Alaska New Hire Reporting Form

Or fax to:

(907) 787-3197

MS 14 New Hire Reporting Section (907) 787-3181 CHILD SUPPORT ENFORCEMENT DIVISION Message Line: (907) 269-6685 550 W 7th AVE STE 310 Toll free in Alaska: 1 (877) 269-6685 ANCHORAGE AK 99501-6699 For information call: (907) 269-6089 (907) 269-6776 **Employer Information** Submission Date (Year / Month / Date) Contact Phone Number * Contact Name * Contact Title * Employer Federal Identification Number (FEIN) Employer AK Department of Labor Number * 000 Employer - Doing Business As / Also Known As * Employer Name Employer Payroll Mailing Address City State Zip Code Employer Physical Address "Same" if same as mailing address City Zip Code State **Employee Information** Employee Last Name Employee Social Security Number Employee First Name M.I. Employee Street Address City Zip Code State Year Month Day Year Month Day Employee Employee Date of Hire * Date of Birth * Employee Social Security Number Employee First Name M.I. Employee Last Name Employee Street Address City State Zip Code D<u>ay</u> Year Month Day Year Month Employee Employee Date of Hire * Date of Birth * M.I. Employee Social Security Number Employee First Name Employee Last Name Employee Street Address City State Zip Code Year Month Month Day Year Day Employee Employee Date of Hire * Date of Birth *

Send completed form to:

^{*} Providing this optional data enhances our ability to perform services more efficiently.

New Hire Reporting – continued Employer Name	Employer Fede	eral Identification Nun	nber (FEIN) Submis	ssion Date (Year /)	Month / Date)
Employee Social Security Number	City	M.I. Employee I	ast Name State	Zip Code	
Employee Date of Hire * Year Month Day		Employee Date of Birth *	Year	Month	Day
Employee Social Security Number		M.I. Employee I	ast Name		
Employee Street Address	City	y	State	Zip Code	
Year Month Day Employee Date of Hire *		Employee Date of Birth *	Year	Month	Day
Employee Social Security Number		M.I. Employee I	ast Name		
Employee Street Address	City	у	State	Zip Code	
V Month Dec					
Employee Date of Hire * Year Month Day Hondard Month Day		Employee Date of Birth *	Year	Month	Day
Employee				Month	Day
Employee Date of Hire *	City	Date of Birth * M.I. Employee I		Month Zip Code	Day
Employee Date of Hire * Employee Social Security Number	City	Date of Birth * M.I. Employee I	ast Name State Year		Day
Employee Date of Hire * Employee Social Security Number	City	M.I. Employee I	ast Name State Year	Zip Code	

Day

Year

Employee
Date of Birth *

Month

Day

Month

Employee
Date of Hire *

Year

^{*} Providing this optional data enhances our ability to perform services more efficiently.