Firm Name and address

State of California
Department of Industrial Relations
Division of Labor Standards Enforcement

For official use only	
Date	Deputy
Receipt No.	Proceeding Number

Employer: Enter tax deductions in columns provided below, not in shaded areas. Return original with a copy

WAGE ADJUSTMENT DUE

EMPLOYEE'S NAME ADDRESS, CITY, ZIP CODE	SOCIAL SECURITY NUMBER	PERIOD COVERED BY ADJUSMENT	GROSS WAGE DUE	DEDUCTIONS					NET WAGES DUE	EMPLOYER LEAVE BLANK	
				D.I.	F.I.C.A.	STATE W.H.	FED W.H.	TOTAL			
		TOTAL AND BALANCE LAST PAGE									

DLSE 40 (RE. 9/80)

Firm Name and address

State of California
Department of Industrial Relations
Division of Labor Standards Enforcement

For official use only	
Date	Deputy
Receipt No.	Proceeding Number

Employer: Enter tax deductions in columns provided-below, not in shaded areas. Return original with a copy

WAGE ADJUSTMENT DUE

EMPLOYEE'S NAME, ADDRESS, CITY ZIP CODE (NAME OF EMPLOYER)	SOCIAL SECURITY NUMBER	PERIOD COVERED BY ADJUSMENT	GROSS WAGE DUE	DEDUCTIONS					NET WAGES DUE	EMPLOYER LEAVE BLANK	
				D.I.	F.I.C.A.	STATE W.H.	FED W.H.	TOTAL			
DLSE 40 (RE. 9/80)	Total this page TOTAL AND BALANCE LAST PAGE										

Firm Name and address

State of California
Department of Industrial Relations
Division of Labor Standards Enforcement

For official use only	
Date	Deputy
Receipt No.	Proceeding Number

Employer: Enter tax deductions in columns provided-below, not in shaded areas. Return original with a copy

WAGE ADJUSTMENT DUE

EMPLOYEE'S NAME, ADDRESS, CITY, ZIP CODE (NAME OF EMPLOYER)	SOCIAL SECURITY NUMBER	PERIOD COVERED BY ADJUSMENT	GROSS WAGE DUE	DEDUCTIONS					NET WAGES DUE	EMPLOYER LEAVE BLANK	
				D.I.	F.I.C.A.	STATE W.H.	FED W.H.	TOTAL			
DLSE 40 (RE. 9/80)	Total this page TOTAL AND BALANCE LAST PAGE										

Firm Name and address

State of California
Department of Industrial Relations
Division of Labor Standards Enforcement

For official use only	
Date	Deputy
Receipt No.	Proceeding Number

Employer: Enter tax deductions in columns provided-below not in shaded areas. Return original with a copy

WAGE ADJUSTMENT DUE

EMPLOYEE'S NAME ADDRESS, CITY, ZIP CODE (NAME OF EMPLOYER)	SOCIAL SECURITY NUMBER	PERIOD COVERED BY ADJUSMENT	GROSS WAGE DUE	DEDUCTIONS					NET WAGES DUE	EMPLOYER LEAVE BLANK	
				D.I.	F.I.C.A.	STATE W.H.	FED W.H.	TOTAL			
DLSE 40 (RE. 9/80)	Total this page TOTAL AND BALANCE LAST PAGE										

Firm Name and address

State of California
Department of Industrial Relations
Division of Labor Standards Enforcement

For official use only	
Date	Deputy
Receipt No.	Proceeding Number

Employer: Enter tax deductions in columns provided-below, not in shaded areas. Return original with a copy

WAGE ADJUSTMENT DUE

EMPLOYEE'S NAME, ADDRESS, CITY, ZIP CODE (NAME OF EMPLOYER)	SOCIAL SECURITY NUMBER	PERIOD COVERED BY ADJUSMENT	GROSS WAGE DUE	DEDUCTIONS					NET WAGES DUE	EMPLOYER LEAVE BLANK	
				D.I.	F.I.C.A.	STATE W.H.	FED W.H.	TOTAL			
DLSE 40 (RE. 9/80)	Total this page TOTAL AND BALANCE LAST PAGE										

Firm Name and address

State of California
Department of Industrial Relations
Division of Labor Standards Enforcement

For official use only	
Date	Deputy
Receipt No.	Proceeding Number

Employer: Enter tax deductions in columns provided-below, not n shaded areas. Return onginal wth a copy

WAGE ADJUSTMENT DUE

EMPLOYEE'S NAME. ADDRESS, CITY, ZIP CODE (NAME OF EMPLOYER)	SOCIAL SECURITY NUMBER	PERIOD COVERED BY ADJUSMENT	GROSS WAGE DUE	DEDUCTIONS					NET WAGES DUE	EMPLOYER LEAVE BLANK	
				D.I.	F.I.C.A.	STATE W.H.	FED W.H.	TOTAL			
	Total this page										
	TOTAL AND BALANCE LAST PAGE										

DLSE 40 (RE. 9/80)

Firm Name and address

State of California
Department of Industrial Relations
Division of Labor Standards Enforcement

For official use only	
Date	Deputy
Receipt No.	Proceeding Number

Employer: Enter tax deductions in columns provided-below, not in shaded areas. Return original with a copy

WAGE ADJUSTMENT DUE

EMPLOYEE'S NAME, ADDRESS CITY, ZIP CODE (NAME OF EMPLOYER)	SOCIAL SECURITY NUMBER	PERIOD COVERED BY ADJUSMENT	GROSS WAGE DUE	DEDUCTIONS					NET WAGES DUE	EMPLOYER LEAVE BLANK	
				D.I.	F.I.C.A.	STATE W.H.	FED W.H.	TOTAL			
	Total this page										
	TOTAL AND BALANCE LAST PAGE										

DLSE 40 (RE. 9/80)

Firm Name and address

State of California
Department of Industrial Relations
Division of Labor Standards Enforcement

For official use only	
Date	Deputy
Receipt No.	Proceeding Number

Employer: Enter tax deductions in columns provided-below not in shaded areas. Return original with a copy

WAGE ADJUSTMENT DUE

EMPLOYEE'S NAME, ADDRESS, CITY, ZIP CODE (NAME OF EMPLOYER)	SOCIAL SECURITY NUMBER	PERIOD COVERED BY ADJUSMENT	GROSS WAGE DUE	DEDUCTIONS					NET WAGES DUE	EMPLOYER LEAVE BLANK	
				D.I.	F.I.C.A.	STATE W.H.	FED W.H.	TOTAL			
	Total this page										
	TOTAL AND BALANCE LAST PAGE										

DLSE 40 (RE. 9/80)