

The State of Alaska

Alaska

Type your user name
and password here.
Then click the "Login"
box to continue.

Please Login
Username

darlene

Password

••••••••

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The State of Alaska



Alaska! The Last Frontier

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Click
"Employment
Security Tax"

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Select "New Registration" to register a business for the first time with Employment Security Tax.

For more information, call (888) 448-3527 Monday through Friday, 8:00 AM to 5:00 PM Alaska Time or E-mail esd_tax@labor.state.ak.us

Browser Requirements: Internet Explorer(v5.5 or above) or Netscape Navigator(v6.2 or above), not available for Macintosh

Best viewed in resolution 1024 x 768



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Alaska Department of Labor
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New Registration for: [No
Legal Name]

Step 1: Can I Register Online?

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* Required

Step 1: Can I Register Online?

Step 2: Business Info

Step 3: Responsible Party

Step 4: Elect Coverage

Step 5: Primary Worksite

Step 6: Additional Worksite
(s)

Step 7: Submit

1. Select all that apply: *

- ☐ I am acquiring a business.
- ☐ I am changing my business entity type.
- ☐ I am registering as a non-profit employer.
- ☐ I am registering as an employer who has or will pay wages.

Select
the one
that
applies
to your
situation.

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New Registration Step 1: Can I Register Online? - Microsoft Internet Explorer

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* Required

Step 1: Can I Register Online?
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Step 4: Elect Coverage
Step 5: Primary Worksite
Step 6: Additional Worksite(s)
Step 7: Submit

Other Registration(s) To Complete:

1. Select all that apply: *
 - ☐ I am acquiring a business.
 - ☐ I am changing my business entity type.
 - ☐ I am registering as a non-profit employer.
 - ☐ I am registering as an employer or will pay wages.
2. My Federal Employer Identification Number (FEIN) is *
(Do not use your social security number for the FEIN)

If you do not have an FEIN, [get an FEIN now](#).
Please review our [ES Tax Handbook](#) to determine if you are taxable and required to register.

For more information, call (888) 448-3527 Monday through Friday, 8:00 AM to 5:00 PM Alaska Time.

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New Registration for

Step 2: Business Information

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Other Registration(s) To Complete:

* Required

1. Legal Business Name*

Select your business entity type.

2. Business Type*

- Sole Proprietorship
- Alaska Corporation
- Estate
- Foreign Corporation
- Joint Venture
- Limited Liability Company
- Partnership General
- Partnership Limited
- Sole Proprietorship

paid wages or expect to pay wages in Alaska*

(mm/dd/yyyy)

4. Number of employees in Alaska*

5. contract labor? *

☐ Yes☐ No[Prev](#) [Next](#)For more information, call (888) 448-3527 Monday through Friday, 8:00 AM to 5:00 PM Alaska Time or E-mail esd_tax@labor.state.ak.us

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* Required

1. Legal Business Name*

2. Business Type*

State Incorporated*

Date Incorporated*

3. Enter the date you first paid wages or expect to pay wages in Alaska*

4. Enter the expected number of employees in Alaska*

5. Do you anticipate using contract labor? *

☐ Yes☐ No

Select "Alaska Corporation" if it is registered in the State of Alaska.

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New Registration for

Step 2: Business Information

* Required

1. **Legal Business Name***

2. **Business Type***

Foreign Corporation

State Incorporated* Date Incorporated*

Alabama (mm/dd/yyyy)

3. **paid wages or expect to pay wages in Alaska***

4. **number of employees in Alaska***

5. **contract labor? ***

Other Registration(s) To Complete:

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Select "Foreign Corporation" if it is registered in another state.

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Step 2: Business Information

[Prev](#) [Next](#)*** Required****1. Legal Business Name*****2. Business Type***Sole Proprietorship **3. Enter the date you first paid wages or expect to pay your first employee*** (mm/dd/yyyy)**4. Enter the expected number of employees in Alaska*****5. Do you anticipate using [contract labor](#)?**☐ Yes☐ No

If you're not sure about contract labor, call
the ES Tax office at 888-448-3527

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New Registration for:

Step 3: Responsible Party - Sole Proprietor

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* Required

1. First Name*

2. Middle Initial

3. Last Name*

4. Social Security Number (SSN)

Responsible party is the owner of the business. We will ask for contact information on a later step.

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This information is the same for an Alaska Corporation or Foreign Corporation.

Select what responsibility this Corporate Officer has.

New Registration for:

Step 3: Responsible Party - Alaska Corporation

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1. Please enter any individuals who are responsible parties.

* Click 'X' to delete checked items.

<input checked="" type="checkbox"/>	First Name	MI	Last Name	SSN	Effective Date (mm/dd/yyyy)	% Own	Responsibility	Title
<input type="checkbox"/>						100	not supplied	Corp officer, President
<input type="checkbox"/>							not supplied	Corp officer, President

Add Individual

2. Please enter any entities (i.e. a business) that are responsible parties.

* Click 'X' to delete checked items.

