



Mail Reports to:  
 Indiana New Hire Reporting Center  
 PO Box 3006  
 Dublin, OH 43016

**EMPLOYER INFORMATION**

**FEDERAL ID NUMBER**  
  -

**EMPLOYER NAME**

**EMPLOYER ADDRESS (INCOME WITHHOLDING ADDRESS)**

**EMPLOYER CITY** **STATE** **ZIP**  
   -

**CONTACT FIRST NAME** **CONTACT LAST NAME**

**PHONE NUMBER** **FAX NUMBER**  
 -  -   -  -

**E-MAIL ADDRESS**

**EMPLOYEE INFORMATION**

**SOCIAL SECURITY NUMBER** **IS HEALTH INSURANCE AVAILABLE? (OPTIONAL)**  
 -  -  Y  N  **MI**

**EMPLOYEE FIRST NAME**

**EMPLOYEE LAST NAME**

**EMPLOYEE ADDRESS**

**EMPLOYEE CITY** **STATE** **ZIP**  
   -

**START DATE** **DATE OF BIRTH (optional)**  
 /  /   /  /

mm dd yyyy mm dd yyyy