

# Florida New Hire Reporting Form

**Send completed forms to:**

Florida New Hire Reporting Center

PO Box 6500

Tallahassee, FL 32314-6500

Fax: (850) 656-0528 or toll-free fax 1 (888) 854-4762

**To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes.****The following will serve as an example:**

A

B

C

1

2

3

## EMPLOYER INFORMATION

Federal Employer ID Number (FEIN) (Please use the same FEIN that appears on your quarterly wage reports you submit to the State):

4

6

1

0

6

3

3

4

3

Is (will) medical insurance be available to employee? Y/N

N

Florida Employer Unemployment Compensation (UCT-6) Number:

3

1

0

8

6

4

2

\*

\*optional information

Employer Name:

U

N

I

V

E

R

S

I

T

Y

G

A

S

C

O

R

P

Employer Address:

1

0

0

S

S

E

M

O

R

A

N

B

L

V

D

Employer City:

W

I

N

T

E

R

P

A

R

K

Employer State:

F

L

Zip Code (5 digit):

3

2

7

9

2

Employer Phone:

4

0

7

6

7

9

8

7

0

9

Extension:

Employer Fax:

4

0

7

5

5

7

2

2

0

4

Contact Name:

H

A

R

R

Y

R

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L

## EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

Employee First Name:

Middle Initial:

Employee Last Name:

Employee Address:

Employee City:

Employee State:

Zip Code (5 digit):

Date of Hire:

Date of Birth:

\*

Reports must be submitted within 20 days of date of hire or rehire

**REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING**

Questions? Call us at (850) 656-3343 or toll-free 1 (888) 854-4791

Rev (01/06)