

New Hire Reporting Form

Mail:
Arizona New Hire Reporting Center
PO Box 138003
Sacramento, CA 95813-8003

Fax: 1-888-282-0502
Report online at www.az-newhire.com

EMPLOYER INFORMATION * REQUIRED INFORMATION

*Federal Employer Identification Number (FEIN)-the same FEIN used to report quarterly wages:

*Employer Name: _____ DBA: _____

*Contact Name: _____

*Payroll Address-address where an Income Withholding Order may be sent:

*City: _____ *State: _____ *Zip Code: _____ Zip 4: _____

Telephone: _____ Fax: _____ Email: _____

Does employer offer Medical Insurance Benefits? Yes _____ No _____

EMPLOYEE INFORMATION Complete one entry for each new employee * REQUIRED INFORMATION

*Social Security Number: _____ - _____ - _____

*Employee First Name: _____ M.I.: _____ Last Name: _____

*Employee Address: _____

*City: _____ *State: _____ *Zip Code: _____ +4: _____

*Date of Hire (First day of work): _____ Medical Insurance Available? Yes _____ No _____

Date of Birth: _____ Employee Salary (Use decimal point if including cents): _____

Pay Frequency-Please indicate: H=Hourly; B=Bi-Weekly; W=Weekly; S=SemiMonthly; M=Monthly; Y=Yearly _____

*Social Security Number: _____ - _____ - _____

*Employee First Name: _____ M.I.: _____ Last Name: _____

*Employee Address: _____

*City: _____ *State: _____ *Zip Code: _____ +4: _____

*Date of Hire (First day of work): _____ Medical Insurance Available? Yes _____ No _____

Date of Birth: _____ Employee Salary (Use decimal point if including cents): _____

Pay Frequency-Please indicate: H=Hourly; B=Bi-Weekly; W=Weekly; S=SemiMonthly; M=Monthly; Y=Yearly _____