

## 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](http://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 \_\_\_\_\_