TEXAS EMPLOYER NEW HIRE REPORTING PROGRAM
New Hire Reporting Form

• Please Write All Entries in CAPS • All Required Items **MUST** Be Completed
• PRINT Legibly in Ink, or Type All Entries • Further Instructions are on Reverse Side

EMPLOYER INFORMATION			REQUIRED (Unless Stated as Optional)
1. Federal Employer ID Number (FEIN)		2. State Employer ID Number (Optional)	
3. Employer's Name			
4. Employer's Address			
5. Employer's City		6. State	7. ZIP Code
8. Employer's Payroll Address (if different from above)			
9. Employer's Payroll City		10. State	11. ZIP Code
12. Employer's Telephone ( ) -		13. Employer's FAX ( ) -	
14. New Hire Contact Person (Optional)			

EMPLOYEE INFORMATION					REQUIRED (Unless Stated as Optional)
15. Social Security Number (SSN)		16. First Day of Work (Mo/Day/Yr) (Optional)	Month	Day	Year (4 digits)
17. Employee's First Name					
18. Employee's Middle Name					
19. Employee's Last Name					
20. Employee's Home Address					
21. Employee's City		22. State	23. ZIP Code		
24. Employee's Foreign Address					
	25. City	26. Country	27. Postal Code		
28. State Where Employee was hired		29. Employee's Date of Birth (Month/Day/Year) → → →	Month	Day	Year (4 digits)
30. Employee's Salary Dollars ($ and cents)	Cents	31. Salary (Check One)	❑ Hourly ❑ Weekly	❑ Biweekly ❑ Semi-Monthly	❑ Monthly ❑ Yearly

Employer submits within 20 calendar days of new employee's first day of work to:

ENHR Operations Center, P.O. Box 149224, Austin, Texas 78714-9224
Fax: 1-800-732-5015 or call 1-888-839-4473