Alaska Department of Labor and Workforce Development
Division of Employment and Training Services

Employment Security Tax

Alaska Employer Registration Form

WHO IS REQUIRED TO REGISTER?
Any person, firm, corporation, or other type of organization for some portion of a
day has employed one or more persons is required by law to register.

TO REGISTER ONLINE:
Go to https://my.alaska.gov.
Create a myAlaska account or login.
Select the Services tab.
Under Services for Businesses, select Employment Security Tax.
Under Employer Maintenance, select New Registration.

FOR ASSISTANCE CONTACT:
• In Juneau: (907) 465-2757
• Toll-free outside Juneau:
  (888) 448-3527
• Relay Alaska:
  (800) 770-8973

SEND COMPLETED REGISTRATION FORM TO:
• Fax: (907) 465-2374
• Email: esd.tax@alaska.gov
Alaska Department of Labor and Workforce Development
Employment Security Tax
P.O. Box 115509
Juneau, AK 99811-5509

ALASKA DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
We are an equal opportunity employer/program. Auxiliary aids and services
are available upon request to individuals with disabilities.
INSTRUCTIONS

Check the box on the top left of the form to indicate if this is a new or update registration.

1. Mark the box that describes your business entity.
   If you have selected **Nonprofit organization and are exempt under IRC 501(a) and 501(c)(3)**, you may choose the reimbursable method of reporting, agreeing to reimburse the State of Alaska for the actual dollar amount of benefits paid to former employees. All employers may file under the taxable method of reporting and paying contributions at an assigned annual rate. Please contact Employment Security Tax for information on requirements to select reimbursable status.

2. Enter 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 Employment Security Tax enter that number.

4. Mark the appropriate box. If you wish to provide coverage for excluded employees, mark ‘Yes’ and complete Page 3.

5. Enter the month, day and year your business paid or anticipates paying your first payroll in Alaska.

6. Enter the number of employees you anticipate hiring to perform the business activities.

7. Enter the legal name of your business. If a corporation, enter exactly as registered with the Department of Commerce, Community and Economic Development.

8. Enter the doing business as (DBA) name of the business if different from #7.

9. Enter the mailing address of your business. Complete the Alaska Power of Attorney in order for ES Tax to discuss your account with another party. The form is located at labor.alaska.gov/estax, under Forms/Publications.

10. Enter the phone number of your business.

11. Enter your physical worksite address in Alaska if different than #9. If you do not have a physical worksite in Alaska, please explain. If there are multiple worksites, list them in the additional worksite section.

12. Enter the fax number of your business.

13. Enter the name of the person who is the primary contact for your business.

14. Enter the phone number of your business contact person.

15. Enter the email of your business contact person.

16. Enter your business website.

17. Describe in detail the specific product(s) sold or service(s) your business will provide in Alaska. **Failure to complete this item may result in an inaccurate tax rate.**

18. Describe which specific activity in #17 generates the most Alaska income.

19. Check whether you anticipate hiring contract labor to deliver the products and services your business provides in Alaska.
   **If you have questions or are unsure of the tax liability of contract labor, contact Employment Security Tax for assistance.**

20. Enter the most recent business that occupied the location at which your business is currently operating.

21. Check if you hired or acquired employees from the previous business who occupied your current location, and indicate the number you acquired.

22. Enter the month, day and year of the entity change or acquisition of your business.

23. Enter the month, day and year your business paid or anticipates paying your first payroll in Alaska.

24. Check the type of acquisition or entity change that took place. If needed, explain on a separate page.

25. Enter the percentage of Alaska operating assets obtained from the acquired business or entity change.

26. Enter all prior owner(s) name(s), FEIN and DBA of the acquired business or entity change.

27. Enter all account numbers of the acquired businesses or entity change.

28. Enter the number of employees acquired from the predecessor employer.

**OWNERSHIP AND RESPONSIBLE PARTY INFORMATION:**

- **Sole proprietor:** Enter your name, residence address and Social Security Number.
- **Partnership:** Enter the requested information for each partner.
- **Corporation:** Enter the requested information for each corporate officer.
- **LLC:** Enter the requested information for each manager and member of the LLC. Indicate in the “Title” area if the individual(s) is a nonmember manager(s) or a managing member(s).
- **Non-profit:** Enter the requested information for directors, trustee, executor or other principals.
- **Other:** Enter the requested information for owners or other principals.

