

STATE OF NEW JERSEY NEW HIRE REPORTING FORM

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

EMPLOYER FEDERAL EIN -

EMPLOYER INFORMATION:

Employer Name _____
(name, d/b/a, etc.)

Employer Payroll Address

Employer Payroll City _____ State _____ Zip Code + 4 (optional) _____

EMPLOYEE INFORMATION:

Employee Social Security Number _____ - _____ - _____

First Name _____ MI (opt.) _____ Last Name _____

Employee Address

City _____ State _____ Zip Code + 4 (optional) _____

Date of Hire (optional) _____ Date of Birth (if available) _____ Gender (optional)
M M D D Y Y Y Y M M D D Y Y Y Y Male Female

EMPLOYER FEDERAL EIN _____ - _____

EMPLOYEE INFORMATION:

Employee Social Security Number _____ - _____ - _____

First Name _____ MI (opt.) _____ Last Name _____

Employee Address

City _____ State _____ Zip Code + 4 (optional) _____

Date of Hire (optional) _____ Date of Birth (if available) _____ Gender (optional)
 Male Female
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EMPLOYEE INFORMATION:

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 Male Female
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