



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
www.edd.ca.gov

REGISTRATION FORM FOR COMMERCIAL EMPLOYERS, PACIFIC MARITIME, AND FISHING BOATS

ACCOUNT NUMBER						DEPT. USE	QUARTER	ON-LINE PROCESS DATE	TAS CODE

Industry specific registration forms are required relative to each type of employer. Please use the appropriate form to register.

Commercial/Pacific Maritime/Fishing Boat	DE 1	Household Workers	DE 1HW
Agricultural	DE 1AG	Non-profit	DE 1NP
Government/Public Schools/Indian Tribes	DE 1GS	Personal Income Tax Only	DE 1P

A. THIS IS A:

New business Hired employees Change in form - (Individual to corporation; partnership to corporation; merger; corporation to LLC, etc.)
 Change of partner(s) Purchased on-going business All Part Other _____

IF THE BUSINESS WAS PURCHASED, PROVIDE THE FOLLOWING INFORMATION:

Previous Owner	Business Name	Purchase Price	Date of Transfer	EDD Account Number
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B. HAVE YOU EVER REGISTERED A BUSINESS WITH THE DEPARTMENT? No Yes

IF YES, ENTER THE FOLLOWING:

ACCT NUMBER	BUSINESS NAME	ADDRESS
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C. INDICATE FIRST QUARTER AND YEAR IN WHICH WAGES EXCEED \$100. Jan.-Mar. 20__ Apr.-June 20__ July-Sept. 20__ Oct.-Dec. 20__

D. BUSINESS NAME (DBA)

OWNERSHIP BEGAN OPERATING	FEDERAL I.D. NUMBER
MONTH: _____ DAY: _____ YEAR: _____	

E. INDIVIDUAL OWNER

SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #
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F. CORPORATION/LLC/LLP/LP NAME

SECRETARY OF STATE CORP/LLC/LLP/LP I.D. NO.

G. List all partners*, corporate officers, or LLC/LLP members/managers/officers	TITLE (partner, officer title, LLC/LLP member/manager)	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #

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

H. MAILING ADDRESS

CITY	STATE	ZIP CODE	PHONE NUMBER ()
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I. BUSINESS ADDRESS (if different from mailing address)

CITY	STATE	ZIP CODE	PHONE NUMBER ()
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J. ORGANIZATION TYPE

<input type="checkbox"/> (IN) INDIVIDUAL OWNER	<input type="checkbox"/> (AS) ASSOCIATION	<input type="checkbox"/> (LQ) LIQUIDATION	<input type="checkbox"/> (JV) JOINT VENTURE
<input type="checkbox"/> (HW) HUS/WIFE CO-OWNERSHIP	<input type="checkbox"/> (LC) LIMITED LIABILITY CO.	<input type="checkbox"/> (LP) LIMITED PARTNERSHIP	<input type="checkbox"/> (RC) RECEIVERSHIP
<input type="checkbox"/> (GP) GENERAL PARTNERSHIP	<input type="checkbox"/> (PL) LIMITED LIABILITY PARTNERSHIP	<input type="checkbox"/> (TR) TRUSTEESHIP	<input type="checkbox"/> (BK) BANKRUPTCY
<input type="checkbox"/> (CP) CORPORATION		<input type="checkbox"/> (EA) ESTATE ADMINISTRATION	<input type="checkbox"/> (OT) OTHER (Specify) _____

K. EMPLOYER TYPE (01) COMMERCIAL (22) PACIFIC MARITIME (25) FISHING BOAT

L. INDUSTRY ACTIVITY: Identify the industry and specific product or service that represents the greatest portion of your sales receipts or revenue. Check one:

SERVICES RETAIL WHOLESALE MANUFACTURING OTHER _____

Describe specific product and/or service in detail.

Number of CA Employees _____ Are there multiple locations for this business? No Yes

M. CONTACT PERSON FOR BUSINESS

TITLE/COMPANY NAME	ADDRESS	PHONE ()
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N. DECLARATION

These statements are hereby declared to be correct to the best knowledge and belief of the undersigned.

Signature _____ Title _____ Date _____
(Owner, Partner, Officer, Member, Manager, etc.)

O. PAYROLL TAX EDUCATION: Attend a payroll tax seminar that will help you understand how, what, and when to report state payroll taxes. Visit our Web site at www.edd.ca.gov/taxsem or call us at (888) 745-3886 for more information.

INSTRUCTIONS FOR REGISTRATION FORM FOR COMMERCIAL/PACIFIC MARITIME/FISHING BOAT 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. Please complete all items on the front of this DE 1 and do **one** of the following:

- Mail your completed registration form to EDD, Account Services Group MIC 28, PO 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

There are industry specific registration forms related to each type of employer. Please use the appropriate form to register. A complete list of registration forms is located on the front of this form.

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.
- Contact the nearest Taxpayer Education and Assistance (TEA) office listed in your local telephone directory under State Government, EDD or call a TEA Customer Service Representative at 1-888-745-3886 with questions about whether your business entity is subject to reporting and paying state payroll taxes. For TTY (nonverbal) access, call 1-800-547-9565.
- Access the EDD Web site at www.edd.ca.gov

A. 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, purchase price, date ownership was transferred to this ownership and EDD account number.

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

C. WAGES - Check the box for the quarter in which you first paid over \$100 in wages.

D. BUSINESS NAME - Enter 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. If not assigned, enter "Applied For".

E. INDIVIDUAL OWNER - Enter the full given name, middle initial, surname, title, social security number, and driver's license number.

F. CORPORATION/LLC/LLP/LP NAME - Enter Corporation/LLC/LLP/LP name exactly as spelled and registered with the Secretary of State. Include the California Corporate/LLC/LLP/LP identification number.

G. LIST ALL PARTNERS, CORPORATE OFFICERS, OR LLC/LLP MEMBERS/MANAGERS/OFFICERS - Enter the name, title, social security number and driver's license of each individual.

H. MAILING ADDRESS - Enter the mailing address where EDD correspondence and forms should be sent. Provide daytime business phone number.

I. BUSINESS ADDRESS - Enter the California address and telephone number where the business is physically conducted. If there is more than one California location, list the business addresses on a separate sheet and attach to this form.

J. ORGANIZATION TYPE - Check the box that best describes the legal form of the ownership shown in items E, F, or G.

K. EMPLOYER TYPE - Check the box that best describes your employer type.

L. INDUSTRY ACTIVITY - Check the 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:

www.census.gov/epcd/www/naics.html

Enter the number of California employees. Check "Yes" if there are multiple locations under this EDD Account Number.

M. CONTACT PERSON FOR BUSINESS - Enter the name, title/company address, and phone number of the person authorized by the ownership shown in items E, F, or G to provide EDD staff information needed to maintain the accuracy of your employer account.

N. DECLARATION - This declaration should be signed by one of the names shown in item(s) E or G.

O. PAYROLL TAX EDUCATION - EDD provides educational opportunities for taxpayers to learn how to report employees' wages and pay taxes, pointing out the pitfalls that create errors and unnecessary billings. Help is only a telephone call or Web site away.

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.