STRING	Instructions are on page 4.		
YEAR ENDED/DUE/DELINQUENT	9	6 thru 61	MM DD YY
YEAR	9	73 thru 78	NNNN
EMPLOYER ACCOUNT NO.	12	62 thru 78	NNN NNNN N
EMPLOYER NAME & ADDRESS	16-20	10 thru 45	ADDRESS FORMAT
FEIN	24	15 thru 29	NN NNNNNNN
ADDITIONAL FEINS	26	19 thru 32	NN NNNNNNN
ADDITIONAL FEINS	26	37 thru 50	NN NNNNNNN
A. NO WAGES PAID THIS YEAR	24	58 thru 72	A. NO WAGES
X	24	78	X
B. OUT OF BUSINESS	26	58 thru 72	B. OUT OF BUSINESS
X	26	78	X
Do not print A. or B. when filing an alternate DE 7 unless they apply to that reconciliation report. Both fields must be printed on the test samples submitted to verify correct field positions.			
C. TOTAL WAGES PAID	29	6 thru 43	C. TOTAL SUBJECT WAGES PAID THIS YEAR
AMOUNT	29	59 thru 78	N NNN NNN NNN NN

N=Numeric

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ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
D. UNEMPLOYMENT INSURANCE	31	6 thru 32	D. UNEMPLOYMENT INSURANCE
(Wages up to \$_____)	31	33 thru 48	Use 8 pt. Font
D1. UI PERCENTAGE	33	13 thru 21	N.NN%
D2. UI TAXABLE WAGES	33	28 thru 48	N NNN NNN NNN NN
D3. UI CONTRIBUTIONS	33	59 thru 78	N NNN NNN NNN NN
E. EMPLOYMENT TRAINING TAX	35	6 thru 32	E. EMPLOYMENT TRAINING TAX
E1. ETT PERCENTAGE	37	13 thru 21	N.NN%
E2. ETT CONTRIBUTION	37	59 thru 78	N NNN NNN NNN NN
F. DISABILITY INSURANCE	39	6 thru 28	F. STATE DISABILITY INSURANCE
(Total Employee wages up to a maximum limit) THIS LINE IS OPTIONAL	39	31 thru 63	Use 8 pt. Font
F1. DI PERCENTAGE	43	13 thru 21	N.NN%
F2. DI TAXABLE WAGES	43	28 thru 48	N NNN NNN NNN NN
F3. DI CONTRIBUTIONS WITHHELD	43	59 thru 78	N NNN NNN NNN NN
G. CALIFORNIA PERSONAL INCOME	50	6 thru 32	G. CALIFORNIA PIT WITHHELD
PIT AMOUNT	50	59 thru 78	N NNN NNN NNN NN
H. SUBTOTAL	53	6 thru 16	H. SUBTOTAL
SUBTOTAL AMOUNT	53	59 thru 78	N NNN NNN NNN NN
I. LESS: PREVIOUS PAYMENTS (Please do not use minus signs or brackets when reporting previous payments.)	55	6 thru 30	I. LESS: PREVIOUS PAYMENTS
PREVIOUS PAID AMOUNT	55	59 thru 78	N NNN NNN NNN NN

N=Numeric

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ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
J. TOTAL TAXES DUE OR OVERPAID	57	6 thru 35	J. TOTAL TAXES DUE OR OVERPAID
DUE OR OVERPAID AMOUNT	57	59 thru 78	N NNN NNN NNN NN
K. DECLARATION	60	6 thru 52	I declare the information herein is correct to the best of my knowledge and belief.
If you are unable to change the font size for this field, shorten the declaration to be able to print on one line.			I declare the information herein is correct to the best of my knowledge.
SIGNATURE LINE	62	16 thru 82	Format as convenient**

N=NUMERIC

****If your alternate format contains barcode and target marks, there must be a blank space around the lower left hand target mark. Please visually check your alternate format to be certain that at least a 1/2 inch space is between the target mark and the beginning of the signature line.**

If you have questions, please contact the Alternate Forms Coordinator at 916-255-0649.

