

STATE OF TENNESSEE  
NEW HIRE REPORTING

Effective October 1, 1997, all Tennessee employers are required to report certain information about employees who have been newly hired, rehired, or have returned to work. Employers must either (1) complete this form, or (2) submit a copy of the employee's IRS W-4 form, (3) other form with required information at a minimum, or (4) submit the information by Internet, magnetic tape or diskette. This form may be reproduced as necessary. **Reports made on this form must be within 20 calendar days of hire or if you wish to help the Department of Labor and Workforce Development, within 5 days of date of hire.**

TO ENSURE ACCURACY, PLEASE PRINT (or TYPE) NEATLY IN UPPER-CASE LETTERS AND NUMBERS, USING A DARK, BALL-POINT PEN.

|   |  |
|---|--|
| <b>REQUIRED INFORMATION:</b>  | <b>EMPLOYEE DATA</b>   |
| Social Security Number: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |  |
| Name: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>  | M.I. <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  |
| <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>  |  |
| Home Address: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>  |  |
| (Do not use Employer Address, Do not leave blank)   |  |
| <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>  |  |
| City <input style="width: 40%; height: 20px; border: 1px solid black;" type="text"/>  | State <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>   |
| <input style="width: 40%; height: 20px; border: 1px solid black;" type="text"/>   | Zip Code <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Employee Date of Hire: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  |  |
| Federal EIN: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  | <b>EMPLOYER DATA</b>   |
| Employer Name: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>   |  |
| Address: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>   |  |
| <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>  |  |
| City <input style="width: 40%; height: 20px; border: 1px solid black;" type="text"/>  | State <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>   |
| <input style="width: 40%; height: 20px; border: 1px solid black;" type="text"/>   | Zip Code <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |

**ADDITIONAL INFORMATION:**

Store or Outlet Number:

Gender (M/F):  Employee State of Hire:  Date of Birth:  -  -

Earned Income Tax Credit Available? (Y/N):  Employee Left Your Employment? (Y/N):   
(if unknown, leave blank) (Has this employee left your employment before you filed this report?)

Does your company offer Medical Insurance? (Y/N):

Corporate or Payroll Address:   
(if different from business address)

City

State

Zip Code  -

REPORTS WILL NOT BE PROCESSED WITHOUT MANDATORY INFORMATION

Send Reports To: Tennessee New Hire Reporting Program  
P.O. Box 281348  
Nashville, Tennessee 37228  
Fas: (877) 505-4761