

This form will be the basic record of YOUR ACCOUNT. DO NOT FILE THIS FORM UNTIL YOU HAVE PAID WAGES THAT EXCEED \$100.00. Please read the INSTRUCTIONS on page 2 before completing this form. PLEASE PRINT OR TYPE. Return this form to: ➔	EMPLOYMENT DEVELOPMENT DEPARTMENT ACCOUNT SERVICES GROUP MIC 28 PO BOX 826880 SACRAMENTO CA 94280-0001 (916) 654-7041 FAX (916) 654-9211
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REGISTRATION FORM FOR COMMERCIAL EMPLOYERS

M A N U F A C T U R I N G	ACCOUNT NUMBER	QUARTER	ETCSO	FED CODE	ON-LINE PROCESS DATE	TAS CODE

A. BUSINESS NAME				OWNERSHIP BEGAN OPERATING MONTH: DAY: YEAR:		FEDERAL I.D. NUMBER	
B. OWNER, CORPORATION, LLC, LLP NAME				SSA/CORP/LLC/LLP I.D. NO.		DRIVER'S LICENSE NUMBER	
List all partners* or corporate officers or LLC members/managers/officers		TITLE (partner, officer title, LLC member/manager)		SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
If entity is a Limited Partnership , indicate General Partner with an (). List additional partners, LLC members/officers/managers on a separate sheet.							
C. BUSINESS LOCATION Street and Number (see instructions)			CITY OR TOWN		STATE	ZIP CODE	COUNTY
MAILING ADDRESS (in care of P.O. Box or Street and Number)			CITY OR TOWN		STATE	ZIP CODE	PHONE NUMBER ()
D. HAVE YOU EVER BEEN REGISTERED WITH THE DEPARTMENT? <input type="checkbox"/> No <input type="checkbox"/> Yes		IF YES, ENTER EMPLOYER ACCOUNT NUMBER, BUSINESS NAME AND ADDRESS ACCT NUMBER BUSINESS NAME ADDRESS					
E. INDICATE FIRST QUARTER AND YEAR IN WHICH WAGES EXCEED \$100. <input type="checkbox"/> Jan.-Mar. 20__ <input type="checkbox"/> Apr.-June 20__ <input type="checkbox"/> July-Sept. 20__ <input type="checkbox"/> Oct.-Dec. 20__				F. WILL YOU BE SUBJECT TO FEDERAL MONTHLY/SEMI-WEEKLY DEPOSITS? <input type="checkbox"/> No <input type="checkbox"/> Yes			
G. ORGANIZATION TYPE							
<input type="checkbox"/> (IN) INDIVIDUAL OWNER		<input type="checkbox"/> (JV) JOINT VENTURE		<input type="checkbox"/> (LQ) LIQUIDATION		<input type="checkbox"/> (LC) LIMITED LIABILITY CO.	
<input type="checkbox"/> (HW) HUS/WIFE CO-OWNERSHIP		<input type="checkbox"/> (RC) RECEIVERSHIP		<input type="checkbox"/> (LP) LIMITED PARTNERSHIP		<input type="checkbox"/> (PL) LIMITED LIABILITY PARTNERSHIP	
<input type="checkbox"/> (GP) GENERAL PARTNERSHIP		<input type="checkbox"/> (BK) BANKRUPTCY		<input type="checkbox"/> (TR) TRUSTEESHIP		<input type="checkbox"/> (OT) OTHER (Specify)	
<input type="checkbox"/> (CP) CORPORATION		<input type="checkbox"/> (AS) ASSOCIATION		<input type="checkbox"/> (EA) ESTATE ADMINISTRATION			
H. EMPLOYER TYPE (see instructions)						NUMBER OF EMPLOYEES	
<input type="checkbox"/> (01) Commercial <input type="checkbox"/> (10) Church <input type="checkbox"/> (11) Indian Reservation <input type="checkbox"/> (22) Pacific Maritime <input type="checkbox"/> (25) Fishing Boat							
I. BUSINESS TYPE				1) Describe kind of product or type of service:			
<input type="checkbox"/> (N) Mining		<input type="checkbox"/> (F) Finance		<input type="checkbox"/> (I) Insurance		2) If MANUFACTURING, list principal products in order of importance.	
<input type="checkbox"/> (C) Construction		<input type="checkbox"/> (B) Communications		<input type="checkbox"/> (E) Real Estate			
<input type="checkbox"/> (M) Manufacturing		<input type="checkbox"/> (S) Services		<input type="checkbox"/> (O) Other			
<input type="checkbox"/> (T) Transportation		<input type="checkbox"/> (L) Utilities					
<input type="checkbox"/> (R) Retail Trade		<input type="checkbox"/> (W) Wholesale Trade					
J. CONTACT PERSON FOR BUSINESS			NAME			ADDRESS	
						PHONE ()	
K. SUPPORTIVE SERVICES							
If you are part of a larger organization and you are primarily engaged in providing supportive services to other establishments of the larger organization, check one of these boxes.							
(1) <input type="checkbox"/> Control Administrative (headquarters, etc.)		(3) <input type="checkbox"/> Storage (warehouse)		(5) <input type="checkbox"/> Does not apply			
(2) <input type="checkbox"/> Research, development, or testing		(4) <input type="checkbox"/> Other (specify) _____					
L. IS THIS A(N):							
<input type="checkbox"/> New business		<input type="checkbox"/> On-going business just purchased		<input type="checkbox"/> All		<input type="checkbox"/> Part	
<input type="checkbox"/> Change of partner(s)		<input type="checkbox"/> Change in form - (Sole proprietor to partnership; partnership to corporation; merger; corporation to LLC, etc.)					
IF THE BUSINESS WAS PREVIOUSLY OWNED, PROVIDE THE FOLLOWING INFORMATION:							
Previous Owner		Business Name		Purchase Price		Date of Transfer	EDD Account Number
M. DECLARATION							
These Statements are hereby declared to be correct to the best knowledge and belief of the undersigned.							
Signature _____		Date _____		Residence Phone () _____			
Title _____		Residence Address _____					
(Owner, Partner, Officer, Member, Manager, etc.)		Street		City		State	ZIP Code

