



FEDERAL IDENTIFICATION NO: _____

NHES EMPLOYER ACCOUNT NO: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER TELEPHONE NO : () _____

EMPLOYER FAX NO : () _____

EMPLOYER CONTACT PERSON : _____



NEW HIRE REPORTING FORM

RETURN TO: NHES -NEW HIRE PROGRAM

PO Box 2092

CONCORD NH 03302-2092

FAX: (603) 224-0825

TOLL FREE FAX: 1-855-253-9072

Note: For "Type of Hire" write "**W**" for W-2 EMPLOYEE
or "**I**" for 1099 INDEPENDENT CONTRACTOR

****Required Fields***

*SOCIAL SECURITY #	*EMPLOYEE NAME **(or Independent Contractor)	*HOME ADDRESS (NOT PO BOX)	*CITY/TOWN	*STATE	*ZIP	*FIRST DAY OF WORK	WORK STATE	TYPE OF HIRE 'W'OR'I'	DATE OF BIRTH
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Note: All new hires must be reported within 20 days of the date hired.

** Independent contractors are reportable if contractor operates business as a sole proprietor and you expect to reimburse individual more than \$2,500 for services for one or more contracts in a calendar year. (EMP308.02(a)(3)).
Indicate contractor's name, home or business address, social security number and first day of work.

NHES 0085
R-12/15

Online "New Hire" filing link can be found on homepage <http://www.nhes.nh.gov/>