## Alaska Department of Labor and Workforce Development

Division of Employment and Training Services Employment Security Tax

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## 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: <u>esd.tax@alaska.gov</u>

#### 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.
- 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.
- 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	<b>Employer</b>	Registration	Form for	Davcare	Services

Alaska Danautment of Labou	Account Number		Bus. Typ		e NAICS		Predecessor		Predecessor Dues?		
Alaska Department of LaborImage: New second sec	v date										
Employment Security Tax PO Box 115509, Juneau, AK 99811-5509		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 availated	<ul> <li>3) Were you ever assigned an account number by this Agency?</li> <li>Yes No If yes, list number:</li> </ul>										
4) Date first paid wages:	a) Do you anticipate paying wages totaling \$1,000 or more in a										
Month Day Year (Your account will be opened this c	alendar quarter this year? Yes No No No Yes No Yes No										
	Qtr 1 = Jan/Feb/MarchQtr 3 = July/Aug/SepQtr 2 = April/May/JuneQtr 4 = Oct/Nov/Dec										
6) Mailing Address:	State	tate Zip				7) Work Phone:					
8) Physical Worksite Address in Alaska:       9) Fax Number:							nber:				
10) Are you enrolled in a daycare assistance program? Yes No											
If yes, please provide   ()     Program Name   Telephone Number							mber				
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:         d) Caregiver's Name:											
CERTIFICATION: With my signature, I certify	that information	provided on t	his form is	correct a	and tru	e to th	ne best	of my k	oelief.		
Printed Name & Social Security Number	Signat	ure		e Address & ne Number Tit		Titl	e		nsibility ode		
Name:			City: State: Zip Code:								
SSN:			Home pho								
Name:			City: State: Zip Code:								
SSN:			Home pho	ne:							
Business Contact Person:	Phone Number:		E-mail:								