

**Alaska Department of Labor  
and Workforce Development**

Division of Employment and  
Training Services  
Employment Security Tax



**Juneau – Registration**

1111 W. 8<sup>th</sup> 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. 8<sup>th</sup> 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

**Wasilla** Employment Security Tax Office

877 Commercial Drive  
Wasilla, AK 99654-6937  
(907) 352-2535  
Fax (907) 352-2581

# 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](mailto: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.

## Alaska Employer Registration Form for Daycare Services

<b>Alaska Department of Labor and Workforce Development</b> <b>Employment Security Tax</b> <b>PO Box 115509, Juneau, AK 99811-5509</b>	<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Update</b>	Account Number	Bus. Type	NAICS	Predecessor		Predecessor Dues?		
		Field Auditor	Cont. Code	Rt-Hld & Mailings	Rate Code	Rate Year	Rate Link Type	Rate	Receive Date

**THE ABOVE AREA IS FOR STATE USE ONLY**

1) Type of Employer:  Sole Proprietor  Other (Please explain)

2) Federal Identification Number (if available): _____	3) Were you ever assigned an account number by this Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list number: _____
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4) Date first paid wages:  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? <input type="checkbox"/> Yes <input type="checkbox"/> No  5b) Did you pay wages totaling \$1,000 or more in a calendar quarter last year? <input type="checkbox"/> Yes <input type="checkbox"/> No  <div style="display: flex; justify-content: space-around; font-size: small; color: red;"> <span>Qtr 1 = Jan/Feb/March</span> <span>Qtr 2 = April/May/June</span> <span>Qtr 3 = July/Aug/Sep</span> <span>Qtr 4 = Oct/Nov/Dec</span> </div>
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6) Mailing Address: _____ City _____ State _____ Zip _____	7) Work Phone: _____
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8) Physical Worksite Address in Alaska: _____	9) Fax Number: _____
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10)  Are you enrolled in a daycare assistance program?  Yes  No  
 If yes, please provide \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Program Name Telephone Number

11) Select all that apply:

a)  Daycare provided in my home.

b)  Daycare provided in caregiver's home.

c)  Daycare provided by a relative.  
 Relative's relationship to you: \_\_\_\_\_ Relative's Age \_\_\_\_\_

d) Caregiver's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Printed Name & Social Security Number	Signature	Residence Address & Telephone Number	Title	Responsibility Code
<b>Name:</b> _____  <b>SSN:</b> _____		City: _____ State: _____ Zip Code: _____ Home phone: _____		
<b>Name:</b> _____  <b>SSN:</b> _____		City: _____ State: _____ Zip Code: _____ Home phone: _____		
<b>Business Contact Person:</b> _____	<b>Phone Number:</b> _____	<b>E-mail:</b> _____		