



This form will be the basic record of your ACCOUNT. **DO NOT FILE THIS FORM UNTIL YOU HAVE PAID WAGES OF \$750.** Please read the **INSTRUCTIONS** below before completing this form. **PLEASE PRINT OR TYPE.** Return this form to: **If you are an agency providing household workers for clients, you must file a Registration Form for Commercial Employers (DE 1).**

EMPLOYMENT DEVELOPMENT DEPARTMENT
ACCOUNT SERVICES GROUP, MIC 28
P.O. BOX 826880
SACRAMENTO CA 94280-0001
(916) 654-7041 FAX (916) 654-9211
www.edd.ca.gov

REGISTRATION FORM FOR EMPLOYERS OF HOUSEHOLD WORKERS

ACCOUNT NUMBER							

DEPT. USE	QUARTER			ON-LINE PROCESS DATE	TAS CODE

Industry specific registration forms are required relative to each type of employer. Please use the appropriate form to register.

Commercial/Pacific Maritime/Fishing Boat	DE1	Household Workers	DE 1HW
Agricultural	DE 1AG	Non-Profit	DE 1NP
Government/Public Schools/Indian Tribes	DE 1GS	Personal Income Tax Only	DE 1P

A. HAVE YOU EVER BEEN REGISTERED WITH THIS DEPARTMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, ENTER EMPLOYER ACCOUNT NUMBER, BUSINESS NAME AND ADDRESS ACCOUNT NUMBER BUSINESS NAME ADDRESS			
B. EMPLOYER NAME(S)		SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
C. MAILING ADDRESS		CITY	STATE	ZIP CODE	BUSINESS PHONE ()
IN CARE OF:		D. EMPLOYEE WORK SITE ADDRESS			COUNTY
E. TYPE OF ORGANIZATION INDIVIDUAL <input type="checkbox"/> HUS/WIFE <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER <input type="checkbox"/> _____				Federal I.D. Number	
F. INDICATE QUARTER AND YEAR IN WHICH YOU FIRST PAID \$750 BUT NOT MORE THAN \$999 IN CASH WAGES: <input type="checkbox"/> Jan-Mar 20____ <input type="checkbox"/> Apr-June 20____ <input type="checkbox"/> July-Sept 20____ <input type="checkbox"/> Oct-Dec 20____ <input type="checkbox"/> NONE					Number of Employees
G. INDICATE QUARTER AND YEAR IN WHICH YOU FIRST PAID \$1,000 OR MORE IN CASH WAGES: <input type="checkbox"/> Jan-Mar 20____ <input type="checkbox"/> Apr-June 20____ <input type="checkbox"/> July-Sept 20____ <input type="checkbox"/> Oct-Dec 20____ <input type="checkbox"/> NONE					Number of Employees
H. WILL YOU WITHHOLD PERSONAL INCOME TAX FROM ANY EMPLOYEE WAGES? <input type="checkbox"/> NO <input type="checkbox"/> YES					
I. DO YOU ELECT TO PAY CALIFORNIA EMPLOYMENT TAXES ON AN ANNUAL BASIS? <input type="checkbox"/> NO <input type="checkbox"/> YES SEE INSTRUCTIONS FOR MORE INFORMATION.					
J. DECLARATION These statements are hereby declared to be correct to the best knowledge and belief of the undersigned. Signature _____ Date _____ Residence Phone () _____ Title _____ Residence Address _____ (Owner, Partner, Officer, etc.) Street City State ZIP Code					
K. 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/taxsem or call us at (888) 745-3886 for more information.					

INSTRUCTIONS: You must fill out this form to register with EDD within 15 days of employing and paying household workers cash wages totaling \$750 or more in any calendar quarter. Complete all sections as follows:

- Check no or yes box and provide additional information for yes answers.
- Enter full name, social security number and driver's license number of the employer(s) of the household worker(s).
- Enter the address where EDD correspondence and forms should be sent.
- Enter address where household worker performs duties if different than mailing address. Enter county of work location.
- Check the appropriate box, if other, please specify. Enter federal identification number(s) if not assigned, enter "applied for".
- Check the appropriate box when you first paid \$750 or more in cash wages. Enter total number of household employees working for you. These wages are subject to state disability insurance withholding (includes Paid Family Leave amount).
- Check the appropriate box when you first paid \$1,000 or more in cash wages, or check none. Enter the total number of employees working for you. These wages are subject to Unemployment Insurance and Employment Training Taxes and State Disability Insurance withholdings. Both household worker and household employer must agree if personal income tax is withheld from worker's wages.
- Check the appropriate box.
- If you will pay \$20,000 or less in wages per year, you may elect to pay California employment taxes on an annual basis. (The sum of all subject wages, cash or non-cash, paid to all employees must be no more than \$20,000 per year.) Wage information paid to your employees must be reported on a quarterly basis on a form which will be supplied to you. If you pay more than \$20,000 in a year, the election will be terminated and you will be required to file quarterly tax returns for the remainder of the year and submit a new election if you wish to participate in the program in the future.
- This declaration must be signed by one of the persons listed in B.
- 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 **Household Employer's Guide, DE 8829**. You can also contact your nearest Employment Tax Office as listed in the white pages of the telephone directory.