

Kentucky New Hire Reporting Form

Mail completed form to: Kentucky New Hire Reporting Center
P.O. Box 3818
Dublin, OH 43016

Or fax completed form to: 1-800-817-0099

We also offer fast and easy-to-use online reporting options. For more information please visit our website at www.ky-newhire.com or call us toll-free at 1-800-817-2262.

EMPLOYER INFORMATION

Federal Employer Identification Number (FEIN): _____ - _____

(Please make certain you use the same 9-digit FEIN you use to report your quarterly wage information)

Kentucky Employer Identification Number (KEIN): _____ - _____

Employer Name: _____

Address: _____

(Please indicate the address where the Income Withholding Order should be sent)

City: _____ State: _____ Zip Code: _____ +4: _____

Contact Name: _____ E-mail Address: _____

Phone Number: _____ - _____ - _____ Fax Number: _____ - _____ - _____

COMPLETE ONE ENTRY FOR EACH NEW OR REHIRED EMPLOYEE

EMPLOYEE INFORMATION

Social Security Number: _____ - _____ - _____

First Name: _____ Middle Name: _____ Last Name: _____

Employee Address: _____

City: _____ State: _____ Zip Code: _____ +4: _____

Date of Hire: _____ *Date of Birth: _____

Is medical insurance available to this employee? Yes No

* OPTIONAL

EMPLOYEE INFORMATION

Social Security Number: _____ - _____ - _____

First Name: _____ Middle Name: _____ Last Name: _____

Employee Address: _____

City: _____ State: _____ Zip Code: _____ +4: _____

Date of Hire: _____ *Date of Birth: _____

Is medical insurance available to this employee? Yes No

* OPTIONAL

Reports will not be processed without all of the above mandatory information

Rev. 05/13