



New Hire Reporting Form

Employers must report each new hire within 20 days.

Assistance: 1 800 327-HIRE (4473)

EMPLOYER NAME AND ADDRESS

Federal Employer ID Number - FEIN _____ - _____

Company Name _____

Street Address _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

EMPLOYER ADDRESS FOR CHILD SUPPORT WAGE WITHHOLDING ORDERS

Street Address _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

NEW EMPLOYEE NAME AND ADDRESS

Social Security Number _____ Date of Hire (MM-DD-YYYY) _____ - _____ - _____

First Name _____ MI _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

NEW EMPLOYEE NAME AND ADDRESS

Social Security Number _____ Date of Hire (MM-DD-YYYY) _____ - _____ - _____

First Name _____ MI _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

Return your completed form either by FAX 1-217-557-1947
or by mail to IDES, P.O. Box 19473, Springfield, IL 62794--9473
or report new hires online at <http://www.ides.state.il.us/employer/newhire/general.asp>