

STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

## New Hire Reporting Methods and Instructions

Use one of the following methods to report **newly hired employees** to the Division of Child Support (DCS). A **"new hire"** is an employee who has never worked for you before, or a former employee who has returned after a separation of at least 60 consecutive days. The **"date of hire"** is the date on which the employee first performed services for pay or the date on which the former employee returned to perform services for pay.

### Internet Reporting

Internet reporting saves employers time and money and is the preferred method of reporting. Use the web site address: <https://secure.dshs.wa.gov/dcsonline/>. Enter employee information or upload data from Excel or your database. For technical assistance using the web page, call 800-562-0479 and press "0" to reach the help desk.

### Telephone Reporting

Call 800-562-0479 to report by telephone. Operators are available Monday through Friday from 8:00 a.m. to 5:00 p.m. Pacific time. Outside of these hours, please leave a voice mail. Report the same information listed on the form below.

### Fax Reporting

Fax reports to 800-782-0624. If you use another company's fax machine to send your report, please write your company's name and telephone number on the fax cover sheet. You may use the form provided below, W-4 forms (add the employee's date of birth and the date of hire), or an equivalent form.

### Mail Reporting

Mail reports to the following address. You may use the form provided below, W-4 forms (add the employee's date of birth and the date of hire), or an equivalent form developed by you. Please use 10 to 12 point font size.

NEW HIRE REPORTING  
PO BOX 9023  
OLYMPIA WA 98507-9023

EMPLOYER NAME AND ADDRESS		EMPLOYER FEDERAL ID NUMBER (FEIN)	
<b>New or Rehired Employees</b>			
EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME	
EMPLOYEE ADDRESS			
EMPLOYEE CITY		EMPLOYEE STATE	EMPLOYEE ZIP CODE
EMPLOYEE SOCIAL SECURITY NUMBER		EMPLOYEE BIRTH DATE	EMPLOYEE DATE OF HIRE
EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME	
EMPLOYEE ADDRESS			
EMPLOYEE CITY		EMPLOYEE STATE	EMPLOYEE ZIP CODE
EMPLOYEE SOCIAL SECURITY NUMBER		EMPLOYEE BIRTH DATE	EMPLOYEE DATE OF HIRE

## **Multi-State Employer Registration**

If you have employees working in more than one state and want to report all of your new hires and rehires to one location you will need to register with the federal Office of Child Support Enforcement (OCSE). For more information go to <https://ocsp.acf.hhs.gov/OCSE/> or call OCSE at 410-277-9470.

### **Questions**

E-mail your questions to [dcshire@dshs.wa.gov](mailto:dcshire@dshs.wa.gov) or call 800-562-0479.

No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request.
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