**Code/Responsibility:** Enter applicable codes for each person listed.

**CERTIFICATION and SIGNATURES:**

This registration form must be signed by the person completing the form. Also provide name, date, title, phone and email.

**UPDATE REGISTRATION INSTRUCTIONS**

To update registration information, be sure to check the update box at the top left of the form in the Department of Labor and Workforce Development address block. Always complete #2, #3, #7 and #8, along with those items that have changed, or those boxes you have been instructed to complete.
Alaska Department of Labor and Workforce Development

Employment Security Tax
P.O. Box 115509, Juneau, AK 99811-5509

COMPLETE BOTH SIDES OF FORM

THE ABOVE AREA IS FOR STATE USE ONLY

1) Type of business:
   - Sole proprietor
   - Partnership: General
   - Limited
   - Date partnership formed:
   - Nonprofit organization
   - Federally recognized tribe
   - Other
   - Corporation: Date incorporated:
   - State incorporated
   - State corporation number
   - Limited Liability Company (LLC): Date formed:
   - State

2) Federal Identification Number:

3) Have you ever been assigned an account number with Employment Security Tax?
   - Yes
   - No
   - If yes, list number:

4) Do you wish to cover employees that can be excluded?
   - Yes
   - No
   - If yes, list number:

5) What is the date of your first payroll in Alaska or the anticipated date?
   - Month ______  Day ______  Year ______
   - (Your account will be opened this date)

6) Number of employees in Alaska:

7) Legal business name:

8) DBA name:

9) Mailing address:
   - City:
   - State:
   - Zip:

10) Business phone:

11) Physical worksite address in Alaska (list additional worksites below):
   - City:
   - Zip:

12) Fax number:

13) Business contact name:

14) Business contact phone number:

15) Business contact email:

16) Business website:

17) Describe products and services your business provides in Alaska. **(Failure to complete this section may result in a higher tax rate.)**

18) Of the items in #17, which generates the most income?

19) Do you anticipate using contract labor to perform the activities stated in #17?
   - Yes
   - No

20) Was there a previous business operating at your location?
   - Yes
   - No
   - If yes, previous business name:

21) Did you obtain any employees from #20?
   - Yes
   - No
   - N/A
   - If yes, how many? ______

**Complete this section if you have changed your business or have acquired an Alaska business operation.**

22) Date changed or acquired:
   - Month ______  Day ______  Year ______

23) Date of first payroll under new ownership:
   - Month ______  Day ______  Year ______

24) Type:
   - Change in entity (sole proprietorship to partnership, partnership to corporation, etc.)
   - Change in partner
   - Change in corporation stock transfer
   - Corporate charter change
   - Corporate officer change
   - Purchase
   - Lease
   - Foreclosure
   - Repossession
   - Other

25) What percent of the Alaska operating assets were acquired? ______%

26) Prior owner(s) name(s), FEIN and DBA name:

27) Prior account number (if known):

28) Number of employees acquired:

**Additional Alaska Worksite**

Name (DBA):

Mailing address:
   - City:
   - State:
   - Zip:
   - Business phone:

Physical address:
   - City:
   - State:
   - Zip:
   - Fax number:

Of the items in #17, which one generates the most income at this worksite? Number of employees at this worksite:

Name (DBA):

Mailing address:
   - City:
   - State:
   - Zip:
   - Business phone:

Physical address:
   - City:
   - State:
   - Zip:
   - Fax number:

Of the items in #17, which one generates the most income at this worksite? Number of employees at this worksite:
### Ownership and Responsible Party Information

Information of business principals, i.e. a sole proprietor, each partner, all corporate officers, directors, LLC manager(s) and LLC member(s).

<table>
<thead>
<tr>
<th>Name, title, social security number and effective date</th>
<th>Residence phone and email</th>
<th>Residence address</th>
<th>% Owned</th>
<th>Code * (1-6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: _____________________________________________</td>
<td>Residence phone</td>
<td>Residence address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title: _____________________________________________</td>
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</tr>
<tr>
<td>SSN: ______________________________________________</td>
<td>Email</td>
<td>City</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective date: ____________________</td>
<td>__________________________</td>
<td>__________________</td>
<td></td>
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</tr>
</tbody>
</table>

