

**Alaska Department of Labor  
and Workforce Development**  
Employment Security Tax  
P.O. Box 115509  
Juneau, AK 99811-5509

**EMPLOYEE APPLICATION FOR REFUND**  
For Calendar Year \_\_\_\_\_

Telephone: (907) 465-2757  
Toll Free: (888) 448-3527  
Relay Alaska: (800) 770-8973  
Fax: (907) 465-2374

**Applicant mailing address:** The address you provide will update all your unemployment insurance mailing addresses. This includes the address for mailing your unemployment insurance benefit information and/or payments and your employee refund.

*Please read instruction page before completing*

**You are eligible for a refund of excess employee contributions to the Unemployment Insurance Trust Fund if:**

- you were employed by two or more liable employers who contributed to the Alaska UI Trust Fund during a calendar year,
- you had withholdings from your wages that exceed the maximum annual employee tax,
- this application is filed by December 31 of the year following the year in which the deductions were made,
- you provide copies of your Statement of Deductions (W-2's) from each employer you worked for during the year, and
- your overpayment is \$5.00 or greater.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Your Employers <small>(Please type or print clearly.)</small>	Do Not Use Shaded Spaces	Gross Wages Received	Employee Contributions Deducted	Do Not Use Shaded Spaces
		\$	\$	

I certify that the above information is true and correct to the best of my knowledge and belief.  Applicant's Signature: _____ Date: _____	<b>TOTALS</b>	\$	\$	
		<b>Less Maximum Employee Contribution</b>	\$ (        )	
		<b>REFUND</b>	\$	