## **Virginia New Hire Reporting Form**

Federal and state legislation (Virginia Statute 63.2-1946), effective October 1, 1997 requires all Virginia employers, both public and private, to report to the Commonwealth of Virginia all newly hired, rehired, or returning to work employees. Information about new hire reporting and online reporting is available on our website: **www.va-newhire.com** 

Send completed forms to:

Virginia New Hire Reporting Center

PO Box 640097 Atlanta, GA 30364

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:

ABC

Toll Free Fax: (800) 688-2680			
FMPI OVI	R INFORMATION		
Federal Employer ID Number (FEIN): (Please enter the sa		the employee's avarterly	waas)
- I I I I I I I I I I I I I I I I I I I	ane renv used to report	the employee's quarterly	wuyesy
Employer Name:			
Employer Name.			
Francisco Addresso			
Employer Address:			
Employer City:		State: Zip	Code:
Employer Phone (optional): Exte	nsion: Emp	oloyer Fax (optional):	
Email Address:	annouslaneous de l'onneus		
EMPLOYE	E INFORMATION	and the start of t	
Employee Social Security Number (SSN):			
Employee First Name:			Middle Initial
Employee Last Name:		the construction and the construction of the c	
Employee Address:	aunous an European de Santos en autoriament de Constitue de Constitue de Constitue de Constitue de Constitue d	Connecion allanen esseralles non en allanen en esta de la consenera de la consenera en esta de la consenera en	la conseila anno anti-
Employee City:		State: Zip	Code:
Start Date (MMDDYY): Date of Birth (optional)	: Is medical insur	ance available to employee	? (optional):
	V/N	1	1-1