Alaska New Hire Reporting Form

Send completed form to: MS 13 New Hire Reporting Section				Or fax i	to:	(90	07) 787-3197
CHILD SUPPORT SERVICES DIV 550 W 7 th AVE STE 310 ANCHORAGE AK 99501-6699	'ISION				e Line: e in Alas ormation	<i>ka</i> : $1(8)$	07) 269-6685 77) 269-6685 07) 269-6089
Employer Information	Contact Name			Contact T	itle		
Submission Date (Year / Month / Date)	Contact Phone Number	Contact Fax N	Number	Contact E	mail addres	S	
Employer Federal Identification Number (FE		rtment of Labor	Number		vide Health	Insurance to yo	
	000			Yes		N	o 🗌
Employer Name		Employer	- Doing Busine	ess As / Als	o Known A	15	
Employer Payroll Mailing Address		City			State	Zip Code	
					State		
Employer Physical Address "Same" if same	as mailing address	City			State	Zip Code	
Employee Information							
Employee Social Security Number * Emp	oloyee First Name	M.I.	Employee L	ast Name			
Employee Street Address		City			State	Zip Code	
					-		
Employee	Year Month	Day	Employee		ear	Month	Day
Date of Hire / Rehire				t to AS 25.2	7.075(b).	The Child Suppo	rt Services
Division will use the social security numbers	only for the purpose of establish	ning and enfore	ing child suppo	ort.			
Employee Social Security Number * Emp	oloyee First Name	M.I.	Employee L	ast Name			
Employee Street Address		City			State	Zip Code	
	Year Month	Day	F 1	Y	'ear	Month	Day
Employee Date of Hire / Rehire			Employee Date of Birth				
		M					
Employee Social Security Number * Emp	oloyee First Name	M.I.	Employee L	ast Name			
Employee Street Address		City			State	Zip Code	
	Year Month	Day	Enul	Y	'ear	Month	Day
Employee Date of Hire / Rehire			Employee Date of Birth				
CSSD 04-1050 (Rev 06/04/14)							

New Hire Reporting – continued

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

Employee Social Security Number * Em	ployee First Name	M.I. Employee Last Name			
Employee Street Address	City	I	State	Zip Code	
Employee	Year Month Day	Employee	Year	Month	Day
Date of Hire / Rehire		Date of Birth			
Employee Social Security Number * Em	ployee First Name	M.I. Employee Last Name			
	<u></u>		0	7: 0.1	
Employee Street Address	City	1	State	Zip Code	
	Year Month Day		Year	Month	Day
Employee Date of Hire / Rehire		Employee Date of Birth			5
			I	I	
Employee Social Security Number * Em	ployee First Name	M.I. Employee Last Name			
Employee Street Address	City	1	State	Zip Code	
	Year Month Day		Year	Month	Day
Employee / Rehire		Employee Date of Birth			
Employee Social Security Number * Em	ployee First Name	M.I. Employee Last Name			
Employee Street Address	City	1	State	Zip Code	
Employee	Year Month Day	Employee	Year	Month	Day
Date of Hire / Rehire		Date of Birth			
Employee Social Security Number * Em	ployee First Name	M.I. Employee Last Name			
Employee Street Address	City	/	State	Zip Code	
	Year Month Day		Year	Month	Day
Employee		Employee	1 001	141011011	Day
Date of Hire / Rehire	I	Date of Birth			