Employment Development Department
State of California

000101151

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.)	☐ Register for a New Employer Account Number (Go to Item B.)	☐ Request Account for CalJOBS℠ (Go to Item B.)	
	Existing Employer Account Number: ☐☐☐ - ☐☐☐☐ - ☐ (Enter Employer Account Number when reporting an Update, Purchase, Sale, Reopen, Close, or Change in Status.)		
	Update Employer Account Information ☐ Address (O, P) ☐ DBA (J) ☐ Personal Name Change (G) ☐ 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): ____/____/_____		
	☐ Report a Purchase of Business (Provide the Seller's Employer Account Number at the top of Item A.)	Date of Purchase ____/____/_____ Purchase Price $_____	☐ Entire Business Purchase ☐ Partial Business Purchase
	☐ Report a Sale of Business (Provide the business' Employer Account Number at the top of Item A. Complete Item P.)	Date of Sale ____/____/_____	☐ Entire Business Sold ☐ Partial Business Sold
	☐ Reopen a Previously Closed Account (Provide the previous Employer Account Number at the top of Item A then go to Item B.)		
	☐ Close Employer Account (Provide the Employer Account Number at the top of Item A.)	Reason for Closing Account ☐ No longer have employees ☐ Out of Business	Date of Last Payroll ____/____/_____
	☐ 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.)	☐ COMMERCIAL	☐ PACIFIC MARITIME	☐ FISHING BOAT
C. TAXPAYER TYPE (Select only one type then complete the items specified for that selection.)	☐ Individual Owner (D, E1, F, G, J, K, L, O-T)	☐ Limited Partnership (D, F, H-T)	☐ Joint Venture (D, F, H, I, K, L, O-T)
	☐ Co-Ownership (D, E2, F, G, J, K, L, O-T)	☐ Association (D, F, H-T)	☐ Receivership (D, F, H, K, L, O-T)
	☐ General Partnership (D, E3, F, H, J, K, L, O-T)	☐ Limited Liability Company (LLC) (D, F, H-T)	☐ Estate Administration (D, F, H, I, K, L, O-T)
	☐ Corporation (D, F, H-T)	☐ Limited Liability Partnership (LLP) (D, F, H-T)	☐ Trusteeship (D, F, H, I, K, L, O-T)
	☐ 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 *Information Sheet: Wages* (DE 231A) and *Information Sheet: Types of Payments* (DE 231TP) 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 *Information Sheet: Family Employment* (DE 231FAM) at **www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm**.		
E1. INDIVIDUAL OWNER (Only)	Do you only 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 ☐	No ☐
E2. CO-OWNERSHIP (Only)	Do you only employ your minor child(ren) (under 18)? If yes, you are not subject to UI and SDI but may be subject to PIT.	Yes ☐	No ☐
E3. PARTNERSHIP (Consisting of siblings only.)	Do you only employ your parent(s)? If yes, you are not subject to UI and SDI but may be subject to PIT.	Yes ☐	No ☐

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F. LOCATION OF EMPLOYEE SERVICES	Do you have employees working in California?					Yes ☐	No ☐	
	Do you have employees residing in California that are working outside of California?					Yes ☐	No ☐	
G. INDIVIDUAL OWNER/ CO-OWNER INFORMATION (If applicable)	**NAME**	**TITLE**	**SSN**	**CA Driver License Number**	Add	Chg.	Del.	
					☐	☐	☐	
					☐	☐	☐	
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.	
					☐	☐	☐	
					☐	☐	☐	
					☐	☐	☐	
					☐	☐	☐	

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.) ☐ Same as above	Street Number	Street Name		Unit Number (If applicable)
	City	State/Province	ZIP Code	Country
		Phone Number		
Q. E-MAIL ☐ Check to allow e-mail contact.	Valid E-mail Address			
R. INDUSTRY ACTIVITY	Describe in detail your specific product/services:			
	Select your business industry ☐ Services ☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Temporary Services ☐ Leasing Employer ☐ Professional Employer Organization ☐ Other (Specify) _____			
S. CONTACT PERSON (Complete a *Power of Attorney [POA] Declaration* [DE 48], 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

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