



New Hire Reporting Form

Employers must report each new hire within 20 days.

Assistance: 1 800 327-HIRE (4473)

Please print or type

EMPLOYER NAME AND ADDRESS

Federal Employer ID Number - FEIN _____ - _____

Company Name _____

Street Address _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

EMPLOYER ADDRESS FOR CHILD SUPPORT WAGE WITHHOLDING ORDERS

Street Address _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

NEW EMPLOYEE NAME AND ADDRESS

Social Security Number _____ Date of Hire (MM-DD-YYYY) _____ - _____ - _____

First Name _____ MI _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

NEW EMPLOYEE NAME AND ADDRESS

Social Security Number _____ Date of Hire (MM-DD-YYYY) _____ - _____ - _____

First Name _____ MI _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____ - _____