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COMMERCIAL EMPLOYER ACCOUNT REGISTRATION AND UPDATE FORM

Did you know you can register online anytime? The Employment Development Department (EDD) e-Services for Business online application is secure, saves paper, postage, and time. You can access the online application at www.edd.ca.gov/e-Services_for_Business and follow the easy step-by-step process to complete your registration.

Review the *Instructions for Completing the Commercial Employer Account Registration and Update Form (DE1-I)* prior to completing this form. Do not submit this form until you have paid wages in excess of \$100 to one or more employees in any calendar quarter. Additional information about registering with the EDD is available online at www.edd.ca.gov/Payroll_Taxes/Am_I_Required_to_Register_as_an_Employer.htm.

Important: This form may not be processed if the required information is missing.

A. I WANT TO (Select only one box then complete the items specified for that selection.)	<input type="checkbox"/> Register for a New Employer Account Number (Go to Item B.) <input type="checkbox"/> Request Account for CalJOBS SM (Go to Item B.)		
	Existing Employer Account Number: <input type="text"/> - <input type="text"/> - <input type="text"/> (Enter Employer Account Number when reporting an Update, Purchase, Sale, Reopen, Close, or Change in Status.)		
	Update Employer Account Information <input type="checkbox"/> Address (O, P) <input type="checkbox"/> DBA (J) <input type="checkbox"/> Personal Name Change (G) <input type="checkbox"/> Add/Change/Delete Officer/Partner/Member (H) (Provide the Employer Account Number at the top of Item A, then complete the Items identified above and Item T.) Effective Date of Update(s): ____/____/____		
	<input type="checkbox"/> Report a Purchase of Business Date of Purchase: ____/____/____ Purchase Price: \$____ <input type="checkbox"/> Entire Business Purchase (Provide the Seller's Employer Account Number at the top of Item A.) <input type="checkbox"/> Partial Business Purchase		
	<input type="checkbox"/> Report a Sale of Business Date of Sale: ____/____/____ <input type="checkbox"/> Entire Business Sold (Provide the business' Employer Account Number at the top of Item A. Complete Item P.) <input type="checkbox"/> Partial Business Sold		
	<input type="checkbox"/> Reopen a Previously Closed Account (Provide the previous Employer Account Number at the top of Item A then go to Item B.)		
	<input type="checkbox"/> Close Employer Account Reason for Closing Account Date of Last Payroll (Provide the Employer Account Number at the top of Item A.) <input type="checkbox"/> No longer have employees ____/____/____ <input type="checkbox"/> Out of Business		
	<input type="checkbox"/> Report a Change in Status: Business Ownership, Entity Type, or Name Reason for Change: _____ Change: From _____ To _____ (Provide the Employer Account Number at the top of Item A, and complete the rest of the form.) Effective Date of Change: ____/____/____		
B. EMPLOYER TYPE (Select type then proceed to Item C.)	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PACIFIC MARITIME	<input type="checkbox"/> FISHING BOAT
C. TAXPAYER TYPE (Select only one type then complete the items specified for that selection.)	<input type="checkbox"/> Individual Owner (D, E1, F, G, J, K, L, O-T)	<input type="checkbox"/> Limited Partnership (D, F, H-T)	<input type="checkbox"/> Joint Venture (D, F, H, I, K, L, O-T)
	<input type="checkbox"/> Co-Ownership (D, E2, F, G, J, K, L, O-T)	<input type="checkbox"/> Association (D, F, H-T)	<input type="checkbox"/> Receivership (D, F, H, K, L, O-T)
	<input type="checkbox"/> General Partnership (D, E3, F, H, J, K, L, O-T)	<input type="checkbox"/> Limited Liability Company (LLC) (D, F, H-T)	<input type="checkbox"/> Estate Administration (D, F, H, I, K, L, O-T)
	<input type="checkbox"/> Corporation (D, F, H-T)	<input type="checkbox"/> Limited Liability Partnership (LLP) (D, F, H-T)	<input type="checkbox"/> Trusteeship (D, F, H, I, K, L, O-T)
