

**Alaska Department of Labor
and Workforce Development**

Division of Employment and
Training Services
Employment Security Tax



Juneau – Registration

1111 W. 8th St., Room 201
P.O. Box 115509
Juneau, AK 99811 – 5509
(907) 465-2757
Fax (907) 465-2374

Anchorage Employment Security Tax Office

3301 Eagle St., Room 106
P.O. Box 241767
Anchorage, AK 99524 – 1767
(907) 269-4850
Fax (907) 269-4845

Fairbanks Employment Security Tax Office

675 7th Ave., Station L
Fairbanks, AK 99701 – 4513
(907) 451-2876
Fax (907) 451-2883

Juneau Employment Security Tax Office

1111 W. 8th St., Room 201
P.O. Box 115509
Juneau, AK 99811-5509
(907) 465-2787
Fax (907) 465-2374

Kenai Employment Security Tax Office

145 Main Street Loop, Suite 143
Kenai, AK 99611
(907) 283-0350
Fax (907) 283-5152

Mat-Su Employment Security Tax Office

515 East Dahlia Ave., Suite 120
Palmer, AK 99645
(907) 707-1790
Fax (907) 707-1793

Alaska Employer Registration Form for Daycare Services

Who is required to file this form?

Every employing unit, including any person, firm, corporation, or other type of organization that for some portion of a day within the calendar year has employed one or more persons, is required by law and regulation to file this report. If you are uncertain of your need to register, contact the Registration Unit or your nearest Field Tax Office.

TO CONTACT US:

- ◆ Toll-free telephone number to connect to your Field Auditor if you are located in Alaska (except Anchorage, Fairbanks, Juneau, Kenai or Wasilla), out-of-state and Canada:
(888) 448-2937
- ◆ Toll-free telephone number to connect to your Employer Account Representative in our Central Office in Juneau for all areas outside Juneau, out-of-state and Canada:
(888) 448-3527
- ◆ Toll-free telephone number to connect to Relay Alaska Services:
(800) 770-8973
- ◆ Email at: esd.tax@alaska.gov

Mail the completed Registration Form to:

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

We are an equal opportunity employer/program.
Auxiliary aids and services are available upon
request to individuals with disabilities.

INSTRUCTIONS FOR NEW EMPLOYERS

Check the box on the top left of Page 3 to indicate if this is a new or update registration. Complete the following if you are a new employer. See below for update instructions.

- 1) Mark the item that describes the type of employer you are. If you are married you may be registered as a sole proprietor or partnership.
- 2) List your Federal Employer Identification Number (FEIN). If you have employees, you must have an FEIN. ***Do not use your Social Security Number.***
- 3) If you were previously assigned an account number by the Employment Security Division in the last three years, indicate that number.
- 4) Indicate the month, day, and year your business first paid or anticipates to first pay wages in Alaska.
- 5) 5a) Indicate if you anticipate paying wages totaling \$1,000 or more in a calendar quarter.

5b) Indicate if you paid wages totaling \$1,000 or more in a calendar quarter in the previous year.
- 6) List your mailing address.
- 7) List your telephone number.
- 8) List a physical worksite address in Alaska if different than Item 6. If you do not have a physical worksite in Alaska, please explain. The physical worksite should be a private home where the domestic service is performed.
- 9) List your FAX number.
- 10) Indicate if you are enrolled in a daycare assistance program under the Child Care and Development Block Grant Act of 1990 or similar program.
- 11) Indicate whose home the service is provided in and if the care provider is a relative and the relatives age. Some services performed by family members may be excluded from coverage. Also provide the name and social security number of the caregiver.

RESPONSIBLE PARTY INFORMATION:

Sole Proprietor: List your name, residence address, telephone number, title and Social Security Number. Your title should reflect your relationship to the individual the daycare services are being provided for.

Partnership: List the requested information for each partner.

Other: List the requested information for principals or responsible parties.

Responsibility Codes

1. File contribution reports
2. Pay contributions due
3. Person determines which creditor is paid first.
4. Check signing authority.
5. Hire/Fire authority
6. All of the above

CERTIFICATION and SIGNATURES:

This Registration form must be signed by the **SOLE PROPRIETOR, ALL PARTNERS** of a partnership, **ALL principals or responsible parties.**

Contact Person:

If you have a business contact person, such as an accountant, bookkeeper, or tax preparer, provide their name, phone number and e-mail address.

