

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

Employment Security Tax

Alaska Employer Registration Form

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 Business, 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

Employment Security Tax
P.O. Box 115509

Juneau, AK 99811-5509



**ALASKA DEPARTMENT OF LABOR
& WORKFORCE DEVELOPMENT**

We are an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

INSTRUCTIONS

Check the box on the top left of the form to indicate if this is a new or update registration.

1. Mark the box that describes your business entity.

If you have selected **Nonprofit organization and are exempt under IRC 501(a) and 501(c)(3)**, you may choose the reimbursable method of reporting, agreeing to reimburse the State of Alaska for the actual dollar amount of benefits paid to former employees. All employers may file under the taxable method of reporting and paying contributions at an assigned annual rate. Please contact Employment Security Tax for information on requirements to select reimbursable status.

2. Enter 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 Employment Security Tax enter that number.
4. Mark the appropriate box. If you wish to provide coverage for excluded employees, mark 'Yes' and complete Page 3.
5. Enter the month, day and year your business paid or anticipates paying your first payroll in Alaska.
6. Enter the number of employees you anticipate hiring to perform the business activities.
7. Enter the legal name of your business. If a corporation, enter exactly as registered with the Department of Commerce, Community and Economic Development.
8. Enter the doing business as (DBA) name of the business if different from #7.
9. Enter the mailing address of your business. Complete the Alaska Power of Attorney in order for ES Tax to discuss your account with another party. The form is located at **labor.alaska.gov/estax**, under Forms/Publications.
10. Enter the phone number of your business.
11. Enter your physical worksite address in Alaska if different than #9. If you do not have a physical worksite in Alaska, please explain. If there are multiple worksites, list them in the additional worksite section.
12. Enter the fax number of your business.
13. Enter the name of the person who is the primary contact for your business.
14. Enter the phone number of your business contact person.
15. Enter the email of your business contact person.
16. Enter your business website.
17. Describe in detail the specific product(s) sold or service(s) your business will provide in Alaska. **Failure to complete this item may result in an inaccurate tax rate.**
18. Describe which specific activity in #17 generates the most Alaska income.

19. Check whether you anticipate hiring contract labor to deliver the products and services your business provides in Alaska.

If you have questions or are unsure of the tax liability of contract labor, contact Employment Security Tax for assistance.

20. Enter the most recent business that occupied the location at which your business is currently operating.
21. Check if you hired or acquired employees from the previous business who occupied your current location, and indicate the number you acquired.
22. Enter the month, day and year of the entity change or acquisition of your business.
23. Enter the month, day and year your business paid or anticipates paying your first payroll in Alaska.
24. Check the type of acquisition or entity change that took place. If needed, explain on a separate page.
25. Enter the percentage of Alaska operating assets obtained from the acquired business or entity change.
26. Enter all prior owner(s) name(s), FEIN and DBA of the acquired business or entity change.
27. Enter all account numbers of the acquired businesses or entity change.
28. Enter the number of employees acquired from the predecessor employer.

OWNERSHIP AND RESPONSIBLE PARTY INFORMATION:

- | | |
|----------------------|--|
| Sole proprietor: | Enter your name, residence address and Social Security Number. |
| Partnership: | Enter the requested information for each partner. |
| Corporation: | Enter the requested information for each corporate officer. |
| LLC: | Enter the requested information for each manager and member of the LLC. Indicate in the "Title" area if the individual(s) is a nonmember manager(s) or a managing member(s). |
| Non-profit: | Enter the requested information for directors, trustee, executor or other principals. |
| Other: | Enter the requested information for owners or other principals. |
| Code/Responsibility: | Enter applicable codes for each person listed. |

CERTIFICATION and SIGNATURES:

This registration form must be signed by the person completing the form. Also provide name, date, title, phone and email.

UPDATE REGISTRATION INSTRUCTIONS

To update registration information, be sure to **check the update box** at the top left of the form in the Department of Labor and Workforce Development address block. Always complete #2, #3, #7 and #8, along with those items that have changed, or those boxes you have been instructed to complete.

