



# New Hire Reporting Form

Employers must report each new hire within 20 days.

Assistance: 1 800 327-HIRE (4473)

Please print or type

|   |             |                |         |
|---|-------------|----------------|---------|
| <b>EMPLOYER NAME AND ADDRESS</b>                                  |             |                |         |
| Federal Employer ID Number - FEIN _____ - _____                   |             |                |         |
| Company Name _____  |             |                |         |
| Street Address _____  |             |                |         |
| Street Address _____  |             |                |         |
| City _____  | State _____ | Zip Code _____ | - _____ |
| <b>EMPLOYER ADDRESS FOR CHILD SUPPORT WAGE WITHHOLDING ORDERS</b> |             |                |         |
| Street Address _____  |             |                |         |
| Street Address _____  |             |                |         |
| City _____  | State _____ | Zip Code _____ | - _____ |

COMPLETE

|                                      |             |   |         |
|--------------------------------------|-------------|---|---------|
| <b>NEW EMPLOYEE NAME AND ADDRESS</b> |             |   |         |
| Social Security Number _____         |             | Date of Hire (MM-DD-YYYY) _____ - _____ - _____ |         |
| First Name _____                     | MI _____    | Last Name _____                                 |         |
| Street Address _____                 |             |   |         |
| City _____                           | State _____ | Zip Code _____                                  | - _____ |

|                                      |             |   |         |
|--------------------------------------|-------------|---|---------|
| <b>NEW EMPLOYEE NAME AND ADDRESS</b> |             |   |         |
| Social Security Number _____         |             | Date of Hire (MM-DD-YYYY) _____ - _____ - _____ |         |
| First Name _____                     | MI _____    | Last Name _____                                 |         |
| Street Address _____                 |             |   |         |
| City _____                           | State _____ | Zip Code _____                                  | - _____ |

Report new hires online, or by returning your completed form either by FAX 1-217-557-1947, or by U.S. mail to IDES, P.O. Box 19473, Springfield, IL 62794-9473.