



## Rhode Island New Hire Reporting Form

Mail completed form to: Rhode Island New Hire Reporting Directory  
P.O. Box 335  
Holbrook, MA 02343

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](http://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: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_ State of Hire \_\_\_\_\_

THIS FORM MAY BE REPRODUCED AS NECESSARY.

For more information on new hire reporting please visit our website at [www.ri-newhire.com](http://www.ri-newhire.com)  
or call us toll-free at 1-888-870-6461