

This form will be the basic record of YOUR Account.
DO NOT FILE FORM UNTIL YOU HAVE PAID WAGES THAT EXCEED \$100.00 IN CALENDAR QUARTER.
 Please read **INSTRUCTIONS** on page 2 before completing form.
PLEASE PRINT OR TYPE in BLUE OR BLACK INK ONLY.
 Return form to:

EMPLOYMENT DEVELOPMENT DEPARTMENT
 ACCOUNT SERVICES GROUP, MIC 28
 PO BOX 826880
 SACRAMENTO CA 94280-0001
 (888) 745-3886 FAX (916) 654-9211
 www.edd.ca.gov

REGISTRATION FORM FOR AGRICULTURAL EMPLOYERS See page 2 for registration instructions for other business types.

EDD ACCOUNT NUMBER	Dept. Use Only:	QUARTER	ONLINE PROCESS DATE	TAS CODE
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A. LIST NAMES OF: OWNER(S), PARTNER(S), CORP OFFICERS, OR LLC Members/Managers/Officers	TITLE	PERCENT OF OWNERSHIP	SOCIAL SECURITY #	CALIFORNIA DRIVER'S LIC #

Note: List additional partners, LLC members/officers/managers on a separate sheet

B. BUSINESS NAME: (If none, enter N/A)	C. DATE OWNERSHIP BEGAN OPERATING: MM __/DD/__/YYYY ____	D. FEDERAL TAX ID #:
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E. CORPORATION / LLC NAME: (If none, enter N/A)	E1. SECRETARY OF STATE CORP / LLC ID #
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F. DO YOU EMPLOY NONAGRICULTURAL WORKERS? No Yes
 If yes, please enter: Account Number: _____ Business Name: _____

G. PHYSICAL BUSINESS LOCATION: (Number and Street, not P.O. Box)	CITY	STATE	ZIP CODE	PHONE NUMBER ()
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H. MAILING ADDRESS: (P.O. Box/Number and Street, only if different than G)	CITY	STATE	ZIP CODE	PHONE NUMBER ()
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Note: If you have multiple CA locations, please attach the physical business addresses on a separate sheet of paper

I. INDICATE FIRST QUARTER & YEAR WAGES EXCEEDED \$100: Jan-Mar 20 Apr-Jun 20 Jul-Sept 20 Oct-Dec 20

J. HAVE YOU EVER OWNED OR BEEN A PRINCIPAL OWNER IN A BUSINESS REGISTERED WITH EDD: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, complete K. →	K. FORMER EDD ACCOUNT NUMBER(S): _____ BUSINESS NAME: _____ ADDRESS: _____ <small>NOTE: If necessary, please provide additional information on a separate sheet.</small>
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L. THIS IS A: New Business Hired Employees Purchased a Business * Other:
 * If business was purchased, mark appropriate box and complete the information below: All Part
 1. Previous Owner 2. Previous Business Name 3. Previous EDD Account # 4. Purchase Price 5. Date of Transfer

Note: For all other changes in form/ownership to your account, please use the Change of Employer Account Information (DE 24)

M. NUMBER OF CA EMPLOYEES: _____ See back for information on CA employees.	N. LIST YOUR PRINCIPAL CROP(S), COMMODITIES, OR ACTIVITIES:
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O. ORGANIZATION TYPE:
 Individual Owner Corporation Other (Specify)
 Co-Ownership Limited Liability Company
 General Partnership

P. CONTACT PERSON FOR BUSINESS:	TITLE/COMPANY NAME	ADDRESS	DAYTIME PHONE NUMBER ()
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Q. 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: _____
 (Owner, Corporate Officer, Partner, LLC Member/Manager, or authorized Agent)

Printed Name: _____ Phone Number: () _____ Date: _____

INSTRUCTIONS FOR 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) days after paying over \$100 in wages for employment in a calendar quarter. Please complete the registration process by doing **one** of the following:

- **Register online from EDD's e-Services at eddservices.edd.ca.gov or**
- Mail your completed registration form to EDD, Account Services Group (ASG) 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
- If you are already registered and have a change in form or ownership, please complete a *Change of Employer Account Information (DE 24)*
- Attach additional sheets if your information will not fit in the space provided.

