

NEW HIRE REPORTING FORM

This form must be completed, signed, and returned to the Idaho Department of Labor within 20 days of your new employee's start date. You must report employees that you re-hire unless it has been less than 60 days since their last period of employment.

You may return the form via Employer Portal secure messaging, fax to 208-332-7411, or mail to Idaho Department of Labor, ATTN New Hire Reporting, 317 W. Main St., Boise, Idaho 83735-0760.

Employer Information

Unemployment Insurance Tax Account Number (EAN): _____

Federal Employer Identification Number (FEIN): _____

Legal Business Name: _____

DBA: _____

Mailing Address: _____

City, State, Zip: _____

Employee Information

First Name	M.I.	Last Name	Social Security Number
Physical Address			Start Date or Rehire Start Date ¹
City	State	Zip Code (Zip Ext. Optional)	

First Name	M.I.	Last Name	Social Security Number
Physical Address			Start Date or Rehire Start Date ¹
City	State	Zip Code (Zip Ext. Optional)	

First Name	M.I.	Last Name	Social Security Number
Physical Address			Start Date or Rehire Start Date ¹
City	State	Zip Code (Zip Ext. Optional)	

EAN: _____

FEIN: _____

First Name	M.I.	Last Name	Social Security Number
Physical Address			Start Date or Rehire Start Date ¹
City	State	Zip Code (Zip Ext. Optional)	

First Name	M.I.	Last Name	Social Security Number
Physical Address			Start Date or Rehire Start Date ¹
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First Name	M.I.	Last Name	Social Security Number
Physical Address			Start Date or Rehire Start Date ¹
City	State	Zip Code (Zip Ext. Optional)	

First Name	M.I.	Last Name	Social Security Number
Physical Address			Start Date or Rehire Start Date ¹
City	State	Zip Code (Zip Ext. Optional)	

¹Start Date or Rehire Start Date means the actual commencement of employment of an employee for wages or other remuneration as defined in [Idaho Code §72-1603](#).

I, _____, am requesting the employees listed above be reported as new hires under the EAN provided. By signing this document, you agree you are authorized to submit this request.

Name Phone Date Signature