

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; it is DCS's preferred method of reporting. Use the web site address: **www.childsupportonline.wa.gov**. Enter employee information or upload data from Excel or your database. For technical assistance with using the web page, call 800-457-6202 and ask for the Webmaster.

### 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. Automatic voice recording is available all other hours, seven days a week. 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. Use the form provided below to submit your report.

### Form Reporting

Use the form below, W-4 forms (if you use the W-4, please manually add the employee's date of birth and the date of hire), or other lists to report. If you use this form, please make copies for future reports. Call 800-562-0479 and ask to have an expanded version of this form mailed to you. (Page 2 shows how to report using lists and computer printouts. **Do not use federal I-9 forms** to report.

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