



# New Hire Reporting Form

Employers must report each new hire within 20 days.

Assistance: 1 800 327-HIRE (4473)

Please print or type

## EMPLOYER NAME AND ADDRESS

Federal Employer ID Number - FEIN \_\_\_\_\_ - \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

## EMPLOYER ADDRESS FOR CHILD SUPPORT WAGE WITHHOLDING ORDERS

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

## NEW EMPLOYEE NAME AND ADDRESS

Social Security Number \_\_\_\_\_ Date of Hire (MM-DD-YYYY) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

## NEW EMPLOYEE NAME AND ADDRESS

Social Security Number \_\_\_\_\_ Date of Hire (MM-DD-YYYY) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Return your completed form either by FAX 1-217-557-1947  
or by mail to IDES, P.O. Box 19473, Springfield, IL 62794--9473  
or report new hires online at <http://www.ides.state.il.us/employer/new-hire.asp>