State of Illinois
Department of Employment Security

New Hire Reporting Form

Employers must report each new hire within 20 days.

Assistance: 1 800 327-HIRE (4473)

Please print or type

EMPLOYER NAME AND ADDRESS

Federal Employer ID Number - FEIN _____ - _____

Company Name _____

Street Address _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

EMPLOYER ADDRESS FOR CHILD SUPPORT WAGE WITHHOLDING ORDERS

Street Address 1327 Wyoming Avenue

Street Address _____

City Scranton *State* PA *Zip Code* 18509 - _____

NEW EMPLOYEE NAME AND ADDRESS

Social Security Number _____ Date of Hire (MM-DD-YYYY) ____ - ____ - ____

First Name _____ *MI* _____ *Last Name* _____

Street Address _____

City _____ *State* _____ *Zip Code* _____ - _____

NEW EMPLOYEE NAME AND ADDRESS

Social Security Number _____ Date of Hire (MM-DD-YYYY) ____ - ____ - ____

First Name _____ *MI* _____ *Last Name* _____

Street Address _____

City _____ *State* _____ *Zip Code* _____ - _____

Return your completed form either by FAX 1-217-557-1947
or by mail to IDES, P.O. Box 19473, Springfield, IL 62794--9473
or report new hires online at http://www.ides.state.il.us/employer/newhire/general.asp