



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

Federal/State Employment Taxes (FSET) Enrollment

Before filling out this form, refer to the *FSET Implementation Guide*, DE 545, located at www.edd.ca.gov for more information on the FSET program. Important: Submit a revised enrollment form for any and all changes to information provided.

SECTION I. General Information

New Enrollment Revised Enrollment

A. EDD Employer Payroll Tax Account Number	B. Federal Employer Identification Number (FEIN)
C. e-Services for Business User ID	D. e-Services for Business Email Address

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		E. Phone Number	
Title		Ext.	
F. Contact Email Address		G. Fax Number	
H. Participant Type (check all that apply)			
Taxpayer		Transmitter	
Software Developer		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.	

Return to: Attention: Electronic Data Integrity Section (EDIS)
 Employment Development Department
 PO Box 826880, MIC 15A
 Sacramento, CA 94280-0001
 Phone: 866-592-1651
 Fax: 916-654-0302

INSTRUCTIONS FOR COMPLETING THE FEDERAL/STATE EMPLOYMENT TAXES (FSET) ENROLLMENT FORM

SECTION I. General Information

- A. **EDD Employer Payroll Tax Account Number** – Enter the eight-digit EDD employer payroll tax account number.
- B. **Federal Employer Identification Number (FEIN)** – Enter the nine-digit FEIN assigned by the Internal Revenue Service.
- C. **e-Services for Business User ID** – Enter the e-Services for Business User ID you registered for your account. You must register for e-Services for Business at www.edd.ca.gov/e-Services_for_Business and set up a User ID and password prior to submitting this form.
- D. **e-Services for Business Email Address** – Enter the Email address used to register for e-Services for Business.

SECTION II. Participant Information

- A. **Business Name** – Enter the business name.
- 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 and title of the person authorized to provide the EDD staff with information related to the FSET program.
- E. **Phone Number** – Enter the phone number of the person authorized to provide the EDD staff with information related to the FSET program.
- F. **Contact Email Address** – Enter the email address for the person or group designated to receive important information regarding the FSET program, including changes and updates.
- G. **Fax Number** – Enter a fax number for which we can send a copy of the completed DE 547.
- H. **Participant Type** – Check the box(s) that indicate(s) the type of participant for this enrollment.
 - **Taxpayer** – Check here if you are submitting for your employer account.
 - **Software Developer** – Check here if you develop electronic return formatting 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.