INDIANA
new hire reporting center

Indiana New Hire Reporting Center
Po Box 55097
Indianapolis, IN 46205

EMPLOYER INFORMATION

FEDERAL ID NUMBER (SAME AS UI #)

EMPLOYER NAME

EMPLOYER ADDRESS (INCOME WITHHOLDING ADDRESS)

CITY

STATE **ZIP**

EMPLOYER CONTACT INFORMATION

FIRST **LAST**

PHONE NUMBER **FAX NUMBER**

E-MAIL ADDRESS

EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER

IS HEALTH INSURANCE AVAILABLE TO EMPLOYEE? (OPTIONAL) **Y** **N**

FIRST NAME **MI**

LAST NAME

ADDRESS

CITY **STATE** **ZIP**

START DATE **DATE OF BIRTH** (OPTIONAL)

mm dd yyyy mm dd yyyy