



# Arizona New Hire Reporting Form

Mail completed form to: Arizona New Hire Reporting Center  
PO Box 25638  
Phoenix, AZ 85002

Or fax completed form to: 602-340-0669  
1-888-282-0502 toll-free fax

## EMPLOYER INFORMATION

Federal Employer Identification Number (FEIN): \_\_\_\_\_  
(Please use the same FEIN for which listed employee(s) quarterly wages will be reported under.)

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Please indicate the address where the Income Withholding Order will be sent)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ +4: \_\_\_\_\_

### Complete one entry for each new employee

#### EMPLOYEE INFORMATION

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Employee Last Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ +4: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Date of Hire: \_\_\_\_\_

\*Is medical insurance an employee benefit? Yes \_\_\_ No \_\_\_

\*Is this employee eligible for an insurance benefit? Yes \_\_\_ No \_\_\_ \*OPTIONAL

#### EMPLOYEE INFORMATION

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Employee Last Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ +4: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Date of Hire: \_\_\_\_\_

\*Is medical insurance an employee benefit? Yes \_\_\_ No \_\_\_

\*Is this employee eligible for an insurance benefit? Yes \_\_\_ No \_\_\_ \*OPTIONAL

For information please visit our web-site at [www.az-newhire.com](http://www.az-newhire.com)  
or call us at 602-340-0555 or toll-free at 1-888-282-2064

The Arizona New Hire Reporting Center is an authorized agent of the Arizona Department of Economic Security