



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 the back before completing this form. **PLEASE PRINT OR TYPE.** Return this form to: [www.edd.ca.gov](http://www.edd.ca.gov)

EMPLOYMENT DEVELOPMENT DEPARTMENT  
 Taxpayer Assistance Center, Attn: Specialized Coverage Desk  
 P.O. Box 2068  
 Rancho Cordova, CA 95741-2068  
 (916) 654-6288 / FAX (916) 464-2904

**REGISTRATION FORM FOR GOVERNMENTAL ORGANIZATIONS, PUBLIC SCHOOLS, & INDIAN TRIBES**

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	DE1	Household Workers	DE 1HW
Agricultural	DE 1AG	Non-Profit	DE 1NP
Government/Public Schools/Indian Tribes	DE 1GS	Personal Income Tax Only	DE 1P

<b>A. HAVE YOU EVER BEEN REGISTERED WITH THE DEPARTMENT?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>IF YES, ENTER THE FOLLOWING:</b> ACCOUNT NUMBER      BUSINESS NAME      ADDRESS      PHONE NO.			
	<input type="checkbox"/> Jan.-Mar. 20__ <input type="checkbox"/> Apr.-June 20__ <input type="checkbox"/> July-Sept. 20__ <input type="checkbox"/> Oct.-Dec. 20__			

<b>B. INDICATE FIRST QUARTER AND YEAR IN WHICH WAGES EXCEEDED \$100.</b> <input type="checkbox"/> Jan.-Mar. 20__ <input type="checkbox"/> Apr.-June 20__ <input type="checkbox"/> July-Sept. 20__ <input type="checkbox"/> Oct.-Dec. 20__
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<b>C. ORGANIZATION TYPE</b> <input type="checkbox"/> (SD) SCHOOL DISTRICT <input type="checkbox"/> (IT) INDIAN TRIBE <input type="checkbox"/> (GO) GOVERNMENTAL <input type="checkbox"/> (OT) OTHER (Specify) _____	<b>D. COUNTY WHERE BUSINESS IS LOCATED</b> _____
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<b>E. BUSINESS NAME</b>	<b>OWNERSHIP BEGAN OPERATING</b> MONTH:      DAY:      YEAR:	<b>FEDERAL I.D. NUMBER</b>
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<b>F. ORGANIZATION OR TRIBE NAME</b>	<b>NATURE OF ACTIVITY</b>
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G. List all principal officers or administrators	TITLE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER

<b>H. MAILING ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>PHONE NUMBER</b> ( ) ( )
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<b>I. BUSINESS ADDRESS</b> (if different from mailing address)	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>PHONE NUMBER</b> ( ) ( )
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<b>J. WOULD YOU LIKE INFORMATION ON THE FOLLOWING ALTERNATIVE UNEMPLOYMENT INSURANCE FINANCING?</b> <input type="checkbox"/> Reimbursable Cost of Benefits <input type="checkbox"/> School Employees Fund <input type="checkbox"/> Election of Disability Coverage <input type="checkbox"/> No, assign tax-rate method
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<b>K. EMPLOYER TYPE</b> <input type="checkbox"/> (07) Public/Charter School <input type="checkbox"/> (11) Indian Tribe <input type="checkbox"/> (15) State Colleges <input type="checkbox"/> (21) Public Entity <input type="checkbox"/> (28) State Hospital <input type="checkbox"/> (08) District Hospital <input type="checkbox"/> (14) University of CA <input type="checkbox"/> (16) District Fair <input type="checkbox"/> (26) Fed-State Withholdings	<b>NUMBER OF EMPLOYEES</b> _____
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<b>L. SUPPORTIVE SERVICES</b> 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) _____
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<b>M. CONTACT PERSON FOR BUSINESS</b>	<b>TITLE</b>	<b>ADDRESS</b>	<b>PHONE</b> ( ) ( ) <b>FAX</b> ( ) ( )
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<b>N. DECLARATION</b> These statements are hereby declared to be correct to the best knowledge and belief of the undersigned.  Signature _____ Date _____ Residence Phone ( ) ( )  Title _____ Residence Address _____ (Officer, Administrator, etc.)      Street      City      State      ZIP Code
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<b>O. PAYROLL TAX EDUCATION:</b> Attend a payroll tax seminar that will help you understand how, what, and when to report state payroll taxes. Visit our Web site at <a href="http://www.edd.ca.gov/Payroll_Tax_Seminars/">www.edd.ca.gov/Payroll_Tax_Seminars/</a> or call us at (888) 745-3886 for more information.
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## INSTRUCTIONS FOR DE 1GS REGISTRATION FORM FOR GOVERNMENTAL ORGANIZATIONS, PUBLIC SCHOOLS, & INDIAN TRIBES

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 1GS and mail your completed registration form to EDD, Taxpayer Assistance Center, Attn: Specialized Coverage Desk/P.O. Box 2068/Rancho Cordova, CA 95741-2068.

### NEED MORE HELP OR INFORMATION?

- 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](http://www.edd.ca.gov).
- A. PRIOR REGISTRATION** – If any part of the ownership in Item E is operating or has ever operated at another location, check "yes" and provide the account number, business name, address, and telephone number if known.
- B. WAGES** – Check the appropriate box for the quarter in which you first paid wages and fill in the last two digits of the year.
- C. ORGANIZATION TYPE** – Check the box that best describes the legal form of the ownership shown in Item E.
- D. COUNTY WHERE BUSINESS IS LOCATED** – Enter county name.
- E. BUSINESS NAME** – Give the name by which your business is known to the public. Enter "None" if the business name is the same as the organization or tribe name. Enter the date the new ownership began operating. Enter Federal Employer Identification Number(s). If not yet assigned, enter "Applied For."
- F. ORGANIZATION NAME** – Give the name of the organization under which your business operates. Indian tribes must provide the full tribal name as shown on the Federal Register. Give a brief description of the nature of activity performed, e.g., National Guard, Public School District, County, two-year college, university.
- G. LIST ALL PRINCIPAL OFFICERS OR ADMINISTRATORS** – Enter the full name, middle initial, surname, title, social security number, and driver's license number for each officer, administrator, or tribal council member.
- H. MAILING ADDRESS** – Enter the mailing address where EDD correspondence and forms should be sent. Provide daytime business telephone number.
- I. BUSINESS ADDRESS** – Enter the California address and telephone number where the business in Item D is physically conducted. If more than one California location, list on a separate sheet and attach to this form. Indian tribes must also provide the mailing address for the tribal council.
- J. ALTERNATIVE FINANCING** – If you would like information on alternative methods of financing unemployment insurance, check the appropriate boxes for the information you want. Check "NO" if you want tax-rate method.
- K. EMPLOYER TYPE** – Check the box that best describes your employer type. Enter total number of employees for the ownership shown in Item E.
- L. SUPPORTIVE SERVICES** – Check the box that best describes the organization shown in Item E.
- M. CONTACT PERSON** – Enter the name, title, telephone and fax numbers of the person authorized by the ownership shown in Item E to provide information to EDD staff.
- N. DECLARATION** – This declaration should be signed by one of the individuals listed in Item F.
- 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 a TEA Customer Service Representative at 1-888-745-3886 of all future changes to the original registration information.

**Tribal employers** should call the tribal UI information number (916) 653-8135 for registration assistance or other questions.