

# Montana New Hire Reporting Form

*Note: All applicable information in the Employer and Employee Sections "Is Required To Be Reported"*

## EMPLOYER SECTION – REQUIRED INFORMATION

Federal ID Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Foreign Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax Number: \_\_\_\_\_

**\*\*If address changed, place X here, ☐ and make corrections below\*\***

Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Foreign Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## EMPLOYEE SECTION – REQUIRED INFORMATION

Social Security Number: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Foreign Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Foreign Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Optional Employee Information

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work Phone: \_\_\_\_\_ State of Hire: \_\_\_\_\_

Is Health Insurance Available: ☐ Yes ☐ No

Date Health Insurance Is Available: \_\_\_\_\_

**Phone 1-888-866-0327 for New Hire Reporting Questions**

**Mail To:** Montana New Hire Reporting,

PO Box 8013

Helena, MT 59604-8013

or **Fax to:** 1-888-272-1990 / **Local Fax:** 406-444-0745

(revised 7/2007)