Employment Development Department
State of California

This form will be the basic record of YOUR Account.
**DO NOT FILE FORM UNTIL YOU HAVE PAID WAGES THAT EXCEED $100.00 IN CALENDAR QUARTER.**
Please read **INSTRUCTIONS** on page 2 before completing form. **PLEASE PRINT OR TYPE in BLUE OR BLACK INK ONLY.**
Return form to →

EMPLOYMENT DEVELOPMENT DEPARTMENT
ACCOUNT SERVICES GROUP, MIC 28
P.O. BOX 826880
SACRAMENTO CA 94280-0001
**(916) 654-7041**
**FAX (916) 654-9211**
**www.edd.ca.gov**

# REGISTRATION FORM FOR COMMERCIAL EMPLOYERS

*See page 2 for registration instructions for other business types.*

| EDD ACCOUNT NUMBER | Dept. Use Only: | QUARTER | ON-LINE PROCESS DATE | TAS CODE |
|---|---|---|---|---|
| ___ ___ ___ - ___ ___ ___ ___ - ___ | | ___ ___ ___ | | |

| A. LIST NAMES OF: OWNER(S), PARTNER(S) *, CORP OFFICERS, OR LLC/LLP Members/Managers/Officers | TITLE | PERCENT OF OWNERSHIP | SOCIAL SECURITY # | CALIFORNIA DRIVER'S LIC # |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

***Note: If entity is a Limited Partnership, indicate General Partner with an (*). List additional partners, LLC/LLP members/officers/managers on a separate sheet.***

**B. BUSINESS NAME:** (If none, enter N/A)

**C. DATE OWNERSHIP BEGAN OPERATING:** MM___ DD___ YYYY_____

**D. FEDERAL TAX ID #:** _____

**E. CORPORATION / LLC / LLP/LP NAME:** (If none, enter N/A)

**E1. SECRETARY OF STATE CORP / LLC / LLP ID #** _____

| F. PHYSICAL BUSINESS LOCATION: (Number and Street, not P.O. Box) | CITY | STATE | ZIP CODE | PHONE NUMBER |
|---|---|---|---|---|
| | | | | |
| **G. MAILING ADDRESS:** (P.O. Box / Number and Street, only if different than F) | **CITY** | **STATE** | **ZIP CODE** | **PHONE NUMBER** |
| | | | | |

***Note: If you have multiple CA locations, please attach the physical business addresses on a separate sheet of paper.***

**H. INDICATE FIRST QUARTER & YEAR WAGES EXCEEDED $100:** ☐ Jan-Mar 20___ ☐ Apr-Jun 20___ ☐ Jul-Sept 20___ ☐ Oct-Dec 20___

**I. HAVE YOU EVER OWNED OR BEEN A PRINCIPAL OWNER IN A BUSINESS REGISTERED WITH EDD:**
☐ No ☐ Yes **If Yes, complete J.** →

**J. FORMER EDD ACCOUNT NUMBER(S):** _____
**BUSINESS NAME:** _____
**ADDRESS:** _____
NOTE: If necessary, please provide additional information on a separate sheet.

**K. THIS IS A:** ☐ **New Business** ☐ **Hired Employees** ☐ **Purchased a Business **** ☐ **Other (Specify)** _____

*** If business was purchased, mark appropriate box and complete the information below:* ☐ All ☐ Part

| 1. Previous Owner | 2. Previous Business Name | 3. Previous EDD Account # | 4. Purchase Price | 5. Date of Transfer |
|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ |

*Note: For all other changes in form/ownership to your account, please use the Change of Employer Account Information* (DE 24).

**L. NUMBER OF CA EMPLOYEES:** _____
See page 2 for information on CA employees.

**M. EMPLOYEE IS:** ☐ Spouse ☐ Minor Child (Under 18) ☐ Employer's Parent
If Yes to any of the above, please refer to instructions on page 2.

**N. ORGANIZATION TYPE:**

| | | | |
|---|---|---|---|
| ☐ Individual Owner | ☐ Limited Partnership | ☐ Estate Administration | ☐ Other (Specify) |
| ☐ Hus/Wife Co-Ownership | ☐ Association | ☐ Trusteeship | _____ |
| ☐ General Partnership | ☐ Limited Liability Company | ☐ Joint Venture | |
| ☐ Corporation | ☐ Limited Liability Partnership | ☐ Receivership | |
| ☐ Bankruptcy | ☐ Liquidation | | |

**O. EMPLOYER TYPE:**
☐ COMMERCIAL
☐ PACIFIC MARITIME
☐ FISHING BOAT

**P. INDUSTRY ACTIVITY**: Check the industry, product, or service that represents the greatest portion of your sales or revenue:
☐ Services ☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Professional Employer Organization
☐ Temp Services ☐ Leasing Employer ☐ Other (Specify) _____

**Also, describe specific product and/or service in detail:**

| Q. CONTACT PERSON FOR BUSINESS: | TITLE/COMPANY NAME | ADDRESS | DAYTIME PHONE NUMBER |
|---|---|---|---|
| | | | |

**R. DECLARATION**
I certify under penalty of perjury that the above information is true, correct and complete, and that these actions are not being taken to receive a more favorable Unemployment Insurance Rate. I further certify that I have the authority to sign on behalf of the above business.

