



FEDERAL IDENTIFICATION NO: \_\_\_\_\_

NHES EMPLOYER ACCOUNT NO: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMPLOYER TELEPHONE NO : (    ) \_\_\_\_\_

EMPLOYER FAX NO : (    ) \_\_\_\_\_

EMPLOYER CONTACT PERSON : \_\_\_\_\_



**NEW HIRE REPORTING FORM**

RETURN TO: NHES -NEW HIRE PROGRAM

PO Box 2092

CONCORD NH 03302-2092

FAX: (603) 224-0825

TOLL FREE FAX: 1-855-253-9072

**Note:** For "Type of Hire" write "**W**" for W-2 EMPLOYEE or "**I**" for 1099 INDEPENDENT CONTRACTOR

***\*Required Fields***

<u>*SOCIAL SECURITY #</u>	<u>*EMPLOYEE NAME</u> **(or Independent Contractor)	<u>*HOME ADDRESS</u> (NOT PO BOX)	<u>*CITY/TOWN</u>	<u>*STATE</u>	<u>*ZIP</u>	<u>*FIRST DAY OF WORK</u>	<u>WORK STATE</u>	TYPE OF HIRE <u>'W' OR 'I'</u>	<u>DATE OF BIRTH</u>

Note: All new hires must be reported within 20 days of the date hired.  
 \*\* Independent contractors are reportable if contractor operates business as a sole proprietor and you expect to reimburse individual more than \$2,500 for services for one or more contracts in a calendar year. (EMP308.02(a)(3)).  
 Indicate contractor's name, home or business address, social security number and first day of work.

**Online "New Hire" filing link can be found on homepage <http://www.nhes.nh.gov/>**