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

## **Employment Security Tax**

# Alaska Employer Registration Form for Daycare Services

#### 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

P.O. Box 115509
Juneau, AK 99811-5509



#### 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 Employer Registration Form for Daycare Services

A       T	Account number	Bus. type	NAICS		1 redecessor	account	Receive date
Alaska Department of Labor New and Workforce Development Upda	te						
<b>Employment Security Tax</b>	Field auditor	Mailings	Rate	Rate	Rate link	Rate	Predecessor dues?
PO Box 115509, Juneau, AK 99811-5509			type	year	type		
	THE ABOVE A	REA IS	FOR	STAT	E USE	ONLY	Y
1) Type of employer:  Sole Proprietor	Partnership Oth	er (Pleas	se expl	ain)			
2) Federal Identification Number:	3) Were you ever Yes No			count n number		y Emp	loyment Security Tax?
4) What is the date you first paid wages or Month Day Year		nt will b	e open	ed this	date)		
5a) Do you anticipate paying wages totalin in a calendar quarter this year?	<b>-</b>			_	otaling \$ ] Yes [		or more in a calendar
~	er 1 = Jan/Feb/March er 2 = April/May/June	Quarter Quarter					
6) Mailing address:	City					7) Cell phone:	
8) Physical address for Daycare Services if different than Item 6:					Š	9) Work phone:	
10) Contact person:	11) Phone number:			12	2) Email	:	
13) Are you enrolled in a daycare assistan If yes, please provide		□ No				(	)
	Program name						Telephone number
14) Select all that apply:				home			
Relative's relationship to you:	Daycare provided Yes No		-		SN:	Re	elative's age:
b) Daycare provided by a relative	Yes No		-		SN:	Re	elative's age:
b) Daycare provided by a relative Relative's relationship to you:	Yes No	SHIP	-	S	SN:		
b) Daycare provided by a relative Relative's relationship to you: c) Caregiver's name:	Yes No OWNER	SHIP	-	S	SN:		code*
b) Daycare provided by a relative Relative's relationship to you: c) Caregiver's name:  Printed name and Social Security Number	Yes No  OWNER  Residence phon and email	SHIP e		S	SN:		
b) Daycare provided by a relative Relative's relationship to you: c) Caregiver's name:  Printed name and Social Security Number  Name	OWNER  Residence phon and email  Residence phone	SHIP e	Residence	Reside address	SN:	ress	
b) Daycare provided by a relative Relative's relationship to you: c) Caregiver's name:  Printed name and Social Security Number	Yes No  OWNER  Residence phon and email	SHIP e		Reside address	SN:		
b) Daycare provided by a relative Relative's relationship to you: c) Caregiver's name:  Printed name and Social Security Number  Name	OWNER  Residence phon and email  Residence phone	SHIP e	Residence	Reside address	SN:	ress	
b) Daycare provided by a relative Relative's relationship to you: c) Caregiver's name:  Printed name and Social Security Number  Name  SSN	OWNER Residence phon and email  Residence phone Email	SHIP e	Residence	Reside address address	SN:	ress	
b) Daycare provided by a relative Relative's relationship to you: c) Caregiver's name:  Printed name and Social Security Number  Name  SSN  Name  SSN	Yes No  OWNER  Residence phone and email  Residence phone  Email  Residence phone  Email	SHIP e  in the second of the s	Residence	Reside address address	SN:	p code	Code*
b) Daycare provided by a relative Relative's relationship to you: c) Caregiver's name:  Printed name and Social Security Number  Name  SSN  Name  SSN  1. File contribution reports 3.	OWNER Residence phone and email Residence phone Email	SHIP e  in the second of the s	Residence	Reside address address	SN:	p code	
b) Daycare provided by a relative Relative's relationship to you: c) Caregiver's name:  Printed name and Social Security Number  Name  SSN  1. File contribution reports 2. Pay contributions due 3.	OWNER  Residence phone  Email  Residence phone  Email  * CODE/Respo  Determines which creditor is Check signing authority	SHIP e	Residence City Residence City	Reside address address	SN:	p code  5. H 6. A	Code*
b) Daycare provided by a relative Relative's relationship to you: c) Caregiver's name:  Printed name and Social Security Number  Name  SSN  1. File contribution reports 2. Pay contributions due  CERTIFICATIO	OWNER  Residence phone  Email  Residence phone  Email  * CODE/Response  * CODE/Response  * CODE/Response  * Code Response  *	SHIP e  in the second of the s	Residence City	Reside address address	SN:ence add	p code  5. H 6. A	Code*
b) Daycare provided by a relative Relative's relationship to you: c) Caregiver's name:  Printed name and Social Security Number  Name  SSN  1. File contribution reports 2. Pay contributions due  CERTIFICATIO	OWNER  Residence phone and email  Residence phone Email  * CODE/Respont Determines which creditor is Check signing authority  N: With my signature.	SHIP e  in the second of the s	Residence City	Reside address address	SN:ence add	p code  5. H 6. A	Code*
b) Daycare provided by a relative Relative's relationship to you: c) Caregiver's name:  Printed name and Social Security Number  Name  SSN  1. File contribution reports 2. Pay contributions due  CERTIFICATION on this f	OWNER  Residence phone and email  Residence phone  Email  * CODE/Respo Determines which creditor is Check signing authority  N: With my signature form is correct and true  POWER OF A	SHIP  e  onsibility: paid first  I certifue to the  Signature  TTORN	Residence City  Residence City  y that e best of	Reside address address sinform f my b	SN:ence add	p code  p code  5. H 6. A	Code*  Code*  Hire/fire authority All of the above