

# Alaska New Hire Reporting Form

Send completed form to:  
 MS 13 New Hire Reporting Section  
 CHILD SUPPORT SERVICES DIVISION  
 550 W 7<sup>th</sup> AVE STE 310  
 ANCHORAGE AK 99501-6699

Or fax to: (907) 787-3197  
 Message Line: (907) 269-6685  
 Toll free in Alaska: 1 (877) 269-6685  
 For information call: (907) 269-6089

## Employer Information

Contact Name		Contact Title	
Submission Date (Year / Month / Date)	Contact Phone Number	Contact Fax Number	Contact Email address
Employer Federal Identification Number (FEIN)	Employer AK Department of Labor Number	Do you provide Health Insurance to your Employee?	
	000	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employer Name		Employer - Doing Business As / Also Known As	
Employer Payroll Mailing Address	City	State	Zip Code
Employer Physical Address "Same" if same as mailing address	City	State	Zip Code

## Employee Information

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Employee Social Security Number *	Employee First Name	M.I.	Employee Last Name
Employee Street Address	City	State	Zip Code
Employee Date of Hire <input type="checkbox"/> / Rehire <input type="checkbox"/>	Year    Month    Day	Employee Date of Birth	Year    Month    Day

\* You are required to provide the social security numbers of your newly hired or rehired employees pursuant to AS 25.27.075(b). The Child Support Services Division will use the social security numbers only for the purpose of establishing and enforcing child support.

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Employee Social Security Number *	Employee First Name	M.I.	Employee Last Name
Employee Street Address	City	State	Zip Code
Employee Date of Hire <input type="checkbox"/> / Rehire <input type="checkbox"/>	Year    Month    Day	Employee Date of Birth	Year    Month    Day

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Employee Street Address	City	State	Zip Code
Employee Date of Hire <input type="checkbox"/> / Rehire <input type="checkbox"/>	Year    Month    Day	Employee Date of Birth	Year    Month    Day

# New Hire Reporting – continued

Employer Name	Employer Federal Identification Number (FEIN)	Submission Date (Year / Month / Date)

Employee Social Security Number *	Employee First Name	M.I.	Employee Last Name

Employee Street Address	City	State	Zip Code

Employee Date of Hire <input type="checkbox"/> / Rehire <input type="checkbox"/>	Year	Month	Day	Employee Date of Birth	Year	Month	Day

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Employee Street Address	City	State	Zip Code

Employee Date of Hire <input type="checkbox"/> / Rehire <input type="checkbox"/>	Year	Month	Day	Employee Date of Birth	Year	Month	Day

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