| Name: _____________________________________________ | Residence phone           | Residence address |         |             |
| Title: _____________________________________________ |                           |                   |         |             |
| SSN: ______________________________________________ | Email                     | City              |         |             |
| Effective date: ____________________ | __________________________ | __________________ |       |             |

| Name: _____________________________________________ | Residence phone           | Residence address |         |             |
| Title: _____________________________________________ |                           |                   |         |             |
| SSN: ______________________________________________ | Email                     | City              |         |             |
| Effective date: ____________________ | __________________________ | __________________ |       |             |

| Name: _____________________________________________ | Residence phone           | Residence address |         |             |
| Title: _____________________________________________ |                           |                   |         |             |
| SSN: ______________________________________________ | Email                     | City              |         |             |
| Effective date: ____________________ | __________________________ | __________________ |       |             |

| Name: _____________________________________________ | Residence phone           | Residence address |         |             |
| Title: _____________________________________________ |                           |                   |         |             |
| SSN: ______________________________________________ | Email                     | City              |         |             |
| Effective date: ____________________ | __________________________ | __________________ |       |             |

### CODE/Responsibility:

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

**CERTIFICATION:** With my signature, I certify that information provided on this form is correct and true to the best of my belief.

__________________________________________      __________________________________________________      ______________________
Printed name                              Signature                                                                            Date

__________________________________________      ______________________
Title                                                                         Contact phone
                                                        Contact email

### POWER OF ATTORNEY

To authorize a third party to discuss your account with us, submit an Alaska Power of Attorney. The form is located at [labor.alaska.gov/estax](http://labor.alaska.gov/estax) under Forms/Publications.
Voluntary Election of Coverage for Excluded Employment
(All employees in a selected non-covered employment group are reportable.)

Check non-covered employment you wish to cover:

☐ Service of executive officers of a corporation formed under AS 10.06.
   An executive officer is one who (1) is specifically named in the bylaws, (2) serves at the pleasure of the
   board, and (3) is given and actually exercises authority and responsibility for the overall management of
   the corporation. Note: Wages of corporate officers not meeting the definition of an executive officer are
   reportable.

☐ Service performed by an individual in the employ of a son, daughter or spouse (sole proprietor only).

☐ Service by a child under age 18 for a parent (sole proprietor only).

☐ Service performed for a parent or legal guardian if the individual is under the age of 21 and a full-time
   student during eight of the last twelve months and intends to resume full-time student status within the
   next four months (sole proprietor only).

☐ Service performed for a nonprofit, federally recognized tribe or governmental agency by a person
   receiving work relief or work training where the program is financed in whole or in part by funds from
   any federally recognized tribe or a federal, state, or political subdivision.

☐ Service by a minister or member of a religious order of a church.

☐ Other service performed for a church or association of churches, including elementary and secondary
   schools, but not including other organizations operated for non-religious purposes.

☐ Service for a school, college, or university by an enrolled student who is regularly attending classes.

☐ Service in agricultural labor where the employer either paid less than $20,000 in wages per quarter in
   current or preceding calendar year or employed fewer than 10 people.

☐ Service of fishing boat crewmembers if fewer than 10 who are paid a percent of the proceeds of the sale of
   the catch.

☐ Domestic service in a private home when wages paid are less than $1,000 per quarter in the current or
   preceding year.

☐ Service selling or distributing newspapers on the street or house to house.

☐ Elected or appointed public officials.

☐ Service in the fields of insurance, real estate, or stock by a salesperson, solicitor or broker paid by
   commission and are not required to be covered by the Federal Unemployment Tax Act.

☐ Service by a full-time student under the age of 22 in a work-study program taken for credit at a public or
   nonprofit institution which certified that the service is an integral part of the program.

☐ Service performed by an individual in the exercise of duties as an officer of a federally recognized tribe.

Effective date of voluntary election of coverage: ___/___/___

Signature ___________________________ Business phone ___________________________

Print name and title ___________________________ Email ___________________________

This agreement, when approved, is binding for two complete calendar years; if the approval is not at the start of a calendar year it is binding for
the remainder of that calendar year and two additional years. Coverage continues in effect on a yearly basis until a request to terminate
is received by the Agency in writing before March 15 of the termination year. In the event the account becomes delinquent, the Agency
reserves the right to cancel the voluntary election of coverage retroactive to the quarter a report and full payment were last received.

Self-employment is not covered, nor can coverage be elected.
Sole proprietors, partners and members of an LLC are considered self-employed.