

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. Free electronic reporting software can be downloaded from the New Hire web site: www.minew-hires.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 type="text"/> | - | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | |
| First Name: | | <input type