



NEW MEXICO NEW HIRE REPORTING FORM

Send completed forms to:
New Mexico New Hires Directory
PO Box 29480
Santa Fe, NM 87592-9480

Fax forms toll free: 1-888-878-1614
Submit Online: www.nm-newhire.com
For more information: 1-888-878-1607

COMPANY INFORMATION

(Print or Type)

Federal Employer Identification Number* _____

Company Name* _____

Street Address* _____

City, State, Zip Code* _____

Contact Name/Phone _____

Contact/Company Email _____

Payroll Address
(if different from above) _____

City, State, Zip Code _____

EMPLOYEE INFORMATION

Employee #1

Name* _____	Date of Birth _____
Social Security Number* _____	Date of Hire* _____
Address* _____	State of Hire _____
City, State, Zip Code* _____	Medical Insurance Available? YES <input type="checkbox"/> NO <input type="checkbox"/>

Employee #2

Name* _____	Date of Birth _____
Social Security Number* _____	Date of Hire* _____
Address* _____	State of Hire _____
City, State, Zip Code* _____	Medical Insurance Available? YES <input type="checkbox"/> NO <input type="checkbox"/>

***Required Information**