Nebraska New Hire Reporting Form

Effective October 1, 1997 Nebraska Statute 48-2301 requires all Nebraska Employers, both public and private, to report all newly hired, rehired, or returning to work employees to the State of Nebraska within 20 days of hire or rehire date.
Questions? **www.ne-newhire.com** Toll-free: **(888) 256-0293**

Send completed forms to:
Nebraska State Directory of New Hires
P.O. Box 144103
Austin, TX 78714-4013
Fax: (866) 808-2007 (toll-free)

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. 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):*

Employer Name:

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

Employer City: Employer State: Zip Code (5 digit):

Employer Phone: Extension: Employer Fax:

E-mail:

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): Employee State of Hire:

Dependent health insurance available? Yes ☐ No ☐

Date employee qualifies for family health insurance (mm/dd/yyyy):