



Arizona New Hire Reporting Form

Mail completed form to: Arizona New Hire Reporting Center
P.O. Box 402
Holbrook, MA 02343

Or fax completed form to: 1-888-282-0502

EMPLOYER INFORMATION

Federal Employer Identification Number (FEIN): _____

(Please use the same FEIN for which listed employee(s) quarterly wages will be reported under.)

Employer Name: _____

DBA: _____ Contact Name: _____

Telephone: _____ Email: _____

Address: _____

(Please indicate the address where the Income Withholding Order will be sent)

City: _____ State: _____ Zip Code: _____ +4: _____

Is medical insurance an employee benefit? Yes No

Complete one entry for each new employee

EMPLOYEE INFORMATION

Social Security Number: _____ - _____ - _____

Employee First Name: _____ M.I.: _____ Employee Last Name: _____

Employee Address: _____

City: _____ State: _____ Zip Code: _____ +4: _____

Date of Hire: _____ *Date of Birth: _____

* OPTIONAL

EMPLOYEE INFORMATION

Social Security Number: _____ - _____ - _____

Employee First Name: _____ M.I.: _____ Employee Last Name: _____

Employee Address: _____

City: _____ State: _____ Zip Code: _____ +4: _____

Date of Hire: _____ *Date of Birth: _____

* OPTIONAL

**For information please visit our web-site at www.az-newhire.com
or call us toll-free at 1-888-282-2064**

The Arizona New Hire Reporting Center is an authorized agent of the Arizona Department of Economic Security

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