

**FLORIDA NEW HIRE REPORTING FORM**

**Send Completed Form to:**      **New Hire**      *Fax form to: 1-888-854-4762*  
P.O. Box 6500      **Or 850-656-0528**  
Tallahassee, FL 32314-6500      *For more information: 1-888-854-4791*  
Tallahassee, FL 32314-6500      **Or 850-656-3343**

**EMPLOYER INFORMATION**

Federal Employer  
Identification Number \_\_\_\_\_

Employer UC Account Number  
(Also known as UI Number)\* \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip Code+ 4 \_\_\_\_\_

Contact Phone/Name\* \_\_\_\_\_

**Employer Address for Income Deduction Orders**

Address \* \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip Code+ 4\* \_\_\_\_\_

Contact Phone/Name\* \_\_\_\_\_

**EMPLOYEE INFORMATION**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Date of Hire \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ (Please use four digit year)

\* Providing this optional data enhances our ability to perform services more efficiently.