<input checked="" type="checkbox"/>	Legal Name	Effective Date (mm/dd/yyyy)	% Own
<input type="checkbox"/>			

Add Entity

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For more information, call (888) 448-3527 Monday through Friday, 8:00 AM to 5:00 PM Alaska Time or E-mail esd_tax@labor.state.ak.us

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New Registration for:

Step 3: Responsible Party - Alaska Corporation

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1. Please enter any individuals who are responsible parties.

* Click 'X' to delete checked items.

<input checked="" type="checkbox"/>	First Name	MI	Last Name	SSN	Effective Date (mm/dd/yyyy)	% Own	Responsibility	Title
<input type="checkbox"/>						100	not supplied	Corp officer, President
<input type="checkbox"/>							not supplied	Corp officer, President

Add Individual

2. Please enter any entities (i.e. a business) that are responsible parties.

* Click 'X' to delete checked items.

<input checked="" type="checkbox"/>	Legal Name	FEIN	Effective Date (mm/dd/yyyy)	% Own
<input type="checkbox"/>				

Add Entity

For more information, call (888) 448-3527 Monday through Friday or E-mail esd_tax@labor.state.ak.us

Browser Requirements: Internet Explorer(v5.5 or above) or Netscape Navigator(v6.2 or above) not available for Macintosh

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If the responsible party is another entity, list that business here.

Select the Corporate Officer's title.

New Registration Step 4: Elect Coverage - Microsoft Internet Explorer

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*** Required**

1. Do you wish to cover excluded employees? *

☐ Yes

☐ No

For more information, call (888) 448-3527 Monday through Friday, 8:00

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A sole proprietor, partners, and LLC members cannot elect coverage. All other types of election of coverage is an all or nothing coverage. I.E. all corporate officers are covered or none of them. For more information call ES Tax at 888-448-3527.

New Registration Step 5: Primary Worksite Information - Microsoft Internet Explorer

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Other Registration(s) To Complete:

- Business Name(s)**
Legal Name Doing Business As (DBA) [Remove](#)
- Mailing Address**
Address*
City* State*
Postal Code* Country*
Attention
- Physical Location**
Street Address
City State
Postal Code Country
Description (for locations without a street address)
- Contact Info**
Name* Title
Phone* Extension
Fax Email*

If you have more than one Sole Proprietor business reporting under this FEIN, list each of them here.

This button will copy your mailing address. Use it if your mailing and physical addresses are the same.

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--

Add Address

al business activity.

If you are not able to find your NAICS code, fill out #7 and we will find it for you. We may have to contact you if we need clarification of your business activity.

+ Mining

+ Utilities

+ Constr

+ Manufacturing

- Wholesale trade

- + Retail trade

- Transportation and warehousing

- + Information
- Finance and

- Finance and Insurance
- Real estate and rental

Real estate and rental and leasing

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New Registration Step 6: Additional Worksite Information (Optional) - Microsoft Internet Explorer

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Alaska... Cool.

Step 6: Additional Worksite Information (Optional)

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Optional
worksite
information is
entered here.

To skip adding an additional worksite, do not enter any information and press next.
To remove an existing or incomplete additional worksite, [remove this page](#).

* Required

1. Business Name(s)

Legal Name Doing Business As (DBA)

Add Name

2. Mailing Address

Address*

City* State*

Postal Code* Country*

Attention

3. Physical Location

Copy Location

Street Address

City State

Postal Code Country

Description (for locations without a street address)

4. Contact Info

Name* Title

Other Registration(s) To Complete:

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New Registration Step 7: Submit - Microsoft Internet Explorer

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Other Registration(s) To Complete:

- 1. Registration Contact Information**
Name* Title
Phone* Extension
Fax Email*
- 2. Certification**
☐ I certify that the information provided on these forms is correct and true to the best of my belief.*
- 3. Submit**

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This will be the person we call if we need to clarify anything on your registration form.

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*** Required**

1. Registration Contact Information

Name* Title
Phone* Extension
Fax Email*

2. Certification

☐ I certify that the information provided on these forms is correct and true to the best of my belief.*

3. Submit

Registration Summary - You must submit Step 7 to complete registration!

