



FEDERAL IDENTIFICATION NO: _____

NHES EMPLOYER ACCOUNT NO: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER TELEPHONE NO : () _____

EMPLOYER FAX NO : () _____

EMPLOYER CONTACT PERSON : _____



NEW HIRE REPORTING FORM

RETURN TO: NHES -NEW HIRE PROGRAM

PO Box 2092

CONCORD NH 03302-2092

FAX: (603) 224-0825

TOLL FREE FAX: 1-855-253-9072

Note: For "Type of Hire" write "**W**" for W-2 EMPLOYEE
or "**I**" for 1099 INDEPENDENT CONTRACTOR

<u>SOCIAL SECURITY NO</u>	<u>EMPLOYEE NAME</u>	<u>ADDRESS</u> (NOT PO BOX)	<u>CITY/TOWN</u>	<u>STATE</u>	<u>ZIP</u>	<u>DATE</u> <u>OF</u> <u>HIRE</u>	<u>WORK</u> <u>STATE</u>	<u>TYPE OF</u> <u>HIRE</u> " W " OR " I "

*Note: All new hires must be reported within **20** days of the date hired.
The date of hire is the **first** day the individual performs services for you*

Online "New Hire" filing link can be found on homepage [http:// www.nhes.nh.gov/](http://www.nhes.nh.gov/)