

STATE OF MICHIGAN NEW HIRE REPORTING FORM

Federal legislation, effective October 1, 1997, requires all Michigan employers, both public and private, to report all newly hired, rehired, or returning to work employees to the State of Michigan. This form is recommended for use by all employers who do not report electronically.
*** Internet reporting is available online at the new website: www.mi-newhire.com

This form may be photocopied as necessary.
Many employers preprint employer information on the form and have the employee complete the necessary information during the hiring process.

For optimum accuracy, please print neatly in capital letters and avoid contact with the edge of the box. The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

(Note: When reporting new hires with special exemptions, please use the MI-W4 to report.)

EMPLOYEE INFORMATION (Mandatory):	Social Security Number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
First Name: <input style="width: 450px; height: 25px;" type="text"/>	M.I. <input style="width: 25px; height: 25px;" type="text"/>
Last Name: <input style="width: 570px; height: 25px;" type="text"/>	
Address: <input style="width: 860px; height: 25px;" type="text"/>	
City: <input style="width: 715px; height: 25px;" type="text"/>	State: <input style="width: 50px; height: 25px;" type="text"/>
Zip Code: <input style="width: 45px; height: 25px;" type="text"/> - <input style="width: 45px; height: 25px;" type="text"/>	Date of Hire: <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> - <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> - <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>
EMPLOYER INFORMATION (Mandatory):	
Federal EIN: <input style="width: 25px; height: 25px;" type="text"/> - <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>	
Employer: <input style="width: 860px; height: 25px;" type="text"/>	
Address: <input style="width: 860px; height: 25px;" type="text"/>	
City: <input style="width: 715px; height: 25px;" type="text"/>	State: <input style="width: 50px; height: 25px;" type="text"/>
Zip Code: <input style="width: 45px; height: 25px;" type="text"/> - <input style="width: 45px; height: 25px;" type="text"/>	
OPTIONAL EMPLOYEE INFORMATION:	
Date of Birth: <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> - <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> - <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>	
Driver's License No.: <input style="width: 450px; height: 25px;" type="text"/>	

Reports must be submitted within 20 calendar days of date of hire (i.e., the date services are first performed for pay.)

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Send Reports To: **Michigan New Hire Operations Center**
P.O. Box 85010
Lansing, MI 48908-5010
Fax: 877-318-1659

Questions?
Call: 1-800-524-9846

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