

**Alaska Department of Labor
and Workforce Development
Employment Security Division
Employment Security Tax**



Juneau – Registration

1111 W. 8th St., Room 203
PO Box 115509
Juneau, AK 99811 – 5509
(907) 465-2757
Fax (907) 465-2374

Anchorage Employment Security Tax Office

3301 Eagle St., Room 106
PO Box 241767
Anchorage, AK 99524 – 1767
(907) 269-4850
Fax (907) 269-4845

Fairbanks Employment Security Tax Office

675 Seventh Avenue, Station L
Fairbanks, AK 99701 – 4513
(907) 451-2876
Fax (907) 451-2883

Juneau Employment Security Tax Office

1111 W. 8th St., Room 203
PO Box 115509
Juneau, AK 99811 – 5509
(907) 465-2787
Fax (907) 465-2374

Kenai Employment Security Tax Office

11312 Kenai Spur Hwy, Suite 2
Kenai, AK 99611 – 9106
(907) 283- 4478
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

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:
1-888-448-2937
- ◆ 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:
1-888-448-3527
- ◆ Toll-free telephone number to connect to Relay Alaska TDD/TTY/TT Services:
1-800-770-8973
- ◆ E-mail at: esd_tax@labor.state.ak.us

Mail the completed Registration Form to:

**Alaska Department of Labor
and Workforce Development
Employment Security Tax
PO 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 your business entity and complete the additional information requested.

If you have selected **NONPROFIT ORGANIZATION and are exempt under IRC 501(a) and 501(c)(3)**, you may be able to choose whether you wish to be a regular taxable employer paying at an annual rate, or a reimbursable employer that pays back or reimburses the UI Trust Fund for the actual dollar amount of benefits drawn by former employees. As a reimbursable employer, a minimum \$10,000 bond or deposit is required. Please contact the Employer Account Specialist Unit in Juneau at 907-465-2757 or toll-free at 1-888-448-3527 for information on the deposit and bond requirements. You will be required to present your IRS exemption letter and bond prior to establishing an account.
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. Mark the appropriate box if you wish to cover excluded employees. If Yes, complete top of Page 4. See Page 6 for partial listing of excluded employment that may be covered. For a complete explanation of excluded employment see AS 23.20.325 and AS 23.20.526.
5. Indicate the month, day, and year your business first paid or anticipates to first pay wages in Alaska.
6. Indicate if you anticipate hiring contract labor to perform the nature of your business described in Item 13.

If you have questions, or are unsure of the tax liability of contract labor, contact the Field Tax Office nearest your location.

7. List the legal name of the business. If a corporation, list exactly as registered with the Department of Community and Economic Development.
8. List the "doing business as" (dba) name of the business if different than Item 7.
9. List the mailing address of the business.
10. List the phone number of the business.
11. List your physical worksite address in Alaska if different than Item 9. If you do not have a physical worksite in Alaska, please explain. If there is more than one worksite, list additional worksites on Page 4.
12. List your FAX number.
13. This item contains information that is necessary for assignment of your tax rate.

Failure to complete this section may result in a higher tax rate being assigned to your account.

Describe in detail the specific product(s) sold or service(s) your business will provide in Alaska. Also indicate if sales are retail or wholesale. For example, general contractor building single-family homes; specialty contractor specializing in commercial or residential ceramic tile installation; insurance agent/broker; or retail sale of clothing; etc.

14. Indicate the percentage of Alaska gross income that is provided by the activity described in Item 13. This is usually 100%; however, if you have more than one activity, you will need to divide the income into percentages

for each activity. Do not list the dollar amount of gross income. List only the percentage of income.

15. Indicate the number of employees you anticipate hiring to perform the business activities.
16. If you changed or purchased an existing business, list the month, day, and year the acquisition took place.
17. List the month, day, and year you first paid wages for the business. This should be the same date as Item 5 above.
18. If the business was acquired from previous owners, mark the type of acquisition change that took place. If needed, explain on a separate piece of paper.
19. Mark how the previous business was acquired. If needed, explain on a separate piece of paper.
20. List the percentage of Alaska operating assets acquired from the previous business.
21. List ALL the prior owner(s) name(s), FEIN, and business (dba) names(s) of the acquired business.
22. List all account number(s) of the acquired business (es).
23. List the number of employees acquired from the predecessor employer.

OWNERSHIP AND RESPONSIBLE PARTY INFORMATION:

- Sole Proprietor: List your name, residence address, and Social Security Number.
- Partnership: List the requested information for each partner.
- Corporation: List the requested information for each corporate officer.
- LLC: List the requested information for each manager and member of the LLC. Indicate in the "Title" area if the individual is a nonmember manager or a managing member. For LLCs whose members are a corporation or other business type, attach a separate sheet of paper providing the same requested information for the owners and/or responsible parties of those member businesses.
- Non-Profit: List the requested information for directors, trustee, executor, or other principals.
- Other: List the requested information for owners or other principals.

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 CORPORATE OFFICERS of a CORPORATION, DIRECTORS of an organization or the MANAGER(S) and MEMBER(S) of an LLC. If you have a Business Contact Person, provide their Name, Phone Number and e-mail address.

**All new taxable employers or prospective employers must complete Items 13 and 14 on Page 3.
Failure to complete these items may mean that your account will be assigned a higher tax rate.**

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 address block. Always complete Item 7 and Item 8, listing the name(s) on your account, along with those items that have changed, or those items that you have been instructed to complete.

Alaska Employer Registration Form

Form TREG (Rev 12/07)

Alaska Department of Labor and Workforce Development Employment Security Tax PO Box 115509, Juneau, AK 99811-5509	<input type="checkbox"/> New <input type="checkbox"/> Update	Account Number	Bus. Type	NAICS	Predecessor	Predecessor Dues?	
	Field Auditor	Cont. Code	Rt-Hld & Mailings	Rate Code	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 Method of Payment _____ Taxable _____ Reimbursable Other _____
 Corporation: Date Incorporated _____ State Incorporated _____ State Corporation Number _____
 Limited Liability Company (LLC) : Number of Managers (or members if no manager) _____ Date Formed _____ State _____

2) Federal Identification Number _____ 3) Were you ever assigned an Account Number by this Agency? Yes No If yes, list number: _____
4) Do you wish to cover excluded employees? Yes No If yes, see Page 4

5) What is the date your business first paid wages in Alaska, or the anticipated date you will pay wages?
Month _____ Day _____ Year _____ (Your account will be opened this date)
6) Do you anticipate using Contract Labor to perform the activities stated in Item 13? Yes No

7) Legal Business Name: _____ 8) Doing Business As (DBA) Name: _____

9) Mailing Address _____ City _____ State _____ Zip _____ 10) Business Phone: _____

11) Physical Worksite Address in Alaska (list additional worksites on Page 4) _____ 12) Fax Number _____

Your rate will be determined by completion of Items 13 & 14. See Page 2 for complete instructions	13) Describe (<i>IN DETAIL</i>) the major product sold or service you provide in Alaska	14) % of Gross Alaska income derived from Item 13: _____	15) Number of employees in Alaska: _____
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Complete this section if you have changed your business or have acquired an Alaska business operation.

