



State of Utah  
Department of Workforce Services  
Unemployment Insurance – Contributions  
**UTAH NEW HIRE REGISTRY REPORTING FORM**

Submit this completed form within 20 days of a new employee's first day of work to:

Utah New Hire Registry  
P.O. Box 45247  
Salt Lake City, UT 84145-0247  
**OR**  
FAX to 801-526-4391

- You may photo copy this original form for future use
- See **important** instructions on second page
- **PRINT** legibly in ink or **TYPE** all entries
- Please write all entries in **CAPS**
- All required items **MUST** be completed

Contact Person: \_\_\_\_\_

Today's Date (mm/dd/yyyy): \_\_\_\_\_ Phone number: \_\_\_\_\_

**REQUIRED EMPLOYER INFORMATION**

Federal Employer ID Number (FEIN): \_\_\_\_\_

Employer's Business Name: \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City State ZIP

**REQUIRED EMPLOYEE INFORMATION**

Social Security Number: \_\_\_\_\_

Employee's first name: \_\_\_\_\_

Employee's middle initial: \_\_\_\_\_

Employee's last name: \_\_\_\_\_

Employee's home address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City State ZIP

Date of hire/rehire (mm/dd/yyyy): \_\_\_\_\_

**OPTIONAL INFORMATION:** Employee's birthdate (mm/dd/yyyy): \_\_\_\_\_

**Equal Opportunity Employer Program**

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

## INSTRUCTIONS

This form is used to report new hires by mail or fax. We strongly recommend entering new hire data on our web site at <https://jobs.utah.gov/UI/Employer/EmployerHome.aspx>. Larger employers may consider submitting new hire information by CD or by uploading a file on our website. For further information about electronic reporting, please refer to the New Hire Registry Handbook or visit our web site, <https://jobs.utah.gov/UI/Employer/EmployerHome.aspx>. You can contact us at 801-526-9235 or 1-800-222-2857.

**The Form:** You may download, complete, and print this form in Acrobat Reader, but you cannot electronically save a completed form, or retain your work on a partially completed form. Alternately, you may print the form and use a typewriter with a dark simple print font with 10 or 12 pitch. If hand-printing, use black ink and print in CAPITAL LETTERS with clear character separation.

**REQUIRED ITEMS** must be completed. Forms submitted with missing data will be returned.

- Federal Employer ID Number: The 9-digit federal employer identification number used for Federal tax reporting. Do not place a hyphen between numbers.
- Employer's Name: List the employer's legal name.
- Employer's Address: The address where child support payment orders are sent.
- Employee's Social Security Number: The 9-digit number issued by the Social Security Administration. Do not place hyphens between numbers. Forms and reports without a Social Security Number will not be accepted.
- Date of Hire/Rehire: This is the date that labor or services for compensation are first performed by the employee. The date of rehire is the date labor or services for compensation are first performed by an employee who was previously employed by the employer, but has been separated from that employment for at least 60 consecutive days.

### SUBMISSION OF NEW HIRE REPORTS

- You may choose the filing method that is most convenient for you. You may also submit a copy of the employee's **W-4 Form** or a printed list.
- An employer who fails to timely report the hiring or rehiring of an employee as required by law is subject to a **civil penalty** of \$25 to \$500 for each such failure.
- All required information must be provided within **20 calendar days** of the employee's first day of work.
- Submit all data using the address, fax number or web site at the top of this page.