Florida New Hire Reporting Form

Send completed forms to:
Florida New Hire Reporting Center
PO Box 6500
Tallahassee, FL 32314-6500
Fax: (850) 656-0528 or toll-free fax 1 (888) 854-4762

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C		1	2	3

EMPLOYER INFORMATION

Federal Employer ID Number (FEIN) *(Please use the same FEIN that appears on your quarterly wage reports you submit to the State):*

Is (will) medical insurance be available to employee? Y/N

Florida Employer Unemployment Compensation (UCT-6) Number: *

*optional information

Employer Name:

Employer Address:

Employer City: Employer State: Zip Code (5 digit):

Employer Phone: Extension: Employer Fax:

Contact Name:

EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

Employee First Name: Middle Initial:

Employee Last Name:

Employee Address:

Employee City: Employee State: Zip Code (5 digit):

Date of Hire: Date of Birth: *

Reports must be submitted within 20 days of date of hire or rehire

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call us at (850) 656-3343 or toll-free 1 (888) 854-4791

Rev (01/06)