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| G:\Library\Clipart\DOA\DOA_logo_round.jpg | **State of Alaska****Department of Administration****Division of Finance** |

**Form to Request Establishment of an Account Code**

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| **Name of Requestor:** |       | **Date:** |       |
| **Agency:** |  | **Division:** |       |
| **Telephone:** |       | **Fax:** |       |
| **Finance Officer:** |       | **Email:**  |       |

Upon completion, this form should be submitted to the Department of Administration, Division of Finance through your [Agency’s Finance Officer](http://doa.alaska.gov/dof/acct/sfoa.html). (***NOTE:*** This account code structure should be used for central [Statewide] accounting purposes. Decentral accounts should be created by departments.)

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| --- | --- |
| 1. **Balance Sheet Account (BSA)**
2. **Is this a Deferred Inflow (DI) or Deferred Outflow (DO)?**
 |  |
| 1. **Suggested Balance Sheet Account (BSA) Combination:**
 |
| 1. **CAFR Minor**
 |       |
| 1. **BSA Group**
 |       |
| 1. **BSA Type**
 |       |
| 1. **BSA Category**
 |       |
| 1. **BSA Class**
 |       |
| 1. **BSA**
 |       |
| 1. **Sub-BSA**
 |       |
| 1. **Revenue Source**

**Object***You may only select YES for one object.* |  |
| 1. **Suggested Central Revenue/Object Account Combination:**
 |
| 1. **CAFR Minor**
 |       |
| 1. **Revenue/Object Group**
 |       |
| 1. **Revenue/Object Type**
 |       |
| 1. **Revenue/Object Category**
 |       |
| 1. **Revenue/Object Class**
 |       |
| 1. **Revenue Source/Object (Inference Point)**
 |       |
| 1. **Sub-Revenue Source/Sub-Object**
 |       |
| 1. **Suggested Departmental Revenue/Object Account Combination:**
 |
| 1. **Departmental Revenue/Object Group**
 |       |
| 1. **Departmental Revenue/Object Type**
 |       |
| 1. **Departmental Revenue/Object Category**
 |       |
| 1. **Departmental Revenue/Object Class**
 |       |
| 1. **Departmental Revenue Source/Object**
 |       |
| 1. **Departmental Sub-Revenue Source/Sub-Object**
 |       |
| 1. **Is it “1099 Reportable”?**

*If yes, please continue to question 6a.* |  |
| **6a. If a “yes” answer was entered for question 6, what 1099 Tax Type Code / 1099 Form Box # is used?***(For example, Non-Employee Compensation is Tax Type Code 7 and 1099 Form Box # 7. See additional information on 1099 Tax Reporting and the list of* [*Tax Type Codes*](https://intranet.soa.alaska.gov/admin/dof/iris/Job-Aid-1099-Reporting-Overview.pdf#page=21)*.)* |       |
| 1. **Statutory reference (if any)**
 |       |
| 1. **Estimated dollar amount to be recorded to the account in a year**
 |       |
| 1. **Long Name (60 spaces)**

*You may add additional optional description later as needed.* |       |
| 1. **Short Name (15 spaces)**

*This is the name that will appear on the IRIS entity profile. You may add additional optional description later as needed.* |       |

1. **Narrative:**

*Provide a detailed explanation of the purpose of the account. Information from the narrative may be included in the available remaining space of the long description of the account entity profile so that an explanation of the account’s purpose will be available online on IRIS. The narrative will also be used as a written record of the purpose of the account. Please be informative. If requesting a central structure account code, why is this account needed in the central structure should be explained. Use additional pages if necessary.*

**Web Site:** [**http://doa.alaska.gov/dof/**](http://doa.alaska.gov/dof/)

**Email:** DOA.DOF.AcctSvcs@alaska.gov

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| **FOR DIVISION OF FINANCE USE ONLY** |
| **[ ]  Reviewed by Agency Accountant****[ ]  Entered by Agency Accountant****[ ]  Reviewed by Accounting Services Supervisor****1099 Reportability Determination:****[ ]  Reviewed by State Accountant** |