

# Kentucky New Hire Reporting Form

Send Completed Form to:  
Kentucky New Hire Reporting Center  
P.O. Box 2586  
Atlanta GA 30301-2586

Fax form to: 1-800-817-0099  
For more information: 1-800-817-2262  
or [www.kynewhire.com](http://www.kynewhire.com)

## EMPLOYER INFORMATION (Please Print or Type)

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

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

Street Address (1) \_\_\_\_\_

Street Address (2) \_\_\_\_\_

(This address is the payroll address for income withholding if it is different than employer's site address)

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

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

## EMPLOYEE INFORMATION

Employee Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee Address \_\_\_\_\_

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

## OPTIONAL FIELDS

State Employer Identification Number \_\_\_\_\_ Is health Insurance Available to Employee? YES / NO

Date of Birth \_\_\_\_\_ Date of hire \_\_\_\_\_ State of hire \_\_\_\_\_

## EMPLOYEE INFORMATION

Employee Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee Address \_\_\_\_\_

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

## OPTIONAL FIELDS

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