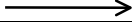


This form will be the basic record of YOUR ACCOUNT. **DO NOT FILE THIS FORM UNTIL YOU HAVE PAID WAGES THAT EXCEED \$100.00.** Please read the **INSTRUCTIONS** on the back before completing this form. **PLEASE PRINT OR TYPE.** Return this form to: 

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

## REGISTRATION FORM FOR AGRICULTURAL EMPLOYERS

ACCOUNT NUMBER	QUARTER	ETCSO	FED CODE	ON-LINE PROCESS DATE	TAS CODE
<b>DEPT. USE ONLY</b>					

<b>A. BUSINESS NAME</b>		OWNERSHIP BEGAN OPERATING MONTH:      DAY:      YEAR:		FEDERAL I.D. NUMBER	
<b>B. OWNER, CORPORATION, OR LIMITED LIABILITY COMPANY (LLC) NAME</b>		Social Security No./Corp. or LLC I.D. No.		DRIVER'S LICENSE NUMBER	
List all partners, *corporate officers, LLC Members, Managers and Officers	TITLE <small>(Partner, Officer Type, LLC Member, LLC Manager)</small>	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
*If entity is a <b>Limited Partnership</b> , indicate General Partner with an (*). List additional partners, LLC members, officers on a separate sheet.					
<b>C. BUSINESS LOCATION</b> Street and Number (see instructions)		CITY OR TOWN	STATE	ZIP CODE	COUNTY
FAX NUMBER:		E-MAIL ADDRESS:			
MAILING ADDRESS (in care of P.O. Box or Street and Number)		CITY OR TOWN	STATE	ZIP CODE	PHONE NUMBER (   )
<b>D. HAVE YOU EVER BEEN REGISTERED WITH THE DEPARTMENT?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	IF YES, ENTER EMPLOYER ACCOUNT NUMBER, BUSINESS NAME AND ADDRESS ACCOUNT NUMBER      BUSINESS NAME      ADDRESS				
<b>E. Indicate first quarter and year in which wages exceeded \$100.00</b> <input type="checkbox"/> Jan.-Mar. 20__ <input type="checkbox"/> July-Sept. 20__ <input type="checkbox"/> Apr.-June 20__ <input type="checkbox"/> Oct.-Dec. 20__		<b>F. Will you withhold Personal Income Tax from any employee wages?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If "yes" will you be subject to Federal monthly/semi-weekly deposits? <input type="checkbox"/> No <input type="checkbox"/> Yes			
<b>G. ORGANIZATION TYPE</b> <input type="checkbox"/> (IN) INDIVIDUAL OWNER <input type="checkbox"/> (HW) HUS/WIFE CO-OWNERSHIP <input type="checkbox"/> (GP) GENERAL PARTNERSHIP <input type="checkbox"/> (CP) CORPORATION <input type="checkbox"/> (LC) LIMITED LIABILITY COMPANY <input type="checkbox"/> (OT) OTHER (Specify) _____		<b>H. DO YOU EMPLOY NON-AGRICULTURAL WORKERS?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  If yes, please enter:  Account Number: _____  Business Name: _____			
<b>I. List your principal crop(s) or commodities:</b>				<b>J. Number of Employees</b>	
<b>K. CONTACT PERSON FOR BUSINESS</b>	NAME	TITLE	ADDRESS	PHONE (   )	
<b>L. SUPPORTIVE SERVICES</b> If you are part of a larger organization and you are primarily engaged in providing supportive services to other establishments of the larger organization, check one of these boxes. (1) <input type="checkbox"/> Control Administrative (headquarters, etc.)      (3) <input type="checkbox"/> Storage (warehouse)      (5) <input type="checkbox"/> Does not apply (2) <input type="checkbox"/> Research, development, or testing      (4) <input type="checkbox"/> Other (specify) _____					
<b>M. Is this a(n):</b> <input type="checkbox"/> New business <input type="checkbox"/> On-going business just purchased    ( <input type="checkbox"/> All <input type="checkbox"/> Part) <input type="checkbox"/> Other _____ <input type="checkbox"/> Change of partner(s) <input type="checkbox"/> Change in form – (Sole proprietor to partnership; partnership to corporation; partnership to limited liability company; merger; etc.)					
IF THE BUSINESS WAS PREVIOUSLY OWNED, PROVIDE THE FOLLOWING INFORMATION: Previous Owner      Business Name      Purchase Price      Date of Transfer      EDD Account Number					
<b>N. DECLARATION</b> These Statements are hereby declared to be correct to the best knowledge and belief of the undersigned.					
Signature _____		Date _____		Residence Phone    (   )	
Title _____		Residence Address _____		Street      City      State      ZIP Code	
(Owner, Partner, Officer, Member, Manager)		Street		City      State      ZIP Code	

## INSTRUCTIONS FOR DE 1AG, 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) 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 1AG and send to the address shown on the front of this form.