**Signature:** _____ **Title:** _____
(Owner, Corporate Officer, Partner, LLC/LLP Member/Manager, or authorized Agent)

**Printed Name:** _____ **Phone Number:** ___ ___ _____ **Date:** _____

**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) days **after paying over $100 in wages for employment in a calendar quarter. Please complete the DE 1 and do** one **of the following:**

- Mail your completed registration form to EDD, Account Services Group (ASG) MIC 28, P.O. Box 826880, Sacramento, CA 94280-0001 **or**
- Fax your completed registration form to EDD at (916) 654-9211 **or**
- Call for telephone registration at (916) 654-8706.
- If you are already registered and have a change in form or ownership, please complete a *Change of Employer Account Information* (DE 24).
- Attach additional sheets if your information will not fit in the space provided.

Industry specific registration forms for Agricultural, Government/Schools/Indian Tribes, Household Workers, Nonprofit, or Personal Income Tax Only, are available on-line at **http://www.edd.ca.gov/taxrep/taxform.htm#Forms.**

**NEED MORE HELP OR INFORMATION?**

- If you have questions regarding this form or the registration account number and assignment process and about whether your business entity is subject to reporting and paying State payroll taxes, you may visit our Web Site at **www.edd.ca.gov/taxrep.taxloc.htm#taxloc.** You may also call our Taxpayer Assistance Center at 1-888-745-3886. For TTY (nonverbal) access, call 1-800-547-9565. Outside U.S. or Canada, call (916) 464-3502.
- EDD provides seminars and other educational opportunities for taxpayers to learn how to report employees' wages and pay taxes, pointing out the pitfalls that create errors and unnecessary billings. Visit our Web site at **www.edd.ca.gov/taxsem** or call us at 1-888-745-3886 for more information.
- Access the EDD Web site at **www.edd.ca.gov.**

A. **LIST INDIVIDUAL OWNER(S), PARTNER(S), CORPORATE OFFICER(S), OR LLC/LLP Members/Managers/Officers** – Enter name, title, percent of ownership, social security number, and California driver's license number of each individual.

B. **BUSINESS NAME –** Enter name by which your business is known to the public. Enter "N/A" if business name is not different from Box A.

C. **OWNERSHIP BEGAN** – Enter date the new ownership began operating.

D. **FEDERAL TAX NUMBER –** Enter Federal Employer Identification Number. If not assigned, enter "Applied For."

E. **CORPORATION/LLC/LLP/LP NAME** – Enter Corporation/LLC/LLP/LP name exactly as spelled and registered with the Secretary of State. E1. **SECRETARY OF STATE CORP/LLC/LLP ID NUMBER** – Enter the California Corporate/LLC/LLP/LP identification number.

F. **PHYSICAL BUSINESS LOCATION –** Enter the California street address (not PO Box) and daytime telephone number where business is physically conducted. If you have multiple California locations, please attach the physical business addresses on a separate sheet of paper.

G. **MAILING ADDRESS** – Enter mailing address where EDD correspondence and forms should be sent. Provide daytime telephone number.

H. **WAGES** – Check box for the quarter in which you first paid over $100 in wages.

I. **PRIOR REGISTRATION** - If any part of the ownership shown in items A, B, or E are operating or have ever operated a business at another location, check "Yes" and provide account number, business name and address in box J.

J. **FORMER BUSINESS INFORMATION** – If "Yes" is checked in box I, provide former EDD account number, business name and address.

K. **STATUS OF BUSINESS –** Check the box that best describes why you are completing this form. If the business was purchased, provide previous owner and business name, EDD account number, purchase price, and date ownership was transferred to this ownership.

L. **NUMBER OF CALIFORNIA EMPLOYEES** – Enter the number of workers who are considered to be California employees. Refer to Information Sheet: *Employment* (DE 231) and Information Sheet: *Multi-State Employment* (DE 231D) on our Web site at **http://www.edd.ca.gov/taxrep/taxform.htm#Forms** for additional information.

M. **FAMILY EMPLOYEES** – Refer to Information Sheet: *Family Employment* (DE 231FAM) and Information Sheet: *Specialized Coverage* (DE 231SC) on our Web site at **http://www.edd.ca.gov/taxrep/taxform.htm#Forms** for additional information.

N. **ORGANIZATION TYPE –** Check box that best describes the legal form of the ownership shown in items A or B.

O. **EMPLOYER TYPE –** Check box that best describes your employer type.

P. **INDUSTRY ACTIVITY** – Check box that best describes the industry activity of your business. Describe the particular product or service in detail. This information is used to assign an Industrial Classification Code to your business. If you would like more information on industry coding or the North American Industry Classification System (NAICS), you can visit the Web site at **www.census.gov/epcd/www/naics.html**.

Q. **CONTACT PERSON FOR BUSINESS** – Enter the name, title/company name, address, and daytime telephone number of the person authorized by the ownership shown in items A or B to provide EDD staff information needed to maintain the accuracy of your employer account.

R. **DECLARATION** – This declaration must be signed by an individual having the authority to sign on behalf of the business.

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 completing a **Change of Employer Account Information (DE 24)** for all future changes to the original registration information.