



Department Use Only Registration Date: _____ Employee Initials: _____ Added Test: _____ Added Prod: _____

Fed/State Employment Taxes (FSET) Enrollment

SECTION I. General Information

New Enrollment
 Revised Enrollment

A. EDD Employer Account Number	B. Federal Employer Identification Number (FEIN)
C. User ID	

SECTION II. Participant Information

A. Business Name	B. Business Phone Number ()	
C. Business Address (Number, Street, Box Number, City, State, ZIP Code)		
D. Primary Contact Person	Title	Phone Number () Ext.
E. E-mail Address	Fax Number ()	
F. Participant Type (check all that apply) <input type="checkbox"/> Taxpayer <input type="checkbox"/> Transmitter <input type="checkbox"/> Software Developer <input type="checkbox"/> Payroll Service Provider		

SECTION III. Authorization

Under penalties of perjury, I state that I have examined this form and to the best of my knowledge, the information is true, correct, and complete. I state that this firm, including all employees, will comply with all provisions of the electronic filing program. I understand that acceptance for participation is not transferable and that noncompliance will void participation in the program. I am authorized to make and sign statements on behalf of the firm. The signature of the Employer or its authorized agent affixed to this Enrollment shall be deemed to appear on each electronically filed report or return, as if so appearing. The Employment Development Department (EDD) reserves the right to implement other automated systems in the future. The EDD reserves the right to suspend or revoke participation in the program.

A. Print Name of Authorized Individual	B. Title
C. Signature	D. Date
E. Phone Number () Ext.	F. SSN of Authorized Individual

Return to: ATTENTION: ELECTRONIC DATA INTEGRITY SECTION (EDIS)
 EMPLOYMENT DEVELOPMENT DEPARTMENT
 P.O. BOX 826880, MIC 15A
 SACRAMENTO, CA 94280-0001
 PHONE: 866- 592-1651
 FAX: 916- 654-7340

INSTRUCTIONS:

Marking Instructions:

- Use black or blue ink only.
- Please type or print legibly.

SECTION I. General Information

- A. EDD Employer Account Number – Enter the eight-digit EDD employer account number.
- B. Federal Employer Identification Number (FEIN) – Enter the nine-digit FEIN assigned by the Internal Revenue Service.
- C. User ID – Enter the Online Services User ID you registered for your account. You must register for the EDD's online services at www.edd.ca.gov, and set up a User ID and password prior to submitting this form.

SECTION II. Participant Information

- A. Business Name – Enter the business name as registered with the EDD.
- B. Business Phone Number – Enter the daytime business phone number.
- C. Business Address – Enter the mailing address where the EDD correspondence should be sent.
- D. Primary Contact Person – Enter the name, title, phone number, e-mail address, and fax number of the person authorized to provide the EDD staff with information related to the FSET program.
- E. Enter the e-mail address used to register for online services. (This is a mandatory field on this form. It will be used to help us to locate the transmitter.)
- F. Check the box(es) that indicate(s) the type of participant for this enrollment.
 - Taxpayer – Check here if you are a business taxpayer.
 - Software Developer – Check here if you develop electronic return formatting software and/or transmission software.
 - Transmitter – Check here if you transmit electronic returns directly to the EDD.
 - Payroll Service Provider – Check here if you are a payroll service provider that will be acting as a reporting agent.

SECTION III. Authorization

Read the agreement and provide the required information for the person authorized to act and sign for your business in legal or tax matters.