

## **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**

\* REOUIRED INFORMATION

*Employer Name:	DBA:		
*Contact Name:			
*Payroll Address-address where an Inco	me Withholding Order may	be sent:	
*City:	*State:	*Zip Code:	_ Zip 4:
Telephone:	Fax:	Email:	
Does employer offer Medical Insurance	Benefits? Yes N	0	
	Complete one entry f	NFORMATION or each new employee	
	Complete one entry f * REQUIRED I 	or each new employee NFORMATION 	
*Employee First Name:	Complete one entry f * REQUIRED IM.I.:	or each new employee NFORMATIONLast Name:	
*Employee First Name:* Employee Address:	Complete one entry f  * REQUIRED I	or each new employee NFORMATIONLast Name:	
*Employee First Name:* *Employee Address:* *City:	Complete one entry f  * REQUIRED I	or each new employee NFORMATIONLast Name: :*Zip Code:	+4:
*Employee First Name: *Employee Address: *City: *Date of Hire (First day of work):	Complete one entry f	or each new employee NFORMATION Last Name: :*Zip Code:  Medical Insurance Available? Yes	+4: No _
*Employee First Name: *Employee Address: *City: *Date of Hire (First day of work): Date of Birth:	Complete one entry f  * REQUIRED I	or each new employee NFORMATIONLast Name: :*Zip Code:	+4: No _
*Employee First Name:* Employee Address:* City:* Date of Hire (First day of work):  Date of Birth: Pay Frequency-Please indicate: H=Hor	Complete one entry f  * REQUIRED I	or each new employee NFORMATION Last Name:*Zip Code:*Medical Insurance Available? Yes ary (Use decimal point if including cents): eekly; S=SemiMonthly; M=Monthly; Y=Y	+4: No _
*Employee First Name:* Employee Address:* City:* Date of Hire (First day of work):  Date of Birth:  Pay Frequency-Please indicate: H=Hotel  *Social Security Number:	Complete one entry f  * REQUIRED I	or each new employee NFORMATION Last Name:*Zip Code:*Medical Insurance Available? Yes ary (Use decimal point if including cents): eekly; S=SemiMonthly; M=Monthly; Y=Y	+4: No _  /early
*Employee First Name:* Employee Address:* City:* Date of Hire (First day of work):  Date of Birth:  Pay Frequency-Please indicate: H=Hot  *Social Security Number:  *Employee First Name:	Complete one entry f  * REQUIRED I	or each new employee NFORMATION  Last Name:  *Zip Code:  Medical Insurance Available? Yes ary (Use decimal point if including cents): eekly; S=SemiMonthly; M=Monthly; Y=Y	+4: No _  (early
*Employee Address:*City:*Date of Hire (First day of work):  Date of Birth:  Pay Frequency-Please indicate: H=Hou  *Social Security Number:  *Employee First Name:  *Employee Address:	Complete one entry f  * REQUIRED I  * REQUIRED I  M.I.:  M.I.:  *State  Employee Sa  urly; B=Bi-Weekly; W=W  M.I.:  M.I.:	or each new employee NFORMATION  Last Name:  Medical Insurance Available? Yes ary (Use decimal point if including cents):  eekly; S=SemiMonthly; M=Monthly; Y=Y  Last Name:  Last Name:	+4: No _  (early