

**SOLE SHAREHOLDER/CORPORATE OFFICER EXCLUSION STATEMENT
(Section 637.1 of the California Unemployment Insurance Code [CUIC])**

Please print or type. Prepare an original and retain a copy with your payroll records. Mail or fax immediately upon completion to the address or fax number shown on the Reporting Instructions. **Your exclusion is effective in the calendar quarter filed.**

Employer Account Number _____

Federal Employer Identification Number (FEIN) _____

Corporation Name _____

Doing Business As _____

Corporation Mailing Address _____

Street City State ZIP Code
Contact Person's Phone Number () Fax Number ()

Sole Shareholder Name _____ SSN _____

Sole Shareholder's Spouse's Name _____ SSN _____

Eligibility Requirements

In a private corporation, any person who is a corporate officer and sole shareholder, or the only shareholder other than his or her spouse, may file a statement electing to be excluded only from State Disability Insurance (SDI) coverage for contributions and benefits, which includes Paid Family Leave (PFL).

I hereby declare that I am a corporate officer of the above-named private corporation, and I am

CHECK ☐ the sole shareholder or
ONLY ONE ☐ the only shareholder other than my spouse.

Election Statement

☐ I hereby elect to be excluded from any rights to SDI benefits based on wages paid to me by this corporation.
☐ Spouse (if electing to be excluded).

IMPORTANT - PLEASE NOTE CAREFULLY

The corporation must report your wages and pay contributions for Unemployment Insurance (UI) and Employment Training Tax unless your corporation is not subject to the Federal Unemployment Tax Act (FUTA). (Refer to Section 637 of the CUIC.) Only certain types of nonprofit and agricultural corporations are not subject to FUTA.

I understand that this statement is effective in the calendar quarter filed and is effective during the remainder of the calendar year in which the statement is filed and for not less than the two succeeding complete calendar years, and in all subsequent calendar quarters until withdrawn. Any changes in the ownership of the stock or status of the corporate officer may terminate this exemption. I also understand that this exclusion applies only to SDI taxes administered by the State of California and has no effect on the administration of federal UI taxes.

Sole Shareholder's Signature _____ Date _____

Sole Shareholder's Spouse's Signature _____ Date _____

FOR DEPARTMENT USE ONLY

EFF. DATE _____ LTR. SENT _____
EXAMINER _____ DATE _____

SEE THE FOLLOWING REPORTING INSTRUCTIONS

REPORTING INSTRUCTIONS

File a single *Quarterly Contribution Return and Report of Wages* (DE 9) and include all of the corporation's employees, including the sole shareholder.

The sole shareholder wages must be reported on a separate *Quarterly Contribution Return and Report of Wages (Continuation)* (DE 9C). Write "Sole Shareholder" across the top of the DE 9C. Report all other employees on a separate DE 9C.

When filing electronically, one DE 9C may be used to report all wages. Insert Plan Code "R" on the wage line(s) to designate the sole shareholder wages.

GENERAL INFORMATION

If the corporation does not have an employer account number, attach a completed *Registration Form for Commercial Employers* (DE 1) or *Registration Form for Agricultural Employers* (DE 1AG) with your election.

Do not delay in filing this form. It is important to file the form during the calendar quarter in which you want the exemption to take effect. The exemption becomes effective the first day of the calendar quarter in which it is filed. A delay in filing this form may cause your exemption to take effect in the next calendar quarter. Do not file this form as an attachment to your DE 9, DE 9C, or any other Employment Development Department (EDD) form.

The exemption may be terminated at any time by a change in stock ownership or status of the corporate officer as described in Section 637.1 of the CUC.

The exemption may be voluntarily terminated after two succeeding complete calendar years have passed. The corporate officer/sole shareholder must submit a written request to the EDD for termination.

If you have any questions concerning the exemption or reporting requirements, please contact the EDD at the address below.

**Attention: Specialized Coverage Desk
Employment Development Department
Taxpayer Assistance Center
P.O. Box 2068
Rancho Cordova, CA 95741-2068
Phone: 916-654-6288
Fax: 916-319-1179**