

DISTRICT OF COLUMBIA NEW HIRE REGISTRY

Reporting Form

To submit new hire reports online, please register at www.dc-newhire.com

-Please Make All Entries in CAPS

-All Required Items 1-7 and 12-22 MUST Be Completed

EMPLOYER INFORMATION		
ITEMS 1-7 ARE REQUIRED INFORMATION		
1. Unemployment Insurance Number	2. Federal Employer ID Number (FEIN)*	
3. Employer's Name		
4. Employer's Address		
5. Employer's City	6. State	7. Zip Code
8. Employer's Telephone (____) ____-____	9. Employer's Fax (____) ____-____	
10. New Hire Contact Person		
11. New Hire Contact Person's Email		
EMPLOYEE INFORMATION		
ITEMS 12-22 ARE REQUIRED INFORMATION		
12. Social Security Number (SSN)	13. First Day of Work for Pay __ (MM/DD/YYYY)	
14. Employee's First Name		
15. Employee's Middle Name		
16. Employee's Last Name	17. Suffix (if Applicable)	
18. Employee's Home Address		
19. Employee's City	20. State	21. Zip Code
22. Employee's Date of Birth (MM/DD/YYYY)	23. Employee Salary and Rate \$_____.____ per _____	
24. Sex of Employee (circle one) Male Female		
25. Are Health Care Benefits Available to the Employee? (circle one) Yes No		

Employer must submit data within 20 calendar days of the new employee's first day of work to:

District of Columbia New Hire Registry
P.O. Box 457
Norwell, MA 02061
FAX: 877-892-6388
PHONE: 877-846-9523

FOR ADDITIONAL COPIES PLEASE PHOTO THIS ORIGINAL OR VISIT WWW.DC-NEWHIRE.COM