

**SOLE SHAREHOLDER/CORPORATE OFFICER EXCLUSION STATEMENT**  
(Section 637.1 of the California Unemployment Insurance Code [CUIC])

**Eligibility Requirements**

In a private corporation, any person who is a corporate officer and sole shareholder, or the only shareholder other than his or her spouse, may file a statement electing to be excluded only from State Disability Insurance (SDI) coverage for contributions and benefits, which includes Paid Family Leave (PFL).

I hereby declare that I am a corporate officer of the above-named private corporation, **and**

**CHECK** ☐ The sole shareholder, or  
**ONLY ONE** ☐ The only shareholders are my spouse and me.

Please print or type. Prepare an original and retain a copy with your payroll records. Mail or fax immediately upon completion to the address or fax number shown on the Reporting Instructions. **Your exclusion is effective on the first day of the calendar quarter in which this statement is filed.**

Employer Payroll Tax Account Number \_\_\_\_\_  
Federal Employer Identification Number (FEIN) \_\_\_\_\_  
Secretary of State Corporate Entity Number \_\_\_\_\_  
Corporation Name \_\_\_\_\_  
Doing Business As \_\_\_\_\_  
Corporation Mailing Address \_\_\_\_\_  
Street City State ZIP Code  
Contact Person's Phone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_  
Sole Shareholder's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Sole Shareholder's Spouse's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Election Statement**

☐ I hereby elect to be excluded from any rights to SDI benefits based on wages paid to me by this corporation.  
☐ Spouse (If electing to be excluded, must be both a corporate officer and shareholder.)

**IMPORTANT - PLEASE NOTE CAREFULLY**

The corporation must report your wages and pay contributions for Unemployment Insurance (UI) and Employment Training Tax (ETT) unless your corporation is not subject to the Federal Unemployment Tax Act (FUTA). (Refer to Section 637 of the [CUIC](#).) Only certain types of nonprofit and agricultural corporations are not subject to FUTA.

I understand that this statement is effective in the calendar quarter filed and is effective during the remainder of the calendar year in which the statement is filed and for not less than the two succeeding complete calendar years, and in all subsequent calendar quarters until withdrawn. Any changes in the ownership of the stock or status of the corporate officer may terminate this exemption. I also understand that this exclusion applies only to SDI taxes administered by the State of California and has no effect on the administration of federal UI taxes.

Sole Shareholder's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Sole Shareholder's Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR DEPARTMENT USE ONLY			
EFF. DATE	_____	LTR. SENT	_____
EXAMINER	_____	DATE	_____

**SEE THE FOLLOWING REPORTING INSTRUCTIONS**