IN-NewHire.com

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

EMPLOYEE FIRST NAME | MI

EMPLOYEE LAST NAME

EMPLOYEE ADDRESS

EMPLOYEE CITY | STATE | ZIP

START DATE (mm / dd / yyyy)

DATE OF BIRTH (optional) (mm / dd / yyyy)