

# UTAH NEW HIRE REGISTRY REPORTING FORM

- > Photo Copy this Original for Future Use
- > **Important** Instructions on Reverse Side
- > PRINT Legibly in Ink, or Type All Entries
- > Please Write all Entries in CAPS
- > All Required Items **MUST** Be Completed

Submit within 20 days of new employee's first day of work to:  
**INTERNET**

Utah New Hire Registry  
P.O. Box 45247  
Salt Lake City Ut 84145-0247  
or FAX (801) 526-4391  
<http://jobs.utah.gov/newhire>

## REQUIRED EMPLOYER INFORMATION

1. Federal Employer ID Number (FEIN)	_____
2. Employer's Name	_____
3. Employer's Street Address	_____
4. Employer's City	_____
5. Employer's State	_____
6. Employer's Zip Code	_____

## REQUIRED EMPLOYEE INFORMATION

7. Social Security Number (SSN):	_____
8. Employee's First Name	_____
9. Employee's Middle Initial	_____
10. Employee's Last Name	_____
11. Employee's Home Address	_____
12. Employee's City	_____
13. Employee's State	_____
14. Employee's Zip Code	_____
15. Date of Hire/Rehire (Month/Day/Year)	____/____/____

## OPTIONAL EMPLOYEE INFORMATION

16. Date of Birth (Month/Day/Year)	____/____/____
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**INSTRUCTIONS**

This form was created to report new hires by mail or fax. While we encourage employers to utilize this form, larger employers should consider submitting New Hire information on **CD**. We also strongly recommend entering the data on our web site or using an **EFT (Electronic File transfer), or SSH (server to server)**, this benefits both the employer and us. For further information on electronic reporting, please refer to the New Hire Registry Handbook or visit our web site. <http://jobs.utah.gov/newhire> You can contact us at (801) 526-9235 or 1-800-222-2857 toll free.

**REPORTING:** Please typewrite or machine print using a dark simple print font with 10 to 12 pitch font. If hand-printed, use black ink **CAPITAL LETTERS** with clear character separation within the individual character boxes. The following examples are provided for machine print and hand-writing:

Typeprint :	<b>First Name</b>	ROBERT	<b>SSN</b>	123456789
Handwriting:	<b>First Name</b>	R O B E R T	<b>SSN</b>	1 2 3 4 5 6 7 8 9

**IMPORTANT:** This form is your **MASTER COPY**. For ease of use, we suggest that the "REQUIRED EMPLOYER INFORMATION" portion of the form be completed before making photocopies. Make adequate copies for your future use.

**REQUIRED ITEMS** must be completed. Forms submitted with missing data will be returned. The following information is provided for clarification:

**Federal Employer ID Number:** The 9-digit federal employer identification number used for Federal tax reporting. Do not place a hyphen between numbers.

**Employer's Name:** List the employer's legal name. If there is insufficient space on this line, you may extend the name into the first line of the Employer's Street Address as long as the second line provided for the address is sufficient for the whole address.

**Employer's Address:** The address where child support payment orders are sent.

**Employee's Social Security Number:** The 9-digit number issued by the Social Security Administration. Do not place hyphens between numbers. Forms and reports without a social security number will not be accepted.

**Date of Hire/Rehire:** This is the date labor or services for compensation are first performed by the employee. The date of rehire is the date labor or services for compensation are first performed by an employee who was previously employed by the employer, but has been separated from that employment for at least 60 consecutive days.

**OPTIONAL ITEMS**

**Employee's Date of Birth:** Provide the date by month, day and year with no hyphens.

**Submission of New Hire Reports:** You may choose the filing method that is most convenient for you. You may also submit a copy of the Employee's **W-4 Form** or a **printed list**. An employer who fails to timely report the hiring or rehiring of an employee as required by law is subject to a civil penalty of **\$25 to \$500** for each such failure. All of the required information must be provided within 20 calendar days of the employee's first day of work. Submit all data using the address, fax number or web site printed on the front of the form.