## **Minnesota New Hire Reporting Form**

Effective July 1, 1996 Minnesota Statute 256.998 requires all Minnesota Employers, both public and private, to report all newly hired, rehired, or returning to work employees to the State of Minnesota within 20 days of hire or rehire date.

Information about new hire reporting and online reporting is available on our web site: <a href="https://www.mn-newhire.com">www.mn-newhire.com</a>

Send completed forms to:

Minnesota New Hire Reporting Center

To ensure the highest level of accuracy, please print neatly in

capital letters and avoid contact with the edges of the boxes.

| PO Box 64212  | The following will serve as an example:                                |
|---|--|
| St. Paul, MN 55164-0212<br>Toll-free fax: (800) 692-4473          | A B C 1 2 3  |
| Toll-free tax. (000) 032-4470                                     |  |
|   | INFORMATION  |
| Federal Employer ID Number (FEIN) (Please use the same            | FEIN as the listed employee's quarterly wages will be reported under): |
|   |  |
| Employer Name:  |  |
|   |  |
| Employer Address (Please indicate the address where the           | Income Withholding Orders should be sent).                             |
|   |  |
|   |  |
|   |  |
| Employer City:  | Employer State: Zip Code (5 digit):                                    |
|   |  |
| Employer Phone: Extens  | on: Employer Fax:  |
|   |  |
| Email:  |  |
|   |  |
|   | INFORMATION  |
| Employee Social Security Number (SSN):                            | Check this box if this is an   |
|   | Independent Contractor (1099)  |
| Employee First Name:  | Middle Initial   |
|   |  |
| Employee Last Name:   |  |
| Employee Last Name:   |  |
|   |  |
| Employee Address:   |  |
|   |  |
| Employee City:  | Employee State: Zip Code (5 digit):                                    |
|   |  |
| Date of Hire (mm/dd/yyyy):  Date of Hire (mm/dd/yyyy):  Date of B | rth (mm/dd/yyyy): (optional) Employee State of Hire                    |
| Date of Fine (min/dd/yyyy).                                       | rth (mm/dd/yyyy): (optional) Employee State of Hire                    |

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING