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

EMPLOYER INFORMATION

FEDERAL ID NUMBER (SAME AS UI #)

Required-> **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 mm dd yyyy

DATE OF BIRTH (OPTIONAL) mm dd yyyy

Phone: (317) 612-3028
Toll Free: (866) 879-0198
www.in-newhire.com

Fax: (317) 612-3036
Toll Free: (800) 408-1388
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