SUPPLEMENTAL Alaska Quarterly Form

Use this form to add employees to a previously filed Quarterly Report.

To amend wages that have been reported, use the "Correction of Wage Item" form.

Quarter ending:							Liable Alaska employer			
Account number:										
Total reportable wages (See instructions)				\$			Reporting agency			
2. Taxable wages paid this quarter				\$						
3.	To	tal contributions	%	\$						
4. Amount remitted			\$ Power of Attorney filed with ESTax?				āx? ∐			
		for geographic	location codes							
		5. Employee's Social Security Number		s name – type or ployees more than First		7. R paid	eportable wages this quarter negative wages)	8. Full occupational title or code	9. Geographic code *	
		Number	Last	11130	1011	(IVO	Tiegative wages)	title of code	code	
E N	D									
С	0									
0	N O									
S E	T									
С	S									
Н	T A									
C	P L									
K S	E									
wake cheeks payable to.							number 11. Total reportable wages – all pages (Same total as in Block 1)			
Alaska Department of Labor and Workforce D				evelopment of pages (Same total as in Block 1)				(1)		
Questions: (888) 448-3527										
I hereby certify the information on this form is true and correct.										
Signed:				Title:		Date:				
Printed name:				Email:	·	Phone: ()				

Alaska Department of Labor and Workforce Development Employment Security Tax P.O. Box 115509, Juneau, AK 99811-5509 labor.alaska.gov/estax

