Minnesota New Hire Reporting Form

Effective July 1, 1996 Minnesota Statute 256.998 requires all Minnesota Employers, both public and private, to report all newly hired, rehired, or returning to work employees to the State of Minnesota within 20 days of hire or rehire date. Information about new hire reporting and online reporting is available on our web site: www.mn-newhire.com

Send completed forms to:
Minnesota New Hire Reporting Center
PO Box 64212
St. Paul, MN 55164-0212
Toll-free fax: (800) 692-4473

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C		1	2	3

EMPLOYER INFORMATION

Federal Employer ID Number (FEIN) *(Please use the same FEIN as the listed employee's quarterly wages will be reported under):*

82 3774208

Employer Name:

CARLTON BUS SERVICE

Employer Address *(Please indicate the address where the Income Withholding Orders should be sent).*

405 SCHOOL AVE

Employer City: CARLTON

Employer State: MN

Zip Code (5 digit): 55718

Employer Phone: 2183844225

Extension:

Employer Fax: 2183843543

Email: tlarson@fourpointo.com

EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

Check this box if this is an Independent Contractor (1099) ☐

Employee First Name:

Middle Initial:

Employee Last Name:

Employee Address:

Employee City:

Employee State:

Zip Code (5 digit):

Date of Hire (mm/dd/yyyy):

Date of Birth (mm/dd/yyyy): (optional)

Employee State of Hire

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call us at (651) 227-4661 or toll-free (800) 672-4473

Rev (04/12)