## 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				
	13. First Day of (MM/DD/Y		Work for Pay YYY)	
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:

P.O. Box 366
Holbrook, MA 02343
FAX: 877-892-6388
PHONE: 877-846-9523

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