

Arkansas New Hire Reporting Form

Visit Our Website: www.ar-newhire.com

Send completed form to:

PO BOX 2540

LITTLE ROCK, AR 72203

Or fax to: 1-800-259-3562

For more information: 1-800-259-2095

Employer Information

(Please Print or Type)

Federal Employer
Identification Number

Employer Name

Street Address

City/State/Zip Code

Contact Name/
Phone/Email

Employee Information

(Please list first, last name)

REQUIRED

Name

SSN

Address

City/State/Zip

Start Date*

OPTIONAL

Date of Birth

State of Hire

REQUIRED

Name

SSN

Address

City/State/Zip

Start Date*

OPTIONAL

Date of Birth

State of Hire

REQUIRED

Name

SSN

Address

City/State/Zip

Start Date*

OPTIONAL

Date of Birth

State of Hire

REQUIRED

Name

SSN

Address

City/State/Zip

Start Date*

OPTIONAL

Date of Birth

State of Hire

*First day employee begins work for pay.