

SOUTH DAKOTA NEW HIRE REPORTING FORM

DATE:

EMPLOYER FEIN:

EMPLOYER NAME:

EMPLOYER ADDRESS:

CITY:

STATE:

ZIP:

CONTACT:

PHONE #:

EMPLOYEE SSN:

EMPLOYEE NAME:

EMPLOYEE ADDRESS:

CITY:

STATE:

ZIP:

HIRE DATE:

EMPLOYEE SSN: _____

EMPLOYEE NAME: _____

EMPLOYEE ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

HIRE DATE: _____

EMPLOYEE SSN: _____

EMPLOYEE NAME: _____

EMPLOYEE ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

HIRE DATE: _____

EMPLOYEE SSN: _____

EMPLOYEE NAME: _____

EMPLOYEE ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

HIRE DATE: _____

Mail: New Hire Reporting Center
SD Department of Labor and Regulation
P.O. Box 4700
Aberdeen, SD 57402-4700

Fax: 1-888-835-8659 (Toll Free)
1-605-626-2842 (Local)
Phone: 1-888-827-6078 (Toll Free)
1-605-626-2942 (Local)