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:

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

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 box that describes your business entity. If you are married you may be registered as a sole proprietor or partnership.

2. Enter your Federal Employer Identification Number (FEIN). If you pay someone to provide daycare in your home, 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. Enter the month, day, and year your business paid or anticipates paying your first payroll in Alaska.

5. a) Check if you anticipate paying wages totaling $1,000 or more in a calendar quarter.

   b) Check if you paid wages totaling $1,000 or more in a calendar quarter in the previous year.

6. Enter your mailing address.

7. Enter your cell phone number.

8. Enter your physical worksite address in Alaska if different than Item 6. The physical worksite should be a private home where the domestic service is performed. If you do not have a physical worksite in Alaska, please explain.

9. Enter your work phone number.

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

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

12. Enter the email of your business contact person.

13. Check if you are enrolled in a daycare assistance program under the Child Care and Development Block Grant Act of 1990 or similar program, and enter the program name and a phone number for the program.

14. a) Select where the service is provided.

   b) If the care provider is a relative, provide the relationship to you and the age of the relative. Some services performed by family members may be excluded from coverage.

   c) Provide the name and social security number of the caregiver.

RESPONSIBLE PARTY INFORMATION:

Sole Proprietor: List your name, Social Security Number, residence address, telephone number, and email.

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 person completing the form. Also provide name, date, title, phone and email.
Alaska Department of Labor and Workforce Development  
PO Box 115509, Juneau, AK 99811-5509

<table>
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THE ABOVE AREA IS FOR STATE USE ONLY

1) Type of employer: ☐ Sole Proprietor ☐ Partnership ☐ Other (Please explain)

2) Federal Identification Number:

3) Were you ever assigned an account number by Employment Security Tax?  
☐ Yes  ☐ No  If yes, list number:

4) What is the date you first paid wages or the anticipated date?  
Month ______ Day _____ Year ________ (Your account will be opened this date)

5a) Do you anticipate paying wages totaling $1,000 or more in a calendar quarter this year?  
☐ Yes  ☐ No

5b) Did you pay wages totaling $1,000 or more in a calendar quarter last year?  
☐ Yes  ☐ No

Quarter 1 = Jan/Feb/March  
Quarter 2 = April/May/June  
Quarter 3 = July/Aug/Sep  
Quarter 4 = Oct/Nov/Dec

6) Mailing address:  
City  ___________________  State  Zip  7) Cell phone:  ___________________

8) Physical address for Daycare Services if different than Item 6:  ___________________

9) Work phone:  ___________________

10) Contact person:  ___________________

11) Phone number:  ___________________

12) Email:  ___________________

13) Are you enrolled in a daycare assistance program?  
☐ Yes  ☐ No  If yes, please provide  ______________________  (_____)  ________  Program name  Telephone number

14) Select all that apply:

a) ☐ Daycare provided in my home  
☐ Daycare provided in caregiver’s home

b) ☐ Daycare provided by a relative  
☐ Yes  ☐ No  Relative’s relationship to you: ___________________  Relative’s age: ________

c) Caregiver’s name: ___________________  SSN: ________

OWNERSHIP

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Residence phone and email

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* 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: __________

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 under Forms/Publications.