



Department Use Only Registration Date: _____ Employee Initials: _____ Added Test: _____ Added Prod: _____
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## Fed/State Employment Taxes (FSET) Enrollment

### SECTION I. General Information

New Enrollment
  Revised Enrollment

A. EDD Employer Account Number	B. Federal Employer Identification Number (FEIN)
C. User ID	

### SECTION II. Participant Information

A. Business Name	B. Business Phone Number	
	(      )	
C. Business Address (Number, Street, Box Number, City, State, Zip Code)		
D. Primary Contact Person	Title	Phone Number
		(      )      Ext.
E. E-mail Address	FAX Number	
	(      )	
F. Participant Type (check all that apply)		
<input type="checkbox"/> Taxpayer <input type="checkbox"/> Transmitter <input type="checkbox"/> Software Developer <input type="checkbox"/> Payroll Service Provider		

### SECTION III. Authorization

Under penalties of perjury, I state that I have examined this form and to the best of my knowledge, the information is true, correct, and complete. I state that this firm, including all employees, will comply with all provisions of the electronic filing program. I understand that acceptance for participation is not transferable and that noncompliance will void participation in the program. I am authorized to make and sign statements on behalf of the firm. The signature of the Employer or its authorized agent affixed to this Enrollment shall be deemed to appear on each electronically filed report or return, as if so appearing. EDD reserves the right to implement other automated systems in the future. EDD reserves the right to suspend or revoke participation in the program.	
A. Print Name of Authorized Individual	B. Title
C. Signature	D. Date
E. Phone Number	F. SSN of Authorized Individual
(      )      Ext.	

**Return to:** ATTENTION: E-COMMERCE SECTION, MIC 15A  
 EMPLOYMENT DEVELOPMENT DEPARTMENT  
 P.O. BOX 826880  
 SACRAMENTO, CA 94280-0001  
 PHONE: (800) 796-3524  
 FAX: (916) 654-7340

## **INSTRUCTIONS:**

### Marking Instructions:

- Use black or blue ink only.
- Please type or print legibly.

## **SECTION I. General Information**

- A. EDD Employer Account Number – Enter the eight-digit EDD employer account number.
- B. Federal Employer Identification Number (FEIN) – Enter the nine-digit FEIN assigned by the IRS.
- C. User ID – Enter the Online Services User ID you registered for your account. You must register for EDD's online services at [www.edd.ca.gov](http://www.edd.ca.gov), and set up a User ID and password prior to submitting this form.

## **SECTION II. Participant Information**

- A. Business Name – Enter the business name as registered with EDD.
- B. Business Phone Number – Enter the daytime business phone number.
- C. Business Address – Enter the mailing address where EDD correspondence should be sent.
- D. Primary Contact Person – Enter the name, title, phone number, E-mail address, and FAX number of the person authorized to provide EDD staff with information related to the FSET program.
- E. Enter the e-mail address used to register for online services. (This is a mandatory field on this form. It will be used to help us to locate the transmitter.)
- F. Check the box(es) that indicate(s) the type of participant for this enrollment.
  - Taxpayer – Check here if you are a business taxpayer.
  - Software Developer – Check here if you develop electronic return formatting software and/or transmission software.
  - Transmitter – Check here if you transmit electronic returns directly to EDD.
  - Payroll Service Provider – Check here if you are a payroll service provider that will be acting as a reporting agent.

## **SECTION III. Authorization**

Read the agreement and provide the required information for the person authorized to act and sign for your business in legal or tax matters.