INSTRUCTIONS FOR REGISTRATION FORM FOR COMMERCIAL EMPLOYERS

An employer is required by law to file a registration form with the Employment Development Department (EDD) within **fifteen (15) calendar days** after paying over \$100 in wages for employment in a calendar quarter, or whenever a change in ownership occurs. Complete this DE 1 and file at address shown on page 1 of form.

- A. BUSINESS NAME** - Give the name by which your business is known to the public. Enter "None" if no business name is used. Enter the date the new ownership began operating. Enter Federal Employer Identification Number(s). If not assigned, enter "Applied For."
- B. OWNER, CORPORATION, LIMITED LIABILITY COMPANY (LLC) OR LIMITED LIABILITY PARTNERSHIP (LLP) NAME** - Enter the full given name, middle initial, surname, title, social security account number, and driver's license number for each individual, partner, corporate officer, LLC member/officer/manager. Enter a corporation, LLC or LLP name exactly as spelled and registered with the Secretary of State. Include California corporate, LLC or LLP identification number.
- C. BUSINESS LOCATION** - Enter the California address and county where the business in A is physically conducted. If more than one California location, list on a separate sheet and attach to this form. In Mailing Address, enter the address where EDD correspondence and forms should be sent. If this address is the same as the business location, enter "Same." Provide daytime business phone number.
- D. PRIOR REGISTRATION** - If any part of the ownership in B is operating or has ever operated at another location, check "Yes" and provide account number, business name and address.
- E. WAGES** - Check the appropriate box when you first paid over \$100 in wages.
- F. PIT WITHHOLDING** - Check appropriate box. If you are not sure if you are subject to federal monthly/semi-weekly Personal Income Tax deposits, contact your local Employment Tax Customer Service Office (ETCSO).
- G. ORGANIZATION TYPE** - Check the box which best describes the legal form of the ownership in B.
- H. EMPLOYER TYPE** - Check the box which best describes your employer type. Enter the total number of employees for the ownership in B.
- I. BUSINESS TYPE** - Check the box which best describes your business type. Describe the particular product or service rendered.
- J. CONTACT PERSON** - Enter the name and phone number of the person authorized by the ownership shown in B to provide information to EDD staff.
- K. SUPPORTIVE SERVICES** - Check the box which best describes the supportive services provided by B.
- L. STATUS OF BUSINESS** - Check the box that best describes why you are completing this form. If the business was previously owned, provide owner and business name, purchase price, date ownership was transferred to this ownership and EDD account number.
- M. DECLARATION** - This declaration should be signed by one of the names shown in B.

NEED MORE HELP OR INFORMATION? Call Account Services Group (ASG) in Sacramento at (916) 654-7041 with questions regarding this form or the registration and account number assignment process. If you have questions about whether your business entity is subject to reporting and paying state payroll taxes, contact the nearest Employment Tax Customer Service Office (ETCSO) listed in your local telephone directory under State Government, Employment Development Department or call the Sacramento ETCSO at (916) 464-3502.

Three options for obtaining a new employer account number are available: by mail, by calling (916) 654-8706 to obtain your account number over the phone or by fax service at (916) 654-9211. All three options require that a registration form be completed and mailed to: Employment Development Department, Account Services Group MIC 28, PO Box 826880, Sacramento, CA 94280-0001.

We will **notify** you of your **EDD Account Number** by mail. To help you understand your tax withholding and filing responsibilities, you will be sent a **California Employer's Guide, DE 44**. Please keep your account status current by notifying ASG of all future changes to the original registration information.

I dreamt the government was here to help...

- *Understand who, what, how, and when to report state employment taxes.*
- *Avoid common pitfalls and costly mistakes.*
- *Control unemployment insurance costs.*
- *Learn the differences between independent contractors and employees.*
- *Discover services and resources, available at no additional cost.*

Make this dream a reality. Attend an Employment Tax seminar designed especially for employers, sponsored by the Employment Development Department. Please complete and mail the bottom portion of this form to the Employment Development Department, P.O. Box 2068, Rancho Cordova, CA 95741-2068 or fax to (916) 464-3504. We will contact you regarding the date, time, and location of the next seminar.

If you would like more information, please call (916) 464-3502 or visit EDD's Web site at www.edd.ca.gov.



Name: _____

Address: _____

Street

City

State

ZIP Code

Telephone: () _____ FAX () _____

Preferred time and place to attend a seminar:

Day of week: Mon Tue Wed Thu Fri Sat (circle one)

Time of day: Morning Afternoon Evening (circle one)

Preferred city or area: _____

The dream is real.

