



FEDERAL IDENTIFICATION No: \_\_\_\_\_

NHES EMPLOYER ACCOUNT No: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER TELEPHONE No : (     ) \_\_\_\_\_

EMPLOYER FAX No : (     ) \_\_\_\_\_

EMPLOYER CONTACT PERSON : \_\_\_\_\_



**NEW HIRE REPORTING FORM**

RETURN TO: NHES -NEW HIRE PROGRAM

PO Box 2092

CONCORD NH 03302-2092

FAX (603) 226-4324 OR 1-888-783-3598

**Note:** For "Type of Hire" write "**W**" for W-2 EMPLOYEE or "**I**" for 1099 INDEPENDENT CONTRACTOR

<u>SOCIAL SECURITY No</u>	<u>EMPLOYEE NAME</u>	<u>ADDRESS</u> (NOT PO BOX)	<u>CITY/TOWN</u>	<u>STATE</u>	<u>ZIP</u>	<u>DATE OF HIRE</u>	<u>WORK STATE</u>	<u>TYPE OF HIRE</u> "W" OR "I"
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*Note: All new hires must be reported within **20** days of the date hired. The date of hire is the **first** day the individual performs services for you*