Alaska Employer Registration Form

Alaska Department of Labor and Workforce Development Employment Security Tax P.O. Box 115509, Juneau, AK 99811-5509	<input type="checkbox"/> New <input type="checkbox"/> Update	Account number	Bus. type	NAICS	Predecessor	Predecessor dues?
	Field auditor	Mailings	Rate type	Rate year	Rate link type	Rate

COMPLETE BOTH SIDES OF FORM **THE ABOVE AREA IS FOR STATE USE ONLY**

1) Type of business: Sole proprietor Partnership: General _____ Limited _____ Date partnership formed _____
 Nonprofit organization Federally recognized tribe Other _____ Desired method of payment Taxable Reimbursable
 Corporation: Date incorporated _____ State incorporated _____ State corporation number _____
 Limited Liability Company (LLC) : Date formed _____ State _____

2) Federal Identification Number:	3) Have you ever been assigned an account number with Employment Security Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list number: _____	4) Do you wish to cover employees that can be excluded? (See Page 3) <input type="checkbox"/> Yes <input type="checkbox"/> No
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5) What is the date of your first payroll in Alaska or the anticipated date? Month _____ Day _____ Year _____ (Your account will be opened this date)	6) Number of employees in Alaska:
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7) Legal business name:	8) DBA name:
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9) Mailing address: _____ City: _____ State: _____ Zip: _____	10) Business phone:
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11) Physical worksite address in Alaska (list additional worksites below):	12) Fax number:
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13) Business contact name:	14) Business contact phone number:	15) Business contact email:	16) Business website:
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17) Describe products and services your business provides in Alaska. (Failure to complete this section may result in a higher tax rate.)	18) Of the items in #17, which generates the most income?
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19) Do you anticipate using contract labor to perform the activities stated in #17? <input type="checkbox"/> Yes <input type="checkbox"/> No	20) Was there a previous business operating at your location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, prior business name: _____	21) Did you obtain any employees from #20? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, how many? _____
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Complete this section if you have changed your business or have acquired an Alaska business operation.

22) Date changed or acquired: Month _____ Day _____ Year _____	23) Date of first payroll under new ownership: Month _____ Day _____ Year _____
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24) Type: <input type="checkbox"/> Change in entity (sole proprietorship to partnership, partnership to corporation, etc.) <input type="checkbox"/> Change in partner <input type="checkbox"/> Change in corporation stock transfer <input type="checkbox"/> Corporate charter change <input type="checkbox"/> Corporate officer change <input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Foreclosure <input type="checkbox"/> Repossession <input type="checkbox"/> Other (Describe in detail on separate paper)	25) What percent of the Alaska operating assets were acquired? _____ %
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26) Prior owner(s) name(s), FEIN and DBA name:	27) Prior account number (if known):	28) Number of employees acquired:
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Additional Alaska Worksite

Name (DBA):				
Mailing address:	City:	State:	Zip:	Business phone:
Physical address:	City:	State:	Zip:	Fax number:

Of the items in #17, which one generates the most income at this worksite?	Number of employees at this worksite:
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Name (DBA):				
Mailing address:	City:	State:	Zip:	Business phone:
Physical address:	City:	State:	Zip:	Fax number:

Of the items in #17, which one generates the most income at this worksite?	Number of employees at this worksite:
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Ownership and Responsibility Party Information

Information of business principals, i.e. a sole proprietor, each partner, all corporate officers, directors, LLC manager(s) and LLC member(s).

