

# Arkansas New Hire Reporting Form

Send completed form to:  
Arkansas New Hire Reporting Center  
PO Box 2540  
Little Rock, AR 72203

For more information: 1-800-259-2095  
Or fax to: 1-800-259-3562

## *Employer Information* (Please Print or Type)

**Federal Employer Identification Number** \_\_\_\_\_

**Employer Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City/State/Zip Code** \_\_\_\_\_

**Contact Phone/Name** \_\_\_\_\_

## *Employee Information*

**Name** \_\_\_\_\_

**SSN** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

### Optional fields

*Date of birth* \_\_\_\_\_

*Date of hire* \_\_\_\_\_

*State of hire* \_\_\_\_\_

**Name** \_\_\_\_\_

**SSN** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

### Optional fields

*Date of birth* \_\_\_\_\_

*Date of hire* \_\_\_\_\_

*State of hire* \_\_\_\_\_

**Name** \_\_\_\_\_

**SSN** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

### Optional fields

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*Date of hire* \_\_\_\_\_

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**Name** \_\_\_\_\_

**SSN** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

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