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:

В

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 medical insurance available to employee? Y/N		
Florida Employer Unemployment Compensation (UI) Number:		
Employer Name:		
Employer Address: (Please indicate the address where the Income Deduction Orders should be sent).		
Employer City: Employer State: Zip Code (5 d	igit):	
Employer Phone: Extension: Employer Fax:		
Email:		
EMPLOYEE INFORMATION Employee Social Security Number (SSN):		
Employee First Name: Middle I	nitial:	
Employee Last Name:		
Employee Address:	-	
Employee City: Employee State: Zip Code (5 di	git):	
Date of Hire: Date of Birth:		
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Reports must be submitted within 20 days of date of hire or rehire

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING