


This form will be the basic record of YOUR ACCOUNT. **DO NOT FILE THIS FORM UNTIL YOU HAVE PAID WAGES WHICH THAT EXCEED \$100.00.** Please read the **INSTRUCTIONS** on page 2 before completing this form. **PLEASE PRINT OR TYPE.** Return this form to: 

QUESTIONS: (916) 654-7041
EMPLOYMENT DEVELOPMENT DEPARTMENT
ACCOUNT SERVICES GROUP, MIC 28
P.O. BOX 826880
SACRAMENTO CA 94280-0001

REGISTRATION FORM FOR EMPLOYERS DEPOSITING ONLY PERSONAL INCOME TAX WITHHOLDING

DEPT USE	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, OR LIMITED LIABILITY COMPANY (LLC) NAME				SSA NO./CORP/OR LLC I.D. NO.		DRIVER'S LICENSE NUMBER	
List all partners, corporate officers or LLC members, managers or officers, etc.*		TITLE (partner, officer, LLC member, LLC manager)		SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
If entity is a Limited Partnership , indicate General Partners with an (). If needed, list additional partners, LLC members or officers 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 ACCOUNT NUMBER BUSINESS NAME ADDRESS					
E. INDICATE FIRST QUARTER AND YEAR IN WHICH INCOME TAX IS WITHHELD. <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"/> (LLC) Limited Liability Company	
<input type="checkbox"/> (HW) Hus/Wife Co-Ownership		<input type="checkbox"/> (RC) Receivership		<input type="checkbox"/> (LP) Limited Partnership		<input type="checkbox"/> (GO) Governmental	
<input type="checkbox"/> (GP) General Partnership		<input type="checkbox"/> (BK) Bankruptcy		<input type="checkbox"/> (TR) Trusteeship		<input type="checkbox"/> (SD) School District	
<input type="checkbox"/> (CP) Corporation		<input type="checkbox"/> (AS) Association		<input type="checkbox"/> (EA) Estate Administration		<input type="checkbox"/> (OT) Other (specify) _____	
H. EMPLOYER TYPE:						NUMBER OF EMPLOYEES	
<input type="checkbox"/> (01) Commercial		<input type="checkbox"/> (04) Non Profit School		<input type="checkbox"/> (09) Agriculture		<input type="checkbox"/> (20) Red Cross	
<input type="checkbox"/> (02) Non Profit		<input type="checkbox"/> (07) Public School		<input type="checkbox"/> (10) Church		<input type="checkbox"/> (21) Public Entity	
<input type="checkbox"/> (03) Non Profit 501 C3		<input type="checkbox"/> (08) District Hospital		<input type="checkbox"/> (12) Annuitant Payer		<input type="checkbox"/> (28) State Hospital	
		<input type="checkbox"/> (32) Pay Agent (SEE ADDITIONAL INSTRUCTIONS ON PAGE 2)					
I. BUSINESS TYPE:				1) Describe kind of product or type of service:			
<input type="checkbox"/> (A) Agriculture		<input type="checkbox"/> (B) Communications		<input type="checkbox"/> (F) Finance		2) If MANUFACTURING, list principal products in order of importance:	
<input type="checkbox"/> (N) Mining		<input type="checkbox"/> (S) Services		<input type="checkbox"/> (I) Insurance			
<input type="checkbox"/> (C) Construction		<input type="checkbox"/> (L) Utilities		<input type="checkbox"/> (E) Real Estate			
<input type="checkbox"/> (M) Manufacturing		<input type="checkbox"/> (W) Wholesale Trade		<input type="checkbox"/> (O) Other			
<input type="checkbox"/> (T) Transportation		<input type="checkbox"/> (R) Retail 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"/> Other _____							
<input type="checkbox"/> Change of partner(s) <input type="checkbox"/> Change in form - (Sole proprietor to partnership; partnership to corporation; partnership to LLC merger; 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, Corporate Officer, LLC Member, LLC Officer, etc.)		Street		City		State ZIP Code	

INSTRUCTIONS FOR DE 1P REGISTRATION FORM FOR EMPLOYERS DEPOSITING ONLY PERSONAL INCOME TAX WITHHOLDING

An employer depositing Personal Income Tax (PIT) only should file a registration form with the Employment Development Department (EDD) within **fifteen (15) calendar days** after withholding PIT from the wages of employees **and** whenever a change in ownership occurs thereafter. This registration form should be filed with the EDD's Account Services Group, **MIC 28**, P.O. Box 826880, Sacramento, CA 94280-0001.

- 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) (FEIN). If you have not received your FEIN, enter "Applied For."
- B. OWNER, CORPORATION, OR LIMITED LIABILITY COMPANY (LLC) 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 LLC officer, LLC manager, etc. If the business is a corporation or LLC, enter the name exactly as spelled and registered with the Secretary of State and include the corporate, or LLC (Secretary of State) identification number.
- C. BUSINESS LOCATION** – Enter the California address and county where the business in Item 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 of the owners in Item B is operating or has ever operated at another location, check "Yes" and provide account number, business name and address. If more than one account number, list on separate sheet.
- E. FIRST QUARTER PIT WITHHELD** – Check the appropriate box when you first withheld PIT
- F. PIT WITHHOLDING** – Check the appropriate box. If you are not sure if you are subject to federal monthly/semi-weekly deposits, contact the Employment Tax Customer Service Office (ETCSO) listed in Government Pages of your local phone directory.
- G. ORGANIZATION TYPE** – Check the box that best describes the legal form of the ownership in Item B.
- H. EMPLOYER TYPE** – Check the box that best describes your employer type. Enter total number of employees for the ownership in Item B. If you marked Pay Agent as the Employer Type, attach a list of the subsidiary accounts whose PIT wages and withholdings will be reported and paid under this account number (include the subsidiary's business name, EDD account number, contact person and telephone number). Be sure to attach a completed Employer Appointment of Agent Contract (DE 39) for each employer account listed.
- I. BUSINESS TYPE** – Check the box that best describes your business type. Describe the product or the service offered.
- J. CONTACT PERSON** – Enter the name and phone number of the person authorized by the ownership shown in Item B to provide information to EDD staff.
- K. SUPPORTIVE SERVICES** – Check the box which best describes the supportive services provided by Item 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 Item 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. For questions about the Pay Agent accounts, call the Agent Desk at (916) 654-8798. 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 24-hour 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, P.O. 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.

