



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](http://www.edd.ca.gov)

EMPLOYMENT DEVELOPMENT DEPARTMENT  
ACCOUNT SERVICES GROUP MIC 28  
PO BOX 826880  
SACRAMENTO CA 94280-0001  
(916) 654-7041 FAX (916) 654-9211

### REGISTRATION FORM FOR NONPROFIT EMPLOYERS

ACCOUNT NUMBER	DEPT. USE	QUARTER	ON-LINE PROCESS DATE	TAS CODE
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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	Nonprofit	DE 1NP
Government/Public Schools/Indian Tribes	DE 1GS	Personal Income Tax Only	DE 1P

<b>A. THIS IS A:</b>				
<input type="checkbox"/> New business <input type="checkbox"/> Hired employees <input type="checkbox"/> Change in form - (Individual to corporation; partnership to corporation; merger; corporation to LLC, etc.) <input type="checkbox"/> Change of partner(s) <input type="checkbox"/> Purchased on-going business <input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> Other _____				
IF THE BUSINESS WAS PURCHASED, PROVIDE THE FOLLOWING INFORMATION:				
Previous Owner	Business Name	Purchase Price	Date of Transfer	EDD Account Number
<b>B. HAS THE ORGANIZATION EVER BEEN REGISTERED WITH THE DEPARTMENT?</b>		<b>IF YES, ENTER THE FOLLOWING:</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes		ACCT NUMBER	BUSINESS NAME	ADDRESS
<b>C. INDICATE FIRST QUARTER AND YEAR IN WHICH WAGES EXCEED \$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__				
<b>D. BUSINESS NAME (DBA)</b>		<b>OWNERSHIP BEGAN OPERATING</b>		<b>FEDERAL I.D. NUMBER</b>
		MONTH:	DAY:	YEAR:
<b>E. ORGANIZATION OR CORPORATION NAME</b>			<b>SECRETARY OF STATE CORP/LLC/LLP/LP I.D. NO.</b>	
<b>F. LIST ALL OFFICERS NAMES</b>	<b>TITLE</b> Indicate officer title	<b>SOCIAL SECURITY NUMBER</b>		<b>DRIVER'S LICENSE #</b>
<b>G. MAILING ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
				<b>PHONE NUMBER</b> ( )
<b>H. BUSINESS ADDRESS (if different from mailing address)</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
				<b>PHONE NUMBER</b> ( )
<b>I. ORGANIZATION TYPE</b>		Number of Employees	<b>J. Would you like information on the following Unemployment Insurance alternative financing methods?</b>	
<input type="checkbox"/> (CP) CORPORATION <input type="checkbox"/> (AS) ASSOCIATION <input type="checkbox"/> (OT) OTHER (Specify) _____			<input type="checkbox"/> No <input type="checkbox"/> Cost of Benefits	
<b>K. EMPLOYER TYPE</b>		<b>L. Briefly describe your nonprofit activity.</b>		
<input type="checkbox"/> (03) Nonprofit 501 C3 <input type="checkbox"/> (10) Church or religious orders <input type="checkbox"/> (02) Nonprofit <input type="checkbox"/> (04) Nonprofit School <input type="checkbox"/> (20) Red Cross				
<b>M. 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) _____		
Number of CA Employees _____		Are there multiple locations for this business? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>N. CONTACT PERSON FOR BUSINESS</b>	<b>TITLE/COMPANY NAME</b>	<b>ADDRESS</b>		<b>PHONE</b> ( )
<b>O. DECLARATION</b>				
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.)				
<b>P. 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.				

## INSTRUCTIONS FOR REGISTRATION FORM FOR NONPROFIT 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](http://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 shown in item F, is operating or has 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. ORGANIZATION OR CORPORATION NAME** - Enter name of the organization or corporation. If business is a corporation, enter exactly as spelled and registered with the Secretary of State, include California Corporate identification number.
- F. LIST OFFICERS NAMES** - Enter the name, title, social security number and driver's license of each individual.
- G. MAILING ADDRESS** - Enter the mailing address where EDD correspondence and forms should be sent. Provide daytime business phone number.
- H. BUSINESS ADDRESS** - Enter the California address and telephone number where the business shown in item E is physically conducted. If there is more than one California location, list on a separate sheet and attach to this form.
- I. ORGANIZATION TYPE** - Check the box that best describes the legal form of the ownership shown in item F.
- J. ALTERNATIVE FINANCING** - If you would like information on alternative methods of financing unemployment insurance, check the appropriate box; otherwise check, "No." Check yes or no for disability coverage.
- K. EMPLOYER TYPE** - Check the box that best describes the employer type. Enter total number of employees for the ownership shown in item F.
- L. ACTIVITY** - Briefly describe the nonprofit activity your employing entity is engaged in.
- M. SUPPORTIVE SERVICES** - Check the box that best describes the supportive services provided in item F.
- N. CONTACT PERSON** - Enter the name, title/company name, address, and phone number of the person authorized by the ownership shown in item F to provide EDD staff information needed to maintain the accuracy of your employer account.
- O. DECLARATION** - This declaration should be signed by one of the officers 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.