



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 PO BOX 826880 SACRAMENTO CA 94280-0001 (916) 654-7041 Fax (916) 654-9211 www.edd.ca.gov
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REGISTRATION FORM FOR NONPROFIT EMPLOYERS

ACCOUNT NUMBER		DEPT. USE	QUARTER	ON-LINE PROCESS DATE

List names of: A. Owner(s), Partner(s), Corporate Officer(s)	TITLE Indicate officer title	SOCIAL SECURITY NUMBER	CA DRIVER'S LICENSE #

B. BUSINESS NAME (DBA) (If none, enter N/A)	C. DATE OWNERSHIP BEGAN OPERATING MM __ DD __ YYYY ____	D. FEDERAL I.D. NUMBER _____
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E. ORGANIZATION OR CORPORATION NAME	E1. SECRETARY OF STATE CORP ID#
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F. BUSINESS ADDRESS (Number and Street, not P.O. Box)	CITY	STATE	ZIP CODE	PHONE NUMBER ()
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G. MAILING ADDRESS (if different from F)	CITY	STATE	ZIP CODE	PHONE NUMBER ()
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H. INDICATE FIRST QUARTER AND YEAR IN WHICH WAGES EXCEED \$100:
 Jan.-Mar. 20__ Apr.-June 20__ July-Sept. 20__ Oct.-Dec. 20__
 First Payroll Date: MM __ DD __ YYYY ____

I. HAS THE ORGANIZATION EVER BEEN REGISTERED WITH THE DEPARTMENT? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete J)	J. FORMER EDD ACCOUNT NUMBER(S): BUSINESS NAME: ADDRESS: NOTE: If necessary, please provide additional information on separate sheet.
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K. THIS IS A:
 New business Hired employees Change in form - (Individual to corporation; partnership to corporation; merger; corporation to LLC, etc.)
 Change of partner(s) Purchased on-going business All Part Other _____
 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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L. TAXPAYER TYPE: <input type="checkbox"/> (CP) CORPORATION <input type="checkbox"/> (AS) ASSOCIATION <input type="checkbox"/> (OT) OTHER (Specify) _____	M. NUMBER OF CA EMPLOYEES:	N. FINANCING METHOD: (Please check one) <input type="checkbox"/> Tax Rated Method OR <input type="checkbox"/> Reimbursable Method
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O. EMPLOYER TYPE: <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	P. BRIEFLY DESCRIBE YOUR NONPROFIT ACTIVITY:
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Q. CONTACT PERSON FOR BUSINESS:	TITLE/COMPANY NAME:	DAYTIME PHONE NUMBER: ()
ADDRESS: _____		
E-MAIL ADDRESS: _____		

R. DECLARATION
 I certify under penalty of perjury that the above information is true, correct, and complete, and that these actions are not being taken to receive a more favorable Unemployment Insurance Rate. I further certify that I have the authority to sign on behalf of the above business.

Signature _____ Title _____ Date _____
 (Owner, Partner, Officer, Member, Manager, etc.)

Printed Name _____ Telephone Number () _____

S. 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 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 (888) 745-3886 with questions about whether your business entity is subject to reporting and paying State payroll taxes. For TTY (nonverbal) access, call (800) 547-9565.
- Access the EDD Web site at **www.edd.ca.gov**

- A. LIST INDIVIDUAL OWNER(S), PARTNER(S), CORPORATE OFFICER(S)** - Enter name, title, social security number, and California driver's license number of each individual.
- B. BUSINESS NAME** - Enter the name by which your business is known to the public. Enter "N/A" if business name is not different from Box A.
- C. OWNERSHIP BEGAN** - Enter date the new ownership began operating.
- D. FEDERAL ID NUMBER** - Enter Federal Employer Identification Number. If not assigned, enter "Applied For."
- E. ORGANIZATION OR CORPORATE NAME** - Enter name of the organization or corporation. If business is a corporation, enter exactly as spelled and registered with the Secretary of State.
- E1. SECRETARY OF STATE CORP ID NUMBER** - Enter the California corporate identification number.
- F. BUSINESS ADDRESS** - Enter the California street address (not P.O. Box) and telephone number where business is physically conducted. If you have multiple California locations, list on a separate sheet and attach to this form.
- G. MAILING ADDRESS** - Enter the mailing address where EDD correspondence and forms should be sent. Provide daytime telephone number.
- H. WAGES** - Check the box for the quarter in which you first paid over \$100 in wages. Enter the first payroll date MM/DD/YYYY.
- I. PRIOR REGISTRATION** - If any part of the ownership in item A is operating or has ever operated a business at another location, check "Yes" and provide account number, business name, and address in Box J.
- J. FORMER BUSINESS INFORMATION** - If "Yes" is checked in Box I, provide former EDD account number, business name, and address.
- K. STATUS OF BUSINESS** - Check the box that describes why you are completing this form. If the business was purchased, provide previous owner and business name, EDD account number, purchase price, and date ownership was transferred to this ownership.
- L. TAXPAYER TYPE** - Check the box that best describes the legal form of the ownership shown in item A.
- M. NUMBER OF CALIFORNIA EMPLOYEES** - Enter the number of workers who are considered to be California employees.
- N. FINANCING METHOD** - Select one.
- O. EMPLOYER TYPE** - Check the box that best describes your employer type.
- P. ACTIVITY** - Briefly describe the nonprofit activity your employing entity is engaged in.
- Q. CONTACT PERSON** - Enter the name, title/company name, address, and e-mail address of the person authorized by the ownership in item A, B, or E to provide EDD staff information needed to maintain the accuracy of your employer account.
- R. DECLARATION** - This declaration should be signed by one of the officers shown in item A.
- S. PAYROLL TAX EDUCATION** - The 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 completing a *Change of Employer Account Information* (DE 24) for all future changes to the original registration information. The DE 44 and DE 24 can be accessed through the EDD Web site at **www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm**.