

MULTISTATE EMPLOYER NOTIFICATION FORM
FOR NEW HIRE REPORTING
(OPTIONAL FORM)

Federal law requires employers to furnish to the State Directory of New Hires of the State in which a newly hired employee works, a report that contains the name, address, and social security number of the employee, and the name, address and Federal Employer Identification Number (FEIN) of the employer (42 USC 653A(b)(1)(A)).

If you are an employer who has employees in two or more States AND you will transmit the required reports magnetically or electronically, Federal law allows you to comply with the new hire reporting requirement by exercising one of the following options (42 USC 653A(b)(1)(B)):

Option #1: Furnish the new hire report to the State Directory of New Hires of the State in which your newly hired employee works; or

Option #2: Designate one State in which any of your employees works and transmit ALL new hire reports to the State Directory of New Hires of that State.

If you select Option #2, you must notify the Secretary of the U.S. Department of Health and Human Services in writing of your choice to report to only one State and identify the chosen State (42 USC 653A(b)(1)(B)). The purpose of this optional form is to provide a convenient means for such notification. Multistate employers may also notify the Secretary by letter, fax machine, or Internet. (see the last page for further instructions).

1. Federal Employer Identification Number (FEIN): _____

2. Date: / /

3. (FEIN)Employer Name: _____

4. (FEIN)Employer Address: _____

City: _____ State: Zip: _____

5. (FEIN)Phone Number: () _____

6. **SUBSIDIARY INFORMATION:**

FEIN: _____

FEIN: _____

Name: _____

Name: _____

State/ZIP _____

State/Zip: _____

7. Please enter the two-character abbreviation for the State, U.S. territory, or U.S. possession to which you will be submitting W-4 New Hire Data. The State that you designate must be a State in which you have one or more employees. (See State List below).

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7a. Effective Date: / /

8. Please CIRCLE the two-character abbreviation for any other States, U.S. territories, or U.S. possessions that corresponds to your employees' principal place of employment. Do not include the entry in Item 7 above.

AK=Alaska	GA=Georgia	MA=Massachusetts	ND=N. Dakota	PA=Pennsylvania	VT=Vermont
AL=Alabama	GU=Guam	MD=Maryland	NE=Nebraska	PR=Puerto Rico	WA=Washington
AR=Arkansas	HI=Hawaii	ME=Maine	NH=New Hamp.	RI=Rhode Island	WI=Wisconsin
AZ=Arizona	IA=Iowa	MI=Michigan	NJ=New Jersey	SC=S. Carolina	WV=W. Virginia
CA=California	ID=Idaho	MN=Minnesota	NM=New Mexico	SD=S. Dakota	WY=Wyoming
CO=Colorado	IL=Illinois	MO=Missouri	NV=Nevada	TN=Tennessee	
CT=Connecticut	IN=Indiana	MP=Marianas	NY=New York	TX=Texas	
DC=Dist. of Col.	KS=Kansas	MS=Mississippi	OH=Ohio	UT=Utah	
DE=Delaware	KY=Kentucky	MT=Montana	OK=Oklahoma	VA=Virginia	
FL=Florida	LA=Louisiana	NC=N. Carolina	OR=Oregon	VI=Virgin Islands	

9. Contact Name: _____
Title: _____
Phone: _____
Email: _____
Fax: _____

Signature of Person
Completing this form: _____

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

NOTE: COMPLETE THIS FORM ONLY IF YOUR COMPANY HAS EMPLOYEES IN MORE THAN ONE STATE AND YOU CHOOSE TO REPORT ELECTRONICALLY OR MAGNETICALLY TO ONLY ONE STATE.

INSTRUCTIONS FOR COMPLETING THIS FORM:

- Item 1. Enter your company's Federal Employer Identification Number. This is the number used by the IRS to identify your company.
- Item 2. Enter today's date in MM/DD/YYYY format, e.g., 09/23/1997.
- Item 3. PRINT your company's name. This is the name associated with the FEIN in Item 1.
- Item 4. PRINT your company's address, including city, State, and zip code. This is the address associated with the FEIN in Item 1. If your company's FEIN address is a foreign address, PRINT the two-character Country Code, the Country Name, and the Country Zip Code.
- Item 5. Enter your company's phone number, including area code. This is the phone number associated with the FEIN in item 1.
- Item 6. Enter the FEIN the name, state, and zip code of any subsidiaries, divisions, autonomous operating units, etc. of your company that have their own FEIN and for whom you will be reporting New Hire W-4 information. If there are more than two entries, please list the others on a separate piece of paper.
- Item 7. PRINT the two-character abbreviation for the State, U.S. territory, or U.S. possession to which your company has chosen to report New Hire W-4 information. . Note: The State that you designate must be a State in which you have one or more employees. Refer to the State listing shown on the form.
- Item 7a. Enter the effective date (MM/DD/YYYY) on which your company will begin sending New HireW-4 information to the entry shown in Item 7.
- Item 8. If your company has employees in States, U.S. territories, or U.S. possessions other than the entry shown in Item 7, CIRCLE the applicable two-character State abbreviations shown in the State list
- Item 9. PRINT your name, title, work phone number (if different from the Company phone number entered in Item 5), work Email address, and work fax address. **BE SURE TO SIGN THE FORM.** The information in this Item is used to acknowledge receipt of your notification and to contact you if any clarification is needed.

Send the completed form to:

OR

Fax the completed form to:

**Department of Health and Human Services
Administration for Children and Families
Office of Child Support Enforcement
Multistate Employer Notification
P.O. Box 509
Randallstown, MD 21133**

**Department of Health and Human Services
Administration for Children and Families
Office of Child Support Enforcement
Multistate Employer Notification
1-410-277-9325**

If you need assistance in completing this form, call 1-410-277-9470 (9:00 a.m. – 5:00 p.m. EST); for general information, call 1-202-401-9267.