



Rhode Island New Hire Reporting Form

Mail completed form to: Rhode Island New Hire Reporting Directory
P.O. Box 485
Norwell MA 02061

Or fax completed form to: 1-888-430-6907

Beginning October 1, 1997, an employer who hires or rehires an employee on or after October 1, 1997, must report the hiring or rehiring of the employee to the department or its designee. If reporting on a W-4 or its equivalent records are to be sent no later than fourteen (14) days after hire or rehire, and twice a month if reporting electronically or magnetically. *To submit new hire reports electronically, register at www.ri-newhire.com or call 1-888-870-6461 to obtain information.*

TO ENSURE ACCURACY, PLEASE PRINT OR TYPE NEATLY IN UPPERCASE LETTERS AND NUMBERS, USING A DARK BALL-POINT PEN

Below, please complete all employer information ()*

EMPLOYER INFORMATION

*Federal Employer Identification Number (FEIN): -
(Please the same FEIN for which listed employee(s) quarterly wages will be reported under)

*Employer Name: _____ DBA: _____

*Employer Address: _____

*City: _____ *State: _____ *Zip Code: _____ +4: _____

Payroll Address: (if different than above) _____

City: _____ State: _____ Zip Code: _____ +4: _____

Contact Name: _____ **Phone:** _____

Email: _____ **Fax:** _____

Below, please complete one entry for each new employee ()*

EMPLOYEE INFORMATION

*Social Security Number: - -

*First Name: _____ Middle Name: _____

*Last Name: _____

*Employee Address: _____

*City: _____ *State: _____ *Zip Code: _____ +4: _____

*Date of Hire: ____/____/____ Date of Birth: ____/____/____ State of Hire: _____

Does employee qualify for health insurance (circle one)? Yes No

If yes, provide the date the employee qualifies for health insurance: ____/____/____

THIS FORM MAY BE REPRODUCED AS NECESSARY.

For more information on new hire reporting please visit our website at www.ri-newhire.com
or call us toll-free at 1-888-870-6461