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

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.

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

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Juneau – Registration
1111 W. 8th 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. 8th 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

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.

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Alaska Department of Labor and Workforce Development Employment Security Tax PO Box 115509, Juneau, AK 99811-5509 ❒ New ❒ Update	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?
☐ Yes ☐ No If yes, list number:

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? ☐ Yes ☐ No

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

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

6) Mailing Address: City State Zip

7) Work Phone:

8) Physical Worksite Address in Alaska:

9) Fax Number:

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
Name:_____ SSN: _____		City: _____ State: _____ Zip Code: _____ Home phone:		
Name: _____ SSN: _____		City: _____ State: _____ Zip Code: _____ Home phone:		
Business Contact Person:	**Phone Number:**	**E-mail:**		