Montana New Hire Reporting Form

Note: All applicable information in the Employer and Employee Sections “Is Required To Be Reported”

EMPLOYER SECTION – REQUIRED INFORMATION

Federal ID Number: ____________________________________________________________

Business Name: ________________________________________________________________

Mailing Address: __________________________________________________________________

Address Line 2: _______________________________________________________________

City: __________________________ State: _________ Zip Code: __________________________

Foreign Country:______________________ Zip Code: __________________________

Business Phone: __________________ Ext. _________ Fax Number: _______________________

**If address changed, place X here, and make corrections below**

Mailing Address: __________________________________________________________________

Address Line 2: _______________________________________________________________

City: __________________________ State: _________ Zip Code: __________________________

Foreign Country:______________________ Zip Code: __________________________

EMPLOYEE SECTION – REQUIRED INFORMATION

Social Security Number: __________________________ Date of Hire: ______________________

Last Name: __________________________ First Name: __________________________ MI: _______

Mailing Address: __________________________________________________________________

Address Line 2: _______________________________________________________________

City: __________________________ State: _________ Zip Code: __________________________

Foreign Country:______________________ Zip Code: __________________________

Home Address: __________________________________________________________________

Address Line 2: _______________________________________________________________

City: __________________________ State: _________ Zip Code: __________________________

Foreign Country:______________________ Zip Code: __________________________

Optional Employee Information

Home Phone: __________________________ Date of Birth: __________________________

Work Phone: __________________________ State of Hire: __________________________

Is Health Insurance Available:  □ Yes  □ No

Date Health Insurance Is Available: _____________________________________________

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 / Local Fax: 406-444-0745

(revised 7/2007)