

FLORIDA NEW HIRE REPORTING FORM

Send Completed Form to:

New Hire
P.O. Box 6500
Tallahassee, FL 32314-6500
Tallahassee, FL 32314-6500

Fax form to: 1-888-854-4762
Or 850-656-0528
For more information: 1-888-854-4791
Or 850-656-3343

EMPLOYER INFORMATION

Federal Employer Identification Number _____

Employer UC Account Number (Also known as UI Number)* _____

Employer Name _____

Address _____

City/State/Zip Code+4 _____

Contact Phone/Name* _____

Employer Address for Income Deduction Orders

Address * _____

City/State/Zip Code + 4* _____

Contact Phone/Name* _____

EMPLOYEE INFORMATION

Social Security Number _____ - _____ - _____

Employee Name _____

Employee Address _____

City/State/Zip Code _____

Date of Hire _____ Date of Birth* _____ (Please use four digit year)

*Providing this optional data enhances our ability to perform services more efficiently.