



NEW MEXICO NEW HIRE REPORTING FORM

Send completed forms to:
New Mexico New Hires Directory
PO Box 29480
Santa Fe, NM 87592-9480

Fax forms toll free: 1-888-878-1614
Submit Online: www.nm-newhire.com
For more information: 1-888-878-1607

COMPANY INFORMATION

**Required Information*

Federal Employer Identification Number* _____

Company Name* _____

Payroll Address* _____

(Address where Income Withholding Orders should be sent)

City, State, Zip Code* _____

Contact Name/Phone _____

Contact/Company Email _____

EMPLOYEE INFORMATION

**Required Information*

Employee #1

Name* _____ Date of Hire* _____

Social Security Number* _____ Date of Birth _____

Address* _____ State of Hire _____

City, State, Zip Code* _____ Medical Insurance Available?

YES NO

Employee #2

Name* _____ Date of Hire* _____

Social Security Number* _____ Date of Birth _____

Address* _____ State of Hire _____

City, State, Zip Code* _____ Medical Insurance Available?

YES NO

Employee #3

Name* _____ Date of Hire* _____

Social Security Number* _____ Date of Birth _____

Address* _____ State of Hire _____

City, State, Zip Code* _____ Medical Insurance Available?

YES NO