

## District of Columbia Paid Family Leave Self-Employed Individual (SEI) Opt In and Registration Form

Use this form to opt in to the Paid Family Leave (PFL) program and register with the Office of Paid Family Leave (OPFL) as a self-employed individual (SEI). The Universal Paid Leave Amendment Act of 2016 (D.C. Official Code §32-541) allows self-employed individuals to voluntarily opt in to the PFL program. Once opted in, you will be required to report your quarterly gross earnings from self-employment and to pay an amount equal to 0.62% of your entire quarterly gross income earned from self-employment in the District of Columbia. Your voluntary decision to opt in applies to all businesses that you operate in the District of Columbia.

Do you choose to opt in to the Paid Family Leave program on this date?    Yes     No     (check one)

Today's date:    \_\_/\_\_/\_\_ (mm/dd/yyyy)

Signature: \_\_\_\_\_

### Contact Information

*(Enter the name of the person DOES should contact regarding this account)*

#### Primary Contact *(All Fields Required)*

<i>Business Title (CEO, President, CFO)</i>			
<i>Name</i>			
<i>First Name:</i>		<i>Last Name:</i>	
<i>Address</i>			
<i>Street:</i>		<i>City:</i>	<i>State:</i> <i>ZIP Code:</i>
<i>Contact Information</i>			
<i>Phone Number:</i>		<i>FAX:</i>	<i>Email:</i>

#### Secondary Contact *(Optional)*

<i>Business Title (CEO, President, CFO)</i>			
<i>Name</i>			
<i>First Name:</i>		<i>Last Name:</i>	
<i>Address</i>			
<i>Address Line:</i>		<i>City:</i>	<i>State:</i> <i>ZIP Code:</i>
<i>Telephone Number</i>			
<i>Phone Number:</i>		<i>FAX:</i>	<i>Email:</i>

## Business Information

Federal Employment Identification Number (Optional)

FEIN:

What was the date on which you first received self-employment income for your current business that was required to be reported as self-employment income to the IRS? (Required)

Date (MM/DD/YYYY):

Business Entity Type (e.g., Sole Proprietor, Partnership, LLC (Sole Proprietor), LLC (Partnership), LLC (other), S Corporation, Joint Venture, Other) (Required)

Employer Information

Legal Entity Name (Required):

Trade or DBA Name (Optional):

Formation/Incorporation Information (Required)

The date when the business was formed or incorporated

Date (MM/DD/YYYY):

The state where the business was formed or incorporated

State:

## Business Address

**Location Address** - Enter address where work is performed in Washington, DC. The address cannot be a post office box. If you perform work at multiple addresses, you may enter the location where most of the work is performed or your place of residence. (Required)

Street:

City:

State: ZIP Code:

Telephone Number

Phone Number:

Ext:

FAX:

Email:

**Legal Address** - Enter the legal address of the business, if different from above (Optional)

Street:

City:

State: ZIP Code:

Telephone Number

Phone Number:

Ext:

FAX:

Email:

**Mailing Address** - Enter the mailing address of the business, if different from above (Optional)

Street:

City:

State: ZIP Code:

Telephone Number

Phone Number:

Ext:

FAX:

Email:

**NAICS Classification** *(Required)*

NAICS Code:

*If you need help with this process, contact the Labor Market Research and Information (LMRI) office for assistance **202-671-1633***

Number of business locations (can be zero) currently operating in the District of Columbia (Required):

*Describe in detail your business activity and/or major source of sales that generate sales and use tax; specify the product manufactured and/or sold or the type of service performed.***Owner/Officer Information** *(Required)**If you are a self-employed individual, in business only for yourself, provide your "Owner Type" (this is often but not always sole proprietor for self-employed individuals).***Owner Type:** *(ex., Sole Proprietor, Principal Officer, Partner)***Name**

First Name:	Last Name:
Social Security Number: (Required)	Middle Initial:

Business Title: *(CEO, CFO, CIO, COO, Director, President)*

Percentage of Ownership	Date of Ownership	End Date of Ownership
	DD/MM/YYYY:	DD/MM/YYYY:

Is the Owner or Officer compensated for their services? Yes  No  *(check one)***Address**

Address Line:	City:	State:	ZIP Code:
---------------	-------	--------	-----------

**Telephone Number**

Phone Number:	Ext:	FAX:	Email:
---------------	------	------	--------

**Supporting Documentation – Must be submitted with this form. PLEASE SEND FORM AND DOCUMENTATION TO:  
Department of Employment Services, Office of Paid Family Leave – Tax Division, 4058 Minnesota Avenue NE,  
Washington DC 20019**

Self-employed individuals must provide documents to prove **two items**:

1. Proof of self-employment in the District of Columbia;
2. If applicable, proof of the date of commencement of business.

*1. Proof of self-employment (Required)*

You must provide **at least one** document that proves that you are self-employed in the District of Columbia. Examples of documents that will prove this are:

1. A valid District of Columbia business license;
2. A valid District of Columbia occupational license;
3. Other documents (usually more than one is needed) such as:
  - Contracts,
  - Tax documents,
  - Billings from a District of Columbia address,
  - Payments to a District of Columbia address,
  - Documents demonstrating that work was performed at a specific site within the District of Columbia,
  - Other relevant documentation that demonstrates self-employment in the District of Columbia.

*2. Proof of date of commencement of business (If Applicable)*

**If you are opting in during an open enrollment period, you are not required to provide documents proving the date of the commencement of your business. Open enrollment periods occur every November and December starting in 2020 and between July 1, 2019 and September 28, 2019.** If you are attempting to opt in outside of these periods, you are allowed to opt in only within the first 60 days after commencing your self-employment in the District of Columbia. After these first 60 days, you must wait until the next open enrollment period to opt in.

If you are opting in outside of these periods and have commenced your self-employment business in the past 60 days, you must provide additional documents that prove this date. Documents that prove this date may include:

- Receipts;
- Invoices;
- Customer Orders;
- Payments (electronic or paper);
- Other financial records representing your first self-employment income for your current business.

**Certification of Completeness and Accuracy**

***I certify that the information contained in this form is true and correct.***

--	--

*Signature*

*Date*