



Arizona New Hire Reporting Form

Mail completed form to: Arizona New Hire Reporting Center
PO Box 25638
Phoenix, AZ 85002

Or fax completed form to: 1-888-282-0502 toll-free fax

EMPLOYER INFORMATION

Federal Employer Identification Number (FEIN): _____
(Please use the same FEIN for which listed employee(s) quarterly wages will be reported under.)

Employer Name: _____

Address: _____
(Please indicate the address where the Income Withholding Order will be sent)

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

Complete one entry for each new employee

EMPLOYEE INFORMATION

Social Security Number: _____ - _____ - _____

Employee First Name: _____ Middle: _____

Employee Last Name: _____

Employee Address: _____

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

*Date of Birth: _____ *Date of Hire: _____

*Is medical insurance an employee benefit? Yes ___ No ___

*Is this employee eligible for an insurance benefit? Yes ___ No ___ *OPTIONAL

EMPLOYEE INFORMATION

Social Security Number: _____ - _____ - _____

Employee First Name: _____ Middle: _____

Employee Last Name: _____

Employee Address: _____

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

*Date of Birth: _____ *Date of Hire: _____

*Is medical insurance an employee benefit? Yes ___ No ___

*Is this employee eligible for an insurance benefit? Yes ___ No ___ *OPTIONAL

For information please visit our web-site at www.az-newhire.com
or call us toll-free at 1-888-282-2064

The Arizona New Hire Reporting Center is an authorized agent of the Arizona Department of Economic Security