Industry specific registration forms such as Agricultural, Government/Schools/Indian Tribes, Household Workers, Nonprofit, or Personal Income Tax Only, are available on-line at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm#Forms.

NEED MORE HELP OR INFORMATION?

- If you have questions regarding this form or the registration account number and assignment process and about whether your business entity is subject to reporting and paying State payroll taxes, you may visit our Web site at www.edd.ca.gov/Payroll_Taxes/Reporting_Requirements.htm. You may also call our Taxpayer Assistance Center at 888-745-3886. For TTY (nonverbal) access, call 800-547-9565. Outside U.S. or Canada, call (916) 464-3502.
- EDD provides seminars and other educational opportunities for taxpayers to learn how to report employees' wages and pay taxes, pointing out the pitfalls that create errors and unnecessary billings. Visit our Web site at www.edd.ca.gov/Payroll_Tax_Seminars/ or call us at 888-745-3886 for more information.
- Access the EDD Web site at www.edd.ca.gov.

A. **LIST INDIVIDUAL OWNER(S), PARTNER(S), CORPORATE OFFICER(S), OR LLC Members/Managers/Officers** – Enter name, title, percent of ownership, social security number, and California driver's license number of each individual.

B. **BUSINESS NAME** – Enter 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 TAX NUMBER** – Enter Federal Employer Identification Number. If not assigned, enter "Applied For."

E. **CORPORATION/LLC/ NAME** – Enter Corporation/LLC name exactly as spelled and registered with the Secretary of State.

E1. **SECRETARY OF STATE CORP/LLC ID NUMBER** – Enter the California Corporate/LLC identification number.

F. **NONAGRICULTURAL WORKERS** – If you answered yes, provide account number and business name.

G. **PHYSICAL BUSINESS LOCATION** – Enter the California street address (not PO Box) and telephone number where business is physically conducted. If you have multiple California locations, please attach the physical business addresses on a separate sheet of paper.

H. **MAILING ADDRESS** – Enter mailing address where EDD correspondence and forms should be sent. Provide daytime phone number.

I. **INDICATE FIRST QUARTER & YEAR WAGES EXCEEDED \$100** – Check the appropriate box for the quarter in which you first paid over \$100 in wages. These wages are subject to Unemployment Insurance, Employment Training Tax, and State Disability Insurance withholdings. Both the agricultural worker and agricultural employer must agree in order for Personal Income Tax to be withheld from the worker's wages.

J. **PRIOR REGISTRATION** - If any part of the ownership shown in items A, B, or E are operating or have ever operated a business at another location, check "Yes" and provide account number, business name, and address in box K.

K. **FORMER BUSINESS INFORMATION** – If "Yes" is checked in box J, provide former EDD account number, business name, and address.

L. **STATUS OF BUSINESS** – Check the box that best describes why you are completing this form. If the business was purchased, provide previous owner and business name, EDD number, purchase price, and date ownership was transferred to this ownership.

M. **NUMBER OF CALIFORNIA EMPLOYEES** – Enter the number of workers who are considered to be California employees. Refer to Information Sheet: *Employment (DE 231)* and Information Sheet: *Multi-State Employment (DE 231D)* on our Web site at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm#Publications for additional information.

N. **PRINCIPAL CROP(S), COMMODITIES, OR ACTIVITIES** – List the primary crops or agricultural services that the business performs, such as apple grower, farm labor contractor, veterinary services, etc.

O. **ORGANIZATION TYPE** – Check box that best describes the legal form of the ownership shown in items A, B, or E. Co-ownership is defined as husband/wife, spouse, or registered domestic partners. If other, please specify.

P. **CONTACT PERSON FOR BUSINESS** – Enter the name, title/company name, address, and daytime telephone number of the person authorized by the ownership shown in items A or B to provide EDD staff information needed to maintain the accuracy of your employer account.

Q. **DECLARATION** – This declaration must be signed by an individual having the authority to sign on behalf of the business.

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 our Web site at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm.