

Montana New Hire Reporting Form

NOTE: All applicable information in the Employer and Employee Sections "Is Required To Be Reported"

EMPLOYER SECTION - REQUIRED INFORMATION

Business Name Federal ID Number - Customer ID

Mailing Address

Address Line 2

City State Zip Code -

Foreign Country Zip

Business Phone - - Ext.

Business Fax - -

**** If address has changed, place X in this box and make corrections below ****

Mailing Address

Address Line 2

City State Zip Code -

Foreign Country Zip

EMPLOYEE SECTION - REQUIRED INFORMATION

Social Security Number - - Date of Hire / /

Last Name

First Name M.I.

Mailing Address

Address Line 2

City State Zip Code -

Foreign Country Zip

Home Address
(If different from mailing address)

City State Zip Code -

Foreign Country Zip

OPTIONAL EMPLOYEE INFORMATION

Date of Birth / / Home Phone - -

State of Hire Work Phone - - Ext.

Is Health Insurance Available? Yes No Date Health Insurance Is Available? / /

INSTRUCTIONS: Please use black ink and print in capital letters with only one character per box. Don't let printing touch the box outline.

Phone 1-888-866-0327 for New Hire Reporting questions.

Mail to: Montana New Hire Reporting, PO Box 8013, Helena, MT 59604-8013 or **Fax to:** 1-888-272-1990

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Example of Hand Written Characters

1 2 3 4 5 6 7 8 9 0 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

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