

New Hire Reporting Program-Report Form

If you use this form to report, please make and keep extra copies for future reporting.

Employer name and address:

DOL State Id:
Federal Id:

Employee information

1. SSN: _____ Employee Name: _____
Employee Address: _____
City: _____ State: _____ Zip: _____
Date of Hire: _____ Date of termination: _____
Birth Date: _____ Home Phone: _____ Work Phone: _____
Employee Occupation: _____
Gross Income Amt: _____ Income freq: _____ (Weekly, Bi-Weekly, Monthly)
Ins. Avail for Employee (Y/N): _____ Cost/Amt: _____
Ins. Avail for Dependent (Y/N): _____ Dep Covered (Y/N): _____

2. SSN: _____ Employee Name: _____
Employee Address: _____
City: _____ State: _____ Zip: _____
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Employee Occupation: _____
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Mail to:

DSER-New Hire Reporting Program
11 State House Station
Augusta, ME 04333-0011

or FAX to: (207) 287-6882
(800) 437-9611