STATE OF TEXAS 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: | | | - | | | | | | | |

Texas State EIN: (Optional) | | | | | | | | | | | | | |

EMPLOYER INFORMATION:

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

Employer Address:

City | *State* | *Zip Code* | *+ 4 (Opt.)*

Country (Optional for foreign address) | *Country Code (Mandatory for foreign address)*

Foreign Country Zip Code (Optional for foreign address)

EMPLOYEE INFORMATION:

Social Security Number: | | | - | | | - | | | |

First Name | *Middle Name(Opt.)*

Name: *Last Name*

Address:

City | *State* | *Zip Code* | *+ 4 (Opt.)*

Country (Optional for foreign address) | *Country Code (Mandatory for foreign address)*

Foreign Country Zip Code (Optional for foreign address)

FIELDS BELOW ARE ADDITIONAL OPTIONAL ITEMS:

Date of Birth: | | - | | - | | | | (M M - D D - Y E A R) **Date of Hire:** | | - | | - | | | | (M M - D D - Y E A R) **State of Hire:** | |

H = hourly
A = annually
Q = quarterly
S = semi-monthly
M = monthly
B = bi-weekly