	<input type="checkbox"/> Other (Specify) (Complete remaining items as applicable.)		
D. FIRST PAYROLL DATE (MM/DD/YYYY)	First payroll date wages paid exceeded \$100: ____/____/____ (Wages are all compensation for an employee's services.) Refer to <i>Information Sheet: Wages (DE 231A)</i> and <i>Information Sheet: Types of Payments (DE 231TP)</i> at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm .		
E. EMPLOYEE INFORMATION	"Employment" does not include service performed by a child under the age of 18 years in the employ of his/her father or mother, or service performed by an individual in the employ of his/her son, daughter, or spouse, including the employee's registered domestic partner. (Section 631 of the California Unemployment Insurance Code) Refer to <i>Information Sheet: Family Employment (DE 231FAM)</i> at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm .		
E1. INDIVIDUAL OWNER (Only)	Do you <u>only</u> employ your spouse, parent(s), or minor child(ren) (under 18)? If yes, you are not subject to Unemployment Insurance (UI) and State Disability Insurance (SDI) but may be subject to Personal Income Tax (PIT).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E2. CO-OWNERSHIP (Only)	Do you <u>only</u> employ your minor child(ren) (under 18)? If yes, you are not subject to UI and SDI but may be subject to PIT.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E3. PARTNERSHIP (Consisting of siblings only.)	Do you <u>only</u> employ your parent(s)? If yes, you are not subject to UI and SDI but may be subject to PIT.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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F. LOCATION OF EMPLOYEE SERVICES	Do you have employees working in California?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Do you have employees residing in California that are working outside of California?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
G. INDIVIDUAL OWNER/ CO-OWNER INFORMATION (If applicable)	NAME	TITLE	SSN	CA Driver License Number	Add	Chg.	Del.	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H. CORPORATE OFFICER(S), PARTNERS, OR LLC MEMBER(S), MANAGER(S), AND/OR OFFICER INFORMATION	NAME	TITLE	SSN	CA Driver License Number	Add	Chg.	Del.	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I. LEGAL NAME OF ORGANIZATION (Corporation/LLC/LLP/LP: Enter exactly as it appears on your official registration documents.)								
J. DOING BUSINESS AS (DBA) (If applicable)								
K. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)				L. DATE OWNERSHIP BEGAN (MM/DD/YYYY)				
				____/____/____				
M. STATE OR PROVINCE OF INCORPORATION/ORGANIZATION				N. CALIFORNIA SECRETARY OF STATE ENTITY NUMBER				
O. PHYSICAL BUSINESS LOCATION (PO Box or Private Mail Box will not be accepted.)	Street Number		Street Name		Unit Number (If applicable)			
	City		State/Province	ZIP Code	Country			
	Business Phone Number							
P. MAILING ADDRESS (PO Box or Private Mail Box is acceptable.) <input type="checkbox"/> Same as above	Street Number		Street Name		Unit Number (If applicable)			
	City		State/Province	ZIP Code	Country			
	Phone Number							
Q. E-MAIL <input type="checkbox"/> Check to allow e-mail contact.	Valid E-mail Address							
R. INDUSTRY ACTIVITY	Describe in detail your specific product/services:							
	Select your business industry <input type="checkbox"/> Services <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Temporary Services <input type="checkbox"/> Leasing Employer <input type="checkbox"/> Professional Employer Organization <input type="checkbox"/> Other (Specify) _____							
S. CONTACT PERSON (Complete a <i>Power of Attorney [POA] Declaration [DE 48]</i> , if applicable.)	Name		Contact Phone Number	E-mail Address				
	Relation		Address					
T. 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				Date			
	Name		Title		Phone Number			

MAIL TO: EDD, Account Services Group, MIC 28, PO Box 826880, Sacramento, CA 94280-0001