Alaska New Hire Reporting Form

Send completed form to:
MS 13 New Hire Reporting Section
CHILD SUPPORT SERVICES DIVISION
550 W 7th AVE STE 310
ANCHORAGE AK 99501-6699

Or fax to: (907) 787-3197
Message Line: (907) 269-6685
Toll free in Alaska: 1 (877) 269-6685
For information call: (907) 269-6089

Employer Information

Contact Name	Contact Title

Submission Date (Year / Month / Date)	Contact Phone Number	Contact Fax Number	Contact Email address

Employer Federal Identification Number (FEIN)	Employer AK Department of Labor Number	Do you provide Health Insurance to your Employee?	
	000	Yes ☐	No ☐

Employer Name	Employer - Doing Business As / Also Known As

Employer Payroll Mailing Address	City	State	Zip Code

Employer Physical Address "Same" if same as mailing address	City	State	Zip Code

Employee Information

Employee Social Security Number *	Employee First Name	M.I.	Employee Last Name

Employee Street Address	City	State	Zip Code

	Year	Month	Day		Year	Month	Day
Employee Date of Hire ☐ / Rehire ☐				Employee Date of Birth			

* You are required to provide the social security numbers of your newly hired or rehired employees pursuant to AS 25.27.075(b). The Child Support Services Division will use the social security numbers only for the purpose of establishing and enforcing child support.

Employee Social Security Number *	Employee First Name	M.I.	Employee Last Name

Employee Street Address	City	State	Zip Code

	Year	Month	Day		Year	Month	Day
Employee Date of Hire ☐ / Rehire ☐				Employee Date of Birth			

Employee Social Security Number *	Employee First Name	M.I.	Employee Last Name

Employee Street Address	City	State	Zip Code

	Year	Month	Day		Year	Month	Day
Employee Date of Hire ☐ / Rehire ☐				Employee Date of Birth			

New Hire Reporting – continued

Employer Name	Employer Federal Identification Number (FEIN)	Submission Date (Year / Month / Date)

Employee Social Security Number *	Employee First Name	M.I.	Employee Last Name

Employee Street Address	City	State	Zip Code

	Year	Month	Day		Year	Month	Day
Employee Date of Hire ☐ / Rehire ☐				Employee Date of Birth			

Employee Social Security Number *	Employee First Name	M.I.	Employee Last Name

Employee Street Address	City	State	Zip Code

	Year	Month	Day		Year	Month	Day
Employee Date of Hire ☐ / Rehire ☐				Employee Date of Birth			

Employee Social Security Number *	Employee First Name	M.I.	Employee Last Name

Employee Street Address	City	State	Zip Code

	Year	Month	Day		Year	Month	Day
Employee Date of Hire ☐ / Rehire ☐				Employee Date of Birth			

Employee Social Security Number *	Employee First Name	M.I.	Employee Last Name

Employee Street Address	City	State	Zip Code

	Year	Month	Day		Year	Month	Day
Employee Date of Hire ☐ / Rehire ☐				Employee Date of Birth			

Employee Social Security Number *	Employee First Name	M.I.	Employee Last Name

Employee Street Address	City	State	Zip Code

	Year	Month	Day		Year	Month	Day
Employee Date of Hire ☐ / Rehire ☐				Employee Date of Birth			