West Virginia New Hire Reporting Form

Send completed forms to:
West Virginia New Hire Reporting Center
PO Box 2473
Charleston, WV 25329
Toll-free fax 1 (877) 625-4675

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C		1	2	3

EMPLOYER INFORMATION

Federal Employer ID Number (FEIN) *(Please enter the same FEIN used to report the employee's quarterly wages.):*

__ __ - __ __ __ __ __ __ __

Employer Name:

Employer Address *(Please indicate the address where an Income Withholding Order should be sent).*

Employer City: Employer State: Zip Code (5 digit):

Employer Phone (optional) : Extension: Employer Fax (optional) :

Employer Contact Person Name (optional):

Email

EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

__ __ __ - __ __ - __ __ __ __

Employee First Name: Middle Initial:

Employee Last Name:

Employee Address:

Employee City: Employee State: Zip Code (5 digit):

Date of Hire mmddyyyy (optional): Date of Birth mmddyyyy (optional): Is medical insurance available to employee? (optional): Y/N

Questions? Call us toll-free 1 (877) 625-4669. Report online at www.wv-newhire.com

Reports must be submitted within 14 days of date of hire or rehire.

Rev (02/08)