



Indiana New Hire Reporting Center  
Po Box 55097  
Indianapolis, IN 46205

### EMPLOYER INFORMATION

FEDERAL ID NUMBER (SAME AS UI #)

EMPLOYER NAME

EMPLOYER ADDRESS (INCOME WITHHOLDING ADDRESS)

CITY

STATE ZIP

### EMPLOYER CONTACT INFORMATION

FIRST

LAST

PHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

### EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER

IS HEALTH INSURANCE AVAILABLE TO  
EMPLOYEE? (OPTIONAL) Y N

FIRST NAME

MI

LAST NAME

ADDRESS

CITY

STATE

ZIP

START DATE

mm dd yyyy

DATE OF BIRTH (OPTIONAL)

mm dd yyyy

Phone: (317) 612-3028  
Toll Free: (866) 879-0198  
[www.in-newhire.com](http://www.in-newhire.com)

Fax: (317) 612-3036  
Toll Free: (800) 408-1388  
[www.IN.gov](http://www.IN.gov)