

Child Support Program

Florida New Hire Reporting Form

Print capital letters neatly and avoid contact with the edges of the boxes to ensure accuracy. Example:													А	В	С	1	2	3										
										Em	ploy	/er /	/ Bu	sin	ess	Infe	orm	atio	on									
Fede	Federal Employer ID Number (FEIN) – Please use the same FEIN that appears on your quarterly wage reports you submit to the state: Is (will medical insurance be available to the employee? Y/N																											
															ls	(will	medi	cal in	surar	nce b	e ava	ilable	e to th	ie em	ploye	e? ۱	//N	
Flori	Florida Employer Unemployment Compensation (UCT-6) Number:																											
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Social Security Number (SSN):									Individual Taxpayer Identification Number (ITII											(ITIN)							
			-			-						or					-			-								
First	Nam	e:	1	1	1	1	1	1	r	1	r	1	1	r	1	1	1	1	r	1	1	r	1			Mi	ddle	nitial:
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Date of Hire:										of Bi	rth:	1	1	1	1	1	1	1	1	J	L	1	1				1	L]
Independent Contract												ntract	or?	Y/N														
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Social Security number disclosure is mandatory based on Title 42 United States Code sections 666(a)(13), 653a, and 654a(e), and on section 409.2577, Florida Statutes. We collect social security numbers for child support purposes. For more information go to www.floridarevenue.com/pages/privacy.aspx. Businesses must report independent contractors paid \$600 or more in a calendar year for services rendered in the course of the trade or business within 20 days of the date the contract starts or the date of first payment.

Reports must be submitted within 20 days of date of hire or rehire REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call (850) 656-3343 or Toll-Free 1 (888) 854-4791

Send completed forms to:

Florida New Hire Reporting Center

PO Box 6500

Tallahassee, FL 32314-6500

Fax: (850) 656-0528 or Toll-Free Fax 1 (888) 854-4762