16) Date changed or acquired: Month _____ Day _____ Year _____ 17) Date wages first paid under new ownership: Month _____ Day _____ Year _____

18) Type of Change: Change in Entity (Sole Proprietorship to partnership, Partnership to Corporation, etc.) Change in Partner
 Change in Corporation Stock Transfer Corporate Charter Change Corporate Officer Change Other (Explain)

19) Was business acquired through: Purchase Lease Foreclosure
 Repossession Other (Describe in detail on separate paper)
20) What percentage of the Alaska Operating Assets were acquired? _____

21) Prior Owner(s) Name(s), FEIN, and Business (DBA) Name: _____ 22) Prior Account Number: _____ 23) Number of Employees Acquired: _____

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

CERTIFICATION: With my signature, I certify that information provided on this form is correct and true

Printed Name & Social Security Number	Signature	Residence Address & Telephone Number	Title and Effective Date	% Owned	Code
Name: _____ SSN: _____		Residence Address _____ City _____ State _____ Zip Code _____ Residence Telephone: _____	Title _____ Effective Date _____		
Name: _____ SSN: _____		Residence Address _____ City _____ State _____ Zip Code _____ Residence Telephone: _____	Title _____ Effective Date _____		
Name: _____ SSN: _____		Residence Address _____ City _____ State _____ Zip Code _____ Residence Telephone: _____	Title _____ Effective Date _____		
Name: _____ SSN: _____		Residence Address _____ City _____ State _____ Zip Code _____ Residence Telephone: _____	Title _____ Effective Date _____		
Business Contact Person:	Phone Number:	E-mail:			

DBA Name: _____ Account No: _____

Voluntary Election of Coverage for Excluded Employment

Check the types of non-covered employment you wish to cover:

- Corporate Officers Domestic _____
 Fishing Other (Specify) _____

Indicate the date you request coverage of excluded employment to be effective: _____

Signature and Title

Business Phone

If you represent a corporation and wish to have corporate officers covered, all officers must be covered as a group

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 either you or the Agency terminates the agreement in writing before March 15 of the year for which the termination is requested. In the event your taxes become delinquent, the Agency reserves the right to cancel your Voluntary Coverage election effective the quarter the taxes become delinquent.



Additional Worksites (See instructions on Page 2, Item 11)

Second Worksite

Name (Doing Business As)

Mailing Address	City	State	Zip	Business Phone
Physical Address	City	State	Zip	FAX Number
Describe (<i>IN DETAIL</i>) the major product sold or service you provide in Alaska			% Gross Alaska income from this activity:	Number of employees in Alaska:

Other Address Usage Information

Name of where **Rate Notices** should be Mailed to:

Mailing Address	City	State	Zip	Phone Number
				Fax Number

Name of where **Quarterly Report Forms** should be mailed to:

Mailing Address	City	State	Zip	Phone Number
				Fax Number

TYPES OF EXCLUDED EMPLOYMENT FOR WHICH COVERAGE MAY BE ELECTED

1. Service of corporate officers if the corporation is formed under AS 10.06
Note: All corporate officers must be covered as a group.
2. Service of fishing boat crewmembers if there are fewer than 10 and they are paid by shares.
3. Domestic service in a private home where the wages paid are less than \$1,000 per quarter in the current or the preceding year.
4. Service in selling or distributing newspapers on the street or from house to house.
5. Service by a minister, member of a religious order, or other service performed for a church or association of churches, including elementary and secondary schools, but not including other organizations operated for other than religious purposes.
6. Service performed by an individual in the employ of a son, daughter, or spouse.
Note: If the employer is a partnership, a family relationship must exist between the employee and all partners.
7. Service performed for a parent or legal guardian if the individual was 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.
8. Service by a child under age 18 for a parent.
9. Service for a school, college, or university by an enrolled student who is regularly attending classes.
10. Elected or appointed public officials under AS 23.20.526 (d) (8) (A)
11. Service in the fields of insurance, real estate, or stock by a salesperson, solicitor, or broker paid by commission and not required to be covered by Federal Unemployment Tax Laws.
12. Service in agricultural labor where the employer either paid less than \$20,000 in wages in current or preceding calendar year or employed fewer than 10 people in at least 20 weeks.
13. 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.
14. Services performed for a nonprofit 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 federal, state, or political subdivision.

Self-employment is not covered, nor can coverage be elected.
Examples of self-employment include sole proprietors, partners, and members of an LLC