

**Alaska Department of Labor
and Workforce Development**
Employment Security Tax
P.O. Box 115509
Juneau, AK 99811-5509

EMPLOYEE APPLICATION FOR REFUND
For Calendar Year _____

Telephone: 907-465-2757
Toll Free: 1-888-448-3527
TDD/TTY 1-800-770-8973
Fax: 907-465-2374

Applicant mailing address: The address you provide will update all your unemployment insurance mailing addresses. This includes the address for mailing your unemployment insurance benefit information and/or payments and your employee refund.

Please read instruction page before completing

You are eligible for a refund of excess employee contributions to the Unemployment Insurance Trust Fund if:

- you were employed by two or more liable employers who contributed to the Alaska UI Trust Fund during a calendar year,
- you had withholdings from your wages that exceed the maximum annual employee tax,
- this application is filed by December 31 of the year following the year in which the deductions were made,
- you provide copies of your Statement of Deductions (W-2's) from each employer you worked for during the year, and
- your overpayment is \$5.00 or greater.

Name: _____ Social Security Number: _____
 Mailing Address: _____ Daytime Telephone: _____
 City: _____ State: _____ Zip: _____

Name of Your Employers <small>(Please type or print clearly.)</small>	Do Not Use Shaded Spaces	Gross Wages Received	Employee Contributions Deducted	Do Not Use Shaded Spaces
		\$	\$	

I certify that the above information is true and correct to the best of my knowledge and belief. Applicant's Signature: _____ Date: _____	TOTALS	\$	\$	
		Less Maximum Employee Contribution	\$ ()	
	REFUND	\$		