

UTAH DEPARTMENT OF WORKFORCE SERVICES
UNEMPLOYMENT INSURANCE-CONTRIBUTIONS



UTAH NEW HI RE REGI STRY REPORTI NG FORM

Submit this completed form within 20 days of a new employee's first day of work to:

Utah New Hire Registry
P.O Box 45247
Salt Lake City UT 84145-0247

Or

FAX to 801-526-4391

- You may photo copy this original form for future use
- See **important** instructions on second page
- **PRINT** legibly in ink or **TYPE** all entries
- Please write all entries in **CAPS**
- All required items **MUST** be completed

Today's Date (mm/dd/yyyy) _____

REQUIRED EMPLOYER INFORMATION ↓

Federal Employer ID Number (FEIN) _____

Employer's Business Name _____

Employer's Street Address _____

City State ZIP

REQUIRED EMPLOYEE INFORMATION ↓

Social Security Number _____

Employee's first name _____

Employee's middle initial _____

Employee's last name _____

Employee's home address _____

City State ZIP

Date of hire/rehire (mm/dd/yyyy) _____

OPTIONAL INFORMATION: Employee's birthdate (mm/dd/yyyy) _____

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I N S T R U C T I O N S

This form is used to report new hires by mail or fax. We strongly recommend entering new hire data on our web site at <https://jobs.utah.gov/UI/Employer/EmployerHome.aspx>. Larger employers may consider submitting new hire information by CD or by uploading a file on our website. For further information about electronic reporting, please refer to the New Hire Registry Handbook or visit our web site, <https://jobs.utah.gov/UI/Employer/EmployerHome.aspx>. You can contact us at 801-526-9235 or 1-800-222-2857.

The Form: You may download, complete, and print this form in Acrobat Reader, but you cannot electronically save a completed form, or retain your work on a partially completed work. Alternately, you may print the form and use a typewriter with a dark simple print font with 10 or 12 pitch. If hand-printing, use black ink and print in CAPITAL LETTERS with clear character separation.

REQUI RED I T E M S must be completed. Forms submitted with missing data will be returned.

- Federal Employer ID Number: The 9-digit federal employer identification number used for Federal tax reporting. Do not place a hyphen between numbers.
- Employer's Name: List the employer's legal name.
- Employer's Address: The address where child support payment orders are sent.
- Employee's Social Security Number: The 9-digit number issued by the Social Security Administration. Do not place hyphens between numbers. Forms and reports without a Social Security Number will not be accepted.
- Date of Hire/Rehire: This is the date that labor or services for compensation are first performed by the employee. The date of rehire is the date labor or services for compensation are first performed by an employee who was previously employed by the employer, but has been separated from that employment for at least 60 consecutive days.

SUBMISSION OF NEW HI RE REPORTS

- You may choose the filing method that is most convenient for you. You may also submit a copy of the employee's **W-4 Form** or a printed list.
- An employer who fails to timely report the hiring or rehiring of an employee as required by law is subject to a **civil penalty** of \$25 to \$500 for each such failure.
- All required information must be provided within **20 calendar days** of the employee's first day of work.
- Submit all data using the address, fax number or web site printed on the front of the form.