

STATE OF ALASKA

DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
EMPLOYMENT SECURITY DIVISION
Anchorage Field Tax Office

Sarah Palin, GOVERNOR

3301 EAGLE STREET SUITE 106
PO BOX 241767
ANCHORAGE, ALASKA 99524-1767
PHONE: (907) 269-4850
FAX: (907) 269-4845

Date: _____

I would like to request a **TAX CLEARANCE** for:

Name of Company: _____

Address: _____

City /State/Zip Code: _____

Telephone No: _____

Employer Account No.: _____

Federal Id No: _____

Time Frame of The Job Is: _____

Please fax a copy to: _____ Fax No: _____

_____ Fax No: _____

Requested by: _____ Tel No: _____

(PRINT NAME) Fax No: _____

Please fax this form to Fax No. (907) 269-4845, Anchorage Field Tax Office.

For Department of Labor Office use only. Please do not fill up this portion.

STATEMENT TO PRIME CONTRACTORS (ALASKA STATUTE 23.20.265)		
<i>The Department of Labor/Employment Security Division hereby:</i> ___ Grants Tax Clearance to the above-named contractor. ___ Denies Tax Clearance to the above-named contractor.		
Through the Period:		
By (Signature):		Date:
Printed Name:		Title: