Oregon New Hire Reporting Form

Please visit us at http://www.dcs.state.or.us/employers/default.htm for additional information & to download this form.

Mail or Fax completed form to: Telephone: (503) 378-2868
Department of Justice   Fax: (503) 378-2863
Employer New Hire Reporting Program   Toll Free Fax: (877) 877-7415
1495 Edgewater St NW #120   Salem, OR   97304   (877) 877-7416

Reports must be submitted no later than 20 days after the date the employer hires or rehires an employee.

Employer Information   **Please use the same FEIN used to report quarterly wage information**

Employer Federal Identification Number (FEIN)	State Identification Number	Submission Date

Employer Name	DBA (Doing Business As) Name	

Employer Street/Mailing Address		Contact Name *

Employer City	State	Zip Code	Contact Phone Number *

* Should the Child Support Program mail income withholding orders to the above address? Yes [ ]   No [ ]
If no, please provide payroll office address and contact person information below.

Payroll Office Mailing Address		Contact Name (Optional)

City	State	Zip Code	Contact Phone Number (Optional)

(By reporting health insurance availability information below, your Company may avoid receiving unnecessary forms)
* Is dependent or family health care coverage available?   Yes [ ]   No [ ]
  If yes, is there a waiting period for eligibility?   Yes [ ]   No [ ]   If yes, how long? _____

Employee Information

Social Security Number*	Date of Hire (optional)	Date of Birth (optional)

First Name*	Middle Name*	Last Name*

Employee Street/Mailing Address	City	State	Zip Code

*Employee's name and SSN must exactly match what is on their SSN card. Please identify first, middle, and last name.

Social Security Number*	Date of Hire (optional)	Date of Birth (optional)

First Name*	Middle Name*	Last Name*

Employee Street/Mailing Address	City	State	Zip Code

*Employee's name and SSN must exactly match what is on their SSN card. Please identify first, middle, and last name.
New Hire Reporting - continued

Employer Name	Employer Federal ID Number	Contact Phone Number (Optional)

Social Security Number*		Date of Hire (optional)		Date of Birth (optional)	
First Name*		Middle Name*		Last Name*	
Employee Street/Mailing Address			City	State	Zip Code

*Employee's name and SSN must exactly match what is on their SSN card. Please identify first, middle, and last name.

Social Security Number*		Date of Hire (optional)		Date of Birth (optional)	
First Name*		Middle Name*		Last Name*	
Employee Street/Mailing Address			City	State	Zip Code

*Employee's name and SSN must exactly match what is on their SSN card. Please identify first, middle, and last name.

Social Security Number*		Date of Hire (optional)		Date of Birth (optional)	
First Name*		Middle Name*		Last Name*	
Employee Street/Mailing Address			City	State	Zip Code

*Employee's name and SSN must exactly match what is on their SSN card. Please identify first, middle, and last name.

Social Security Number*		Date of Hire (optional)		Date of Birth (optional)	
First Name*		Middle Name*		Last Name*	
Employee Street/Mailing Address			City	State	Zip Code

*Employee's name and SSN must exactly match what is on their SSN card. Please identify first, middle, and last name.

Social Security Number*		Date of Hire (optional)		Date of Birth (optional)	
First Name*		Middle Name*		Last Name*	
Employee Street/Mailing Address			City	State	Zip Code

*Employee's name and SSN must exactly match what is on their SSN card. Please identify first, middle, and last name.

Directions
How to fill out the New Hire Reporting Form

* Employer Info:
Please make sure you use the same FEIN (Federal Tax ID Number) that you use to report your quarterly wage information.

Including a contact person and phone number is optional but extremely helpful. Not providing the contact information may result in a reporting form being returned to the employer, if there is missing required information or the required information is unclear.

* Different address and contact information for withholding orders?
Please fill out this box if your company has a payroll service or another address to receive withholding orders.

Including a contact person and phone number is optional but extremely helpful. Not providing the contact information may result in a reporting form being returned to the employer, if there is missing required information or the required information is unclear.

* Is health care coverage available?
If your company doesn't offer dependent or family health care coverage, please mark the "no" box. If your company does offer dependent or family health care coverage, or if your employee is represented by a union and the union offers dependent or family health care coverage, please mark the "yes" box. If yes is marked, please provide the waiting period.

* Employee:
Please make sure the Social Security Number matches the employee's Social Security card, including first, middle and last name.

Including a Date of Hire and Date of Birth is optional but extremely helpful in verification of employment and missing or unclear new hire information.

Employee address should be a valid address as used by the US Postal Service.

* Reporting Helpful Hints
Oregon law requires all employers to submit their new hire reports within 20 days after the employee is hired or rehired.

Hand written reports are difficult to read and increase data entry errors. We encourage you to print or type (using at least a 12 font size) the information on paper reports. If you choose to hand write, please use black ink and legible hand writing. This is especially important when reports are faxed to our program because faxing can distort the information on the report.

For more information or to download our form, please visit us on the web at
http://www.dcs.state.or.us/employers/default.htm

If you have never reported before, please report only those employees for whom you have not reported quarterly wage information and are still employed.

Faxed reports do not need to be also mailed.

Report only new hire and rehire employees. Submitting a list of all current employees creates unnecessary processing of duplicate information.