

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

## Employment Security Tax

# Alaska Employer Registration Form for Daycare Services

### 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 Businesses, 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](mailto: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 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 box that describes your business entity. If you are married you may be registered as a sole proprietor or partnership.
2. Enter your Federal Employer Identification Number (FEIN). If you pay someone to provide daycare in your home, 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. Enter the month, day, and year your business paid or anticipates paying your first payroll in Alaska.
5. a) Check if you anticipate paying wages totaling \$1,000 or more in a calendar quarter.  
b) Check if you paid wages totaling \$1,000 or more in a calendar quarter in the previous year.
6. Enter your mailing address.
7. Enter your cell phone number.
8. Enter your physical worksite address in Alaska if different than Item 6. The physical worksite should be a private home where the domestic service is performed. If you do not have a physical worksite in Alaska, please explain.
9. Enter your work phone number.
10. Enter the name of the person who is the primary contact for your business.
11. Enter the phone number of your business contact person.
12. Enter the email of your business contact person.

13. Check if you are enrolled in a daycare assistance program under the Child Care and Development Block Grant Act of 1990 or similar program, and enter the program name and a phone number for the program.
14. a) Select where the service is provided.  
b) If the care provider is a relative, provide the relationship to you and the age of the relative. Some services performed by family members may be excluded from coverage.  
c) Provide the name and social security number of the caregiver.

## RESPONSIBLE PARTY INFORMATION:

Sole Proprietor: List your name, Social Security Number, residence address, telephone number, and email.

Partnership: List the requested information for each partner.

Other: List the requested information for principals or responsible parties.

## 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 person completing the form. Also provide name, date, title, phone and email.

