

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: www.edd.ca.gov

EMPLOYMENT DEVELOPMENT DEPARTMENT
ACCOUNT SERVICES GROUP MIC 28
PO BOX 826880
SACRAMENTO CA 94280-0011
(916) 654-7041 FAX (916) 654-9211

REGISTRATION FORM FOR EMPLOYERS DEPOSITING ONLY PERSONAL INCOME TAX WITHHOLDING

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. Is this a(n): New business On-going business just purchased (All Part) Other _____
 Change of partner(s) Change in form - (Sole proprietor to partnership; partnership to corporation; partnership to LLC merger; etc.)

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 BEEN REGISTERED WITH THE DEPARTMENT? No Yes

IF YES, ENTER THE FOLLOWING:

ACCOUNT NUMBER	BUSINESS NAME	ADDRESS
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C. INDICATE FIRST QUARTER AND YEAR IN WHICH INCOME TAX IS WITHHELD. 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 NUMBER
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F. CORPORATION/LLC/LLP/LP NAME

	SECRETARY OF STATE CORP/LLC/LP/LP I.D. NO.
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G. List all partners*, corporate officers, or LLC/LLP members/managers/officers	TITLE <small>(partner, officer title, LLC/LLP member/manager)</small>	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER

*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"/> (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) _____

K. EMPLOYER TYPE:

<input type="checkbox"/> (01) Commercial	<input type="checkbox"/> (04) Non Profit School	<input type="checkbox"/> (09) Agriculture	<input type="checkbox"/> (20) Red Cross	NUMBER OF EMPLOYEES
<input type="checkbox"/> (02) Non Profit	<input type="checkbox"/> (07) Public School	<input type="checkbox"/> (10) Church or Religious Orders	<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)			

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/Payroll_Tax_Seminars/ or call us at (888) 745-3886 for more information.

INSTRUCTIONS FOR 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. Please complete all items on the front of this DE 1P and do **one** of the following:

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

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 previously owned, provide owner and business name, purchase price, date ownership was transferred to this ownership and EDD account number.
- B. PRIOR REGISTRATION** – If any of the owners in Item E 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.
- C. FIRST QUARTER PIT WITHHELD** – Check the appropriate box when you first withheld PIT.
- D. 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."
- 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 in Item E, F, or G.
- K. EMPLOYER TYPE** – Check the box that best describes your employer type. Enter total number of employees for the ownership in Item E or G. 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.
- 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** – Enter the name, title/company, and phone number of the person authorized by the ownership shown in Item E 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 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.