

Oregon New Hire Reporting Form

Please visit us at <http://www.dcs.state.or.us/employers/default.htm> for additional information & to download this form.

Mail or Fax completed form to:
 Department of Justice
 Employer New Hire Reporting Program
 4600 25th Ave NE, Suite 180 Salem, OR 97301

Telephone: (503) 378-2868
 Fax: (503) 378-2863
 Toll Free Fax: (877) 877-7415

Reports must be submitted no later than 20 days after the date the employer hires or rehires an employee.

Employer Information

Please use the same FEIN used to report quarterly wage information

Employer Federal Identification Number (FEIN)		State Identification Number		Submission Date	
Employer Name			DBA (Doing Business As) Name		
Employer Street/Mailing Address				Contact Name *	
Employer City		State	Zip Code	Contact Phone Number *	

* Should the Child Support Program mail income withholding orders to the above address? Yes [] No []
 If no, please provide payroll office address and contact person information below.

Payroll Office Mailing Address			Contact Name (Optional)		
City	State	Zip Code	Contact Phone Number (Optional)		

(By reporting health insurance availability information below, your company may avoid receiving unnecessary forms)

* Do any of your employees & their dependents have access to one or more health care plans through your company or a union?
 Yes [] No []
 If yes, is there a waiting period for eligibility? Yes [] No [] If yes, how long? _____

Employee Information

Social Security Number*		Date of Hire (optional)		Date of Birth (optional)	
First Name*		Middle Name*		Last Name*	
Employee Street/Mailing Address			City	State	Zip Code

***Employee's name and SSN must exactly match what is on their SSN card. Please identify first, middle, and last name.**

Social Security Number*		Date of Hire (optional)		Date of Birth (optional)	
First Name*		Middle Name*		Last Name*	
Employee Street/Mailing Address			City	State	Zip Code

***Employee's name and SSN must exactly match what is on their SSN card. Please identify first, middle, and last name.**

New Hire Reporting - continued

Employer Name	Employer Federal ID Number	Contact Phone Number (Optional)
---------------	----------------------------	---------------------------------

Social Security Number*	Date of Hire (optional)	Date of Birth (optional)	
First Name*	Middle Name*	Last Name*	
Employee Street/Mailing Address	City	State	Zip Code

***Employee's name and SSN must exactly match what is on their SSN card. Please identify first, middle, and last name.**

Social Security Number*	Date of Hire (optional)	Date of Birth (optional)	
First Name*	Middle Name*	Last Name*	
Employee Street/Mailing Address	City	State	Zip Code

***Employee's name and SSN must exactly match what is on their SSN card. Please identify first, middle, and last name.**

Social Security Number*	Date of Hire (optional)	Date of Birth (optional)	
First Name*	Middle Name*	Last Name*	
Employee Street/Mailing Address	City	State	Zip Code

***Employee's name and SSN must exactly match what is on their SSN card. Please identify first, middle, and last name.**

Social Security Number*	Date of Hire (optional)	Date of Birth (optional)	
First Name*	Middle Name*	Last Name*	
Employee Street/Mailing Address	City	State	Zip Code

***Employee's name and SSN must exactly match what is on their SSN card. Please identify first, middle, and last name.**

Social Security Number*	Date of Hire (optional)	Date of Birth (optional)	
First Name*	Middle Name*	Last Name*	
Employee Street/Mailing Address	City	State	Zip Code

***Employee's name and SSN must exactly match what is on their SSN card. Please identify first, middle, and last name.**

Directions

How to fill out the New Hire Reporting Form

*** Employer Info:**

Please make sure you use the same FEIN (Federal Tax ID Number) that you use to report your quarterly wage information.

Including a contact person and phone number is optional but extremely helpful. Not providing the contact information may result in a reporting form being returned to the employer if there is missing required information or the required information is unclear.

*** Different address and contact information for withholding orders?**

Please fill out this box if your company has a payroll service or another address to receive withholding orders.

*** Is health care coverage available?**

If your company doesn't have dependent or family health care coverage available to **any** of your employees, please mark the "no" box. If your company does have dependent or family health care coverage available to **any** of your employees, or if your employee is represented by a union and the union offers dependent or family health care coverage to **any** of your employees, please mark the "yes" box. If yes is marked, please provide the waiting period, if any.

*** Employee:**

Please make sure the Social Security Number matches the employee's Social Security card, including first, middle and last name.

Including a Date of Hire and Date of Birth is optional but extremely helpful in verification of employment and missing or unclear new hire information.

Employee address should be a valid address as used by the US Postal Service.

*** Reporting Helpful Hints**

Oregon law requires all employers to submit their new hire reports within 20 days after the employee is hired or rehired.

Hand written reports are difficult to read and increase data entry errors. We encourage you to print or type the information on paper reports using at least a 12 font size. If you choose to hand write, please use black ink and legible hand writing. This is especially important when reports are faxed to our program because faxing can distort the information on the report.

You may fax the report to us at (503) 378-2863 or toll free at (877) 877-7415 instead of mailing it.

For more information or to download our form, please visit us on the web at <http://www.dcs.state.or.us/employers/default.htm>

If you have never reported before, please report only those current employees for whom you have not reported quarterly wage information.

Report only new hire and rehire employees. Submitting a list of all current employees creates unnecessary processing of duplicate information.