

Ohio New Hire Reporting Form

Effective October 1, 1997 Ohio Revised Code Section 3121.89-3121.8911 requires all Ohio Employers, both public and private, to report all newly hired, rehired, or returning to work employees to the State of Ohio within 20 days of hire or rehire date. Information about new hire reporting and online reporting is available on our Web site: www.oh-newhire.com

Send completed forms to:
 Ohio New Hire Reporting Center
 PO Box 15309
 Columbus, OH 43215-0309
 Fax: (614) 221-7088 or toll-free fax 1 (888) 872-1611

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
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1	2	3
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EMPLOYER INFORMATION

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

3	1	6	0	0	0	3	2	7
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Employer Name:

L	a	n	e	P	u	b	l	i	c	L	i	b	r	a	r	y
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Employer Address *(Please indicate the address where the income Withholding Orders should be sent).*

1	3	9	6	U	n	i	v	e	r	s	i	t	y	B	l	v	d
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Employer City:

H	a	m	i	l	t	o	n
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Employer State:

O	H
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Zip Code (5 digit):

4	5	0	1	1
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Employer Phone (optional):

5	1	3	8	9	4	0	1	1	3
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Extension:

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Employer Fax (optional):

5	1	3	8	4	4	6	5	3	5
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Email:

1	.	d	e	s	u	e	@	l	a	n	e	p	l	.	o	r	g
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EMPLOYEE INFORMATION

Employee Social Security Number (SSN)

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Employee State of Hire:

O	H
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Employee First Name:

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Middle Initial:

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Employee Last Name:

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Employee Address:

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Employee City:

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Employee State:

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Zip Code (5 digit):

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Date of Hire:

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Date of Birth:

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Is this employee an Independent Contractor?

Yes No

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call us at (614) 221-5330 or toll-free 1 (888) 872-1490

This form may be duplicated