Name, title, social security number and effective date	Residence phone and email	Residence address	% Owned	Code * (1-6)
Name: _____ Title: _____ SSN: _____ Effective date: _____	_____ Residence phone _____ Email	_____ Residence address _____ _____ City State Zip code		
Name: _____ Title: _____ SSN: _____ Effective date: _____	_____ Residence phone _____ Email	_____ Residence address _____ _____ City State Zip code		
Name: _____ Title: _____ SSN: _____ Effective date: _____	_____ Residence phone _____ Email	_____ Residence address _____ _____ City State Zip code		
Name: _____ Title: _____ SSN: _____ Effective date: _____	_____ Residence phone _____ Email	_____ Residence address _____ _____ City State Zip code		
Name: _____ Title: _____ SSN: _____ Effective date: _____	_____ Residence phone _____ Email	_____ Residence address _____ _____ City State Zip code		
Name: _____ Title: _____ SSN: _____ Effective date: _____	_____ Residence phone _____ Email	_____ Residence address _____ _____ City State Zip code		
Name: _____ Title: _____ SSN: _____ Effective date: _____	_____ Residence phone _____ Email	_____ Residence address _____ _____ City State Zip code		

*** CODE/Responsibility:**

- | | | |
|--|--|---|
| 1. File contribution reports
2. Pay contributions due | 3. Determines which creditor is paid first
4. Check signing authority | 5. Hire/fire authority
6. All of the above |
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CERTIFICATION: With my signature, I certify that information provided on this form is correct and true to the best of my belief.

Printed name	Signature	Date
Title	Contact phone	Contact email

POWER OF ATTORNEY

To authorize a third party to discuss your account with us, submit an Alaska Power of Attorney. The form is located at labor.alaska.gov/estax under Forms/Publications.

Voluntary Election of Coverage for Excluded Employment

(All employees in a selected non-covered employment group are reportable.)

Check non-covered employment you wish to cover:

- Service of executive officers of a corporation formed under AS 10.06.
An executive officer is one who (1) is specifically named in the bylaws, (2) serves at the pleasure of the board, and (3) is given and actually exercises authority and responsibility for the overall management of the corporation. *Note: Wages of corporate officers not meeting the definition of an executive officer are reportable.*
- Service performed by an individual in the employ of a son, daughter or spouse (sole proprietor only).
- Service by a child under age 18 for a parent (sole proprietor only).
- Service performed for a parent or legal guardian if the individual is under the age of 21 and a full-time student during eight of the last twelve months and intends to resume full-time student status within the next four months (sole proprietor only).
- Service performed for a nonprofit, federally recognized tribe or governmental agency by a person receiving work relief or work training where the program is financed in whole or in part by funds from any federally recognized tribe or a federal, state, or political subdivision.
- Service by a minister or member of a religious order of a church.
- Other service performed for a church or association of churches, including elementary and secondary schools, but not including other organizations operated for non-religious purposes.
- Service for a school, college, or university by an enrolled student who is regularly attending classes.
- Service in agricultural labor where the employer either paid less than \$20,000 in wages per quarter in current or preceding calendar year or employed fewer than 10 people.
- Service of fishing boat crewmembers if fewer than 10 who are paid a percent of the proceeds of the sale of the catch.
- Domestic service in a private home when wages paid are less than \$1,000 per quarter in the current or preceding year.
- Service selling or distributing newspapers on the street or house to house.
- Elected or appointed public officials.
- Service in the fields of insurance, real estate, or stock by a salesperson, solicitor or broker paid by commission and are not required to be covered by the Federal Unemployment Tax Acts.
- Service by a full-time student under the age of 22 in a work-study program taken for credit at a public or nonprofit institution which certified that the service is an integral part of the program.
- Service performed by an individual in the exercise of duties as an officer of a federally recognized tribe.

Effective date of voluntary election of coverage: ____ / ____ / ____

Signature

Business phone

Print name and title

Email

This agreement, when approved, is binding for the remainder of the calendar year in which it is received and two additional years. Coverage continues in effect on a yearly basis until a request to terminate is received by the Agency in writing before March 15 of the termination year. In the event the account becomes delinquent, the Agency reserves the right to cancel the voluntary election of coverage retroactive to the quarter a report and full payment were last received.

***Self-employment is not covered, nor can coverage be elected.
Sole proprietors, partners and members of an LLC are considered self-employed.***