



Reporting Form for New Hires and Individual Independent Contractors

Employers are required to report employee new hires and independent contractor engagements of individuals no later than 20 days after the date you hire, rehire, engage, or reengage, an individual as an employee or independent contractor. [ORS 25.790] Submit the required information by completing and mailing, or faxing, this form.

Mail or fax completed form to:

Oregon Child Support Program
Employer New Hire Reporting
PO Box 14680
Salem OR 97309

Fax: 877-877-7416

Required Information*

Employer Information

Use the same FEIN used to report quarterly wage information.

*Federal Employer Identification Number (FEIN)		State Identification Number	Submission Date
*Name		DBA (Doing Business As) Name	
*Mailing Address			*Contact Name
*City	*State	*Zip Code	*Contact Phone Number
Email Address			

***Should the Oregon Child Support Program mail income withholding orders to the above address?**

Yes No

If no, provide the address for receiving income withholding orders below.

Mailing Address			Contact Name
City	State	Zip Code	Phone Number/Fax Number
Email Address			

***By reporting health insurance information below, your business may avoid receiving unnecessary forms.**

Do you offer **any** employees dependent or family health care coverage as a benefit of their employment, or is coverage available through a union? Yes No

Union name and phone number: _____

If yes, is there a waiting period for eligibility? Yes No If yes, how long? _____

Employee or Independent Contractor Information

*Social Security Number (or ITIN)	*First Work Date	Date of Birth	Employee <i>*Select one</i> Independent Contractor
*First Name	Middle Name	*Last Name	
*Mailing Address	*City	*State	*Zip Code
Email Address	Home Phone	Mobile Phone	

*Social Security Number (or ITIN)	*First Work Date	Date of Birth	Employee <i>*Select one</i> Independent Contractor
*First Name	Middle Name	*Last Name	
*Mailing Address	*City	*State	*Zip Code
Email Address	Home Phone	Mobile Phone	

*Social Security Number (or ITIN)	*First Work Date	Date of Birth	Employee <i>*Select one</i> Independent Contractor
*First Name	Middle Name	*Last Name	
*Mailing Address	*City	*State	*Zip Code
Email Address	Home Phone	Mobile Phone	

*Social Security Number (or ITIN)	*First Work Date	Date of Birth	Employee <i>*Select one</i> Independent Contractor
*First Name	Middle Name	*Last Name	
*Mailing Address	*City	*State	*Zip Code
Email Address	Home Phone	Mobile Phone	

*Social Security Number (or ITIN)	*First Work Date	Date of Birth	Employee <i>*Select one</i> Independent Contractor
*First Name	Middle Name	*Last Name	
*Mailing Address	*City	*State	*Zip Code
Email Address	Home Phone	Mobile Phone	

*Social Security Number (or ITIN)	*First Work Date	Date of Birth	Employee <i>*Select one</i> Independent Contractor
*First Name	Middle Name	*Last Name	
*Mailing Address	*City	*State	*Zip Code
Email Address	Home Phone	Mobile Phone	

Instructions

How to Complete the New Hire Reporting Form

Employer Information

Use the same Federal Employer Identification Number (FEIN) you use to report quarterly wage information.

A contact name and phone number are **required**. An email address is optional but helpful, particularly if there is missing or unclear required information and we need to contact you or a representative of your business.

Do you have a different address and contact information for withholding orders?

Fill out this section if your business has a payroll service or another address where we should send income withholding orders.

Is health care coverage available?

If your business does not offer dependent or family health care coverage to *any* of your employees, mark the "No" box. If your business does offer dependent or family health care coverage to *any* of your employees, or if your employee is represented by a union that does, mark the "Yes" box. If yes is marked, provide the waiting period, union name, and phone number if known.

Employee or Individual Independent Contractor

The name and Social Security number of each employee or independent contractor must match their Social Security card or, if using an Individual Taxpayer Identification Number (ITIN), another legal document that includes their first, and last names.

Dates of birth and middle names are optional but helpful for verification of employment and missing or unclear new hire information.

The address of the employee or independent contractor should be a valid address as used by the U.S. Postal Service.

Definitions

"Rehire" means to reemploy any individual who was laid off, separated, furloughed, granted a leave without pay, or terminated from employment for more than 60 days.

"Reengage" means to engage any individual as an independent contractor who previously performed services as an independent contractor for the employer but has not performed services for the employer within the past 60 days.