Florida New Hire Reporting Form

Send completed forms to:
Florida New Hire Reporting Center
PO Box 6500
Tallahassee, FL 32314-6500
Fax: (850) 656-0528 or toll-free fax 1 (888) 854-4762

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C		1	2	3

EMPLOYER INFORMATION

Federal Employer ID Number (FEIN) *(Please use the same FEIN that appears on your quarterly wage reports you submit to the State):*

Is (will) medical insurance be available to employee? Y/N

Florida Employer Unemployment Compensation (UCT-6) Number: *

*optional information

Employer Name:

Employer Address:

Employer City:

Employer State:

Zip Code (5 digit):

Employer Phone:

Extension:

Employer Fax:

Contact Name:

EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

Social Security number disclosure is mandatory based on Title 42 United States Code sections 666(a)(13), 653a, and 654a(e), and on section 409.2577, Florida Statutes. We collect social security numbers for child support purposes. For more information go to http://dor.myflorida.com/dor/privacy.html

Employee First Name:

Middle Initial:

Employee Last Name:

Employee Address:

Employee City:

Employee State:

Zip Code (5 digit):

Date of Hire:

Date of Birth: *

Reports must be submitted within 20 days of date of hire or rehire

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call us at (850) 656-3343 or toll-free 1 (888) 854-4791

REV (01/10)