

Kentucky New Hire Reporting Form

Send Completed Form to:
Kentucky New Hire Reporting Center
P.O. Box 2586
Atlanta GA 30301-2586

Fax form to: 1-800-817-0099
For more information: 1-800-817-2262
or www.kynewhire.com

EMPLOYER INFORMATION

(Please Print or Type)

Federal Employer Identification Number _____

Employer Name _____

Street Address (1) _____

Street Address (2) _____

(This address is the payroll address for income withholding if it is different than employer's site address)

City/State/Zip Code _____

Contact Phone/Name _____

Email Address _____

EMPLOYEE INFORMATION

Employee Name _____

Social Security Number _____ - _____ - _____

Employee Address _____

City/State/Zip _____

State Employer Identification Number _____ Is health Insurance Available to Employee? YES / NO

Date of Birth _____ Date of hire _____ State of hire _____

EMPLOYEE INFORMATION

Employee Name _____

Social Security Number _____ - _____ - _____

Employee Address _____

City/State/Zip _____

State Employer Identification Number _____ Is health Insurance Available to Employee? YES / NO

Date of Birth _____ Date of hire _____ State of hire _____