



# Arizona New Hire Reporting Form

Mail completed form to: Arizona New Hire Reporting Center  
P.O. Box 402  
Holbrook, MA 02343

Or fax completed form to: 1-888-282-0502

## EMPLOYER INFORMATION

Federal Employer Identification Number (FEIN): \_\_\_\_\_

(Please use the same FEIN for which listed employee(s) quarterly wages will be reported under.)

Employer Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

(Please indicate the address where the Income Withholding Order will be sent)

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

Is medical insurance an employee benefit? Yes  No

## Complete one entry for each new employee

### EMPLOYEE INFORMATION

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

Employee First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Employee Last Name: \_\_\_\_\_

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

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

Date of Hire: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\* OPTIONAL

### EMPLOYEE INFORMATION

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

Employee First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Employee Last Name: \_\_\_\_\_

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

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

Date of Hire: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\* OPTIONAL

For information please visit our web-site at [www.az-newhire.com](http://www.az-newhire.com)  
or call us toll-free at 1-888-282-2064

*The Arizona New Hire Reporting Center is an authorized agent of the Arizona Department of Economic Security*