

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 P.O. BOX 826880 SACRAMENTO CA 94280-0001 (916) 654-7041 / FAX 654-9211 www.edd.ca.gov**

REGISTRATION FORM FOR AGRICULTURAL EMPLOYERS

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 limited liability company; merger; etc.)

IF THE BUSINESS WAS PREVIOUSLY OWNED, PROVIDE THE FOLLOWING INFORMATION:
 Previous Owner _____ Business Name _____ Purchase Price _____ Date of Transfer _____ EDD Account Number _____

B. HAVE YOU EVER BEEN REGISTERED WITH THE DEPARTMENT? No Yes

IF YES, ENTER EMPLOYER ACCOUNT NUMBER, BUSINESS NAME AND ADDRESS
 ACCOUNT NUMBER _____ BUSINESS NAME _____ ADDRESS _____

C. Indicate first quarter and year in which wages exceeded \$100.00
 Jan.-Mar. 20__ July-Sept. 20__
 Apr.-June 20__ Oct.-Dec. 20__

D. Will you withhold Personal Income Tax from any employee wages? No Yes
 If "yes" will you be subject to Federal monthly/semi-weekly deposits?
 No Yes

E. BUSINESS NAME	OWNERSHIP BEGAN OPERATING MONTH: _____ DAY: _____ YEAR: _____	FEDERAL I.D. NUMBER
F. OWNER, CORPORATION, OR LIMITED LIABILITY COMPANY (LLC) NAME	Social Security No./Corp. or LLC I.D. No.	DRIVER'S LICENSE NUMBER
G. List all partners, *corporate officers, LLC Members, Managers and Officers	TITLE <small>(Partner, Officer Type, LLC Member, LLC Manager)</small>	SOCIAL SECURITY NUMBER
		DRIVER'S LICENSE NUMBER

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

H. DO YOU EMPLOY NON-AGRICULTURAL WORKERS? No Yes
 If yes, please enter: Account Number: _____ Business Name: _____

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

K. ORGANIZATION TYPE
 (IN) INDIVIDUAL OWNER (CP) CORPORATION (OT) OTHER (Specify) _____
 (HW) HUS/WIFE CO-OWNERSHIP (LC) LIMITED LIABILITY COMPANY _____
 (GP) GENERAL PARTNERSHIP

L. List your principal crop(s) or commodities: _____ **Number of Employees** _____

M. 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) Control Administrative (headquarters, etc.) (3) Storage (warehouse) (5) Does not apply
 (2) Research, development, or testing (4) Other (specify) _____

N. CONTACT PERSON FOR BUSINESS	NAME	TITLE	ADDRESS	PHONE ()
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O. 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, Officer, Member, Manager) Street City State ZIP

P. 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 DE 1AG, REGISTRATION FORM FOR AGRICULTURAL 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 1AG 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 1-800-745-9565.
- 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 part of the ownership in Item F 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. WAGES** – Check the appropriate box for the quarter in which you first paid over \$100 in wages.
- D. PIT WITHHOLDING** – Check appropriate box. If you are not sure if you are subject to federal monthly/semi-weekly Personal Income tax deposits, contact an Employment Tax Customer Service Representative at 1-888-745-3886.
- E. 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). If not assigned, enter "Applied For."
- F. OWNER, CORPORATION, OR LIMITED LIABILITY COMPANY (LLC) NAME** – Enter the full given name, middle initial, surname, title, social security account number, and driver license number for each individual, partner, corporate officer, or LLC member/officer/manager. If the business is a corporation, enter name exactly as spelled and registered with the Secretary of State. Include corporate or LLC 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. NON-AGRICULTURAL WORKERS** – If you answered yes, provide account number and business name.
- I. MAILING ADDRESS** – Enter the mailing address where EDD correspondence and forms should be sent. Provide daytime business phone number.
- J. BUSINESS LOCATION** – Enter the California address and county where the business shown in Item E is physically conducted. If more than one California location, list on a separate sheet and attach to this form. Enter the mailing 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 for the ownership shown in Item F.
- K. ORGANIZATION TYPE** – Check the box that best describes the legal form of the ownership in Item F.
- L. PRINCIPAL CROPS/COMMODITIES OR ACTIVITIES** – List the primary crops or agricultural services that the business performs, such as apple grower, farm labor contractor, veterinary services, etc. and enter number of employees.
- M. SUPPORTIVE SERVICES** – Check the box that best describes the supportive services provided by the owner in Item F.
- N. CONTACT PERSON** – Enter the name, title and phone number of the person authorized by the ownership shown in Item F to provide information to EDD staff.
- O. DECLARATION** – This declaration should be signed by one of the names shown in Item F.
- P. 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.