- A. BUSINESS NAME** – Give the name by which your business is known to the public. Enter "None" if no business name is used. Enter the date the new ownership began operating. Enter Federal Employer Identification Number(s). If not assigned, enter "Applied For."
- B. OWNER, CORPORATION, OR LIMITED LIABILITY COMPANY (LLC) NAME** – Enter the full given name, middle initial, surname, title, social security account number, and driver license number for each individual, partner, corporate officer, or LLC member/officer/manager. If the business is a corporation, enter name exactly as spelled and registered with the Secretary of State. Include corporate or LLC identification number.
- C. BUSINESS LOCATION** – Enter the California address and county where the business shown in Item A is physically conducted. If more than one California location, list on a separate sheet and attach to this form. Enter the mailing address where EDD correspondence and forms should be sent. If this address is the same as the business location, enter "Same." Provide daytime business phone number, FAX number and E-mail address for the ownership shown in Item B.
- D. PRIOR REGISTRATION** – If any part of the ownership in Item B is operating or has ever operated at another location, check "Yes" and provide account number, business name, and address. If more than one account number, list on separate sheet.
- E. WAGES** – Check the appropriate box for the quarter in which you first paid over \$100 in wages.
- F. PIT WITHHOLDING** – Check appropriate box. If you are not sure if you are subject to federal monthly/semi-weekly Personal Income tax deposits, contact an Employment Tax Customer Service Representative at 1-888-745-3886.
- G. ORGANIZATION TYPE** – Check the box that best describes the legal form of the ownership in Item B.
- H. NON-AGRICULTURAL WORKERS** – If you answered yes, provide account number and business name.
- I. PRINCIPAL CROPS/COMMODITIES OR ACTIVITIES** – List the primary crops or agricultural services that the business performs, such as apple grower, farm labor contractor, veterinary services, etc.
- J. EMPLOYEES** – Enter total number of employees for the ownership shown in Item B.
- K. CONTACT PERSON** – Enter the name, title and phone number of the person authorized by the ownership shown in Item B to provide information to EDD staff.
- L. SUPPORTIVE SERVICES** – Check the box that best describes the supportive services provided by the owner in Item B.
- M. STATUS OF BUSINESS** – Check the box that best describes why you are completing this form. If the business was previously owned, provide owner and business name, purchase price, date ownership was transferred to this ownership and EDD account number.
- N. DECLARATION** – This declaration should be signed by one of the names shown in Item B.

**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. If you have questions about whether your business entity is subject to reporting and paying state payroll taxes, contact the nearest Employment Tax Customer Service Office (ETCSO) listed in your local telephone directory under State Government, Employment Development Department or call an Employment Tax Customer Service Representative at 1-888-745-3886. For TTY (nonverbal) access, call 1-800-547-9565.

Three options for obtaining a new employer account number are available: by mail, by calling (916) 654-8706 to obtain your account number over the phone or by fax service at (916) 654-9211. All three options require that a registration form be completed and faxed or mailed to: Employment Development Department, Account Services Group, MIC 28, P.O. Box 826880, Sacramento, CA 94280-0001.

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 notifying ASG of all future changes to the original registration information.

# I dreamt the government was here to help...

- **Understand who, what, how, and when to report state employment taxes.**
- **Avoid common pitfalls and costly mistakes.**
- **Control unemployment insurance costs.**
- **Learn the differences between independent contractors and employees.**
- **Discover services and resources, available at no additional cost.**

Make this dream a reality. Attend an Employment Tax seminar designed especially for employers, sponsored by the Employment Development Department. Please complete and mail the bottom portion of this form to the Employment Development Department, P.O.Box 2068, Rancho Cordova, CA 95741-2068 or fax to (916) 464-3504. We will contact you regarding the date, time, and location of the next seminar.

If you would like more information, please call (916) 464-3502 or visit EDD's Web site at [www.edd.ca.gov](http://www.edd.ca.gov)



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

ZIP Code

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

Preferred time and place to attend a seminar:

Day of week: Mon Tue Wed Thu Fri Sat (circle one)

Time of day: Morning Afternoon Evening (circle one)

Preferred city or area: \_\_\_\_\_

## ***The dream is real.***



The State of California Employment Development Department (EDD), as a recipient of federal and state funds, is an equal opportunity employment program and is subject to Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). Persons who require special accommodations may contact the above information number.