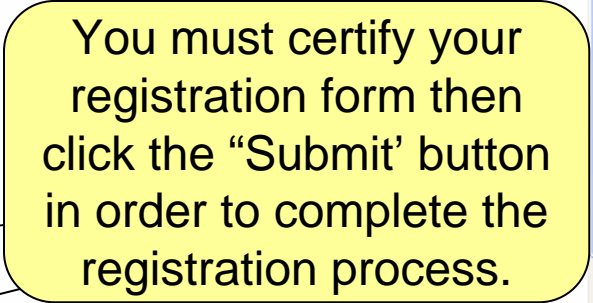
Business Information

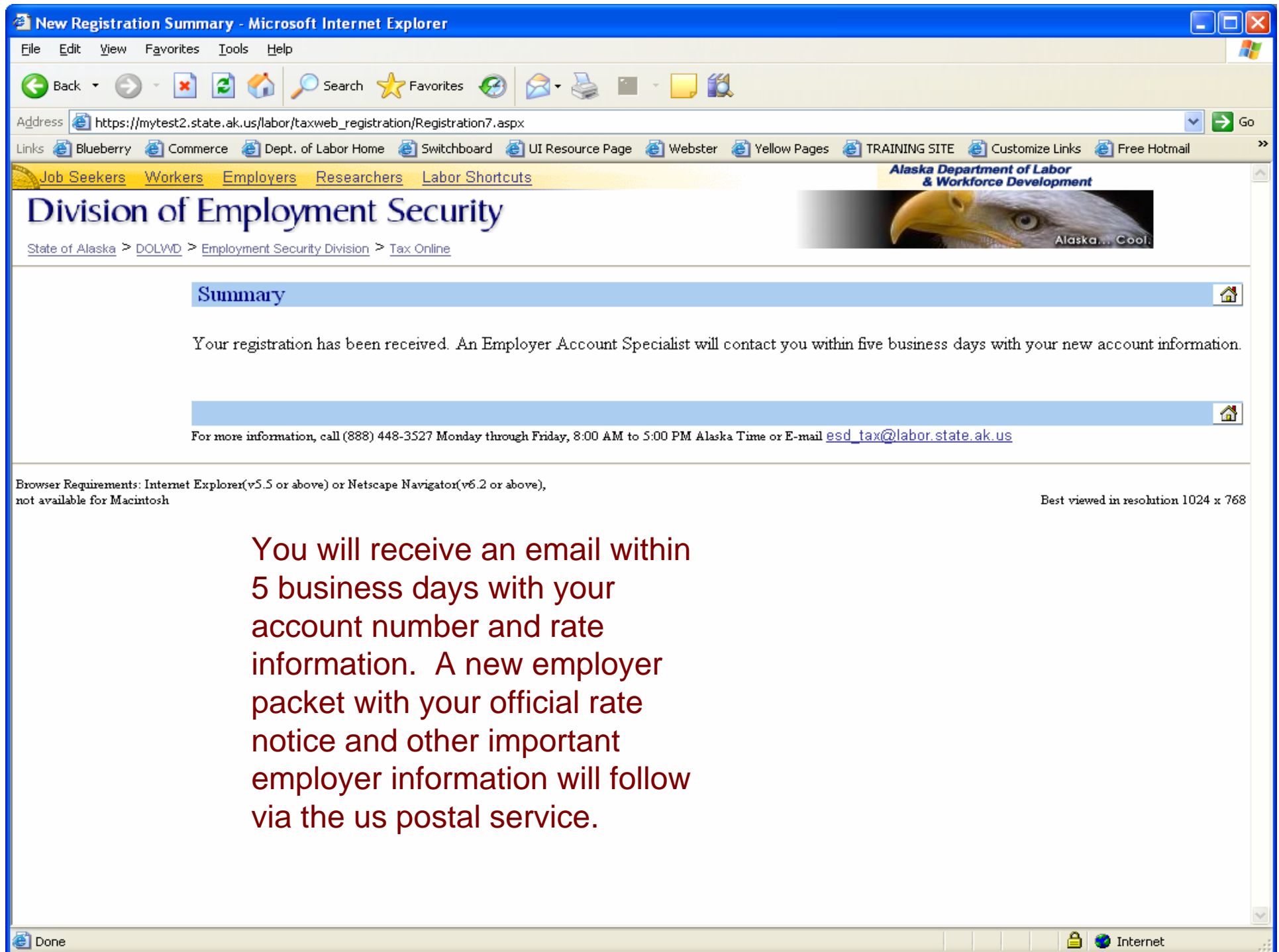
Legal Name	<input type="text"/>	FEIN	<input type="text"/>
Pay First Wages	<input type="text"/>	Business Type	<input type="text"/>
Employees	<input type="text"/>	Contract Labor	<input type="text" value="Will not use contract labor"/>

Responsible Parties

Individuals

First Name	MI	Last Name	SSN	Effective	% Own	Responsibility	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100	all of the above	Sole proprietor





You will receive an email within 5 business days with your account number and rate information. A new employer packet with your official rate notice and other important employer information will follow via the us postal service.

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If you are unable to finish your registration, you can log out and come back and finish it at a later date. Just remember it is not submitted until you certify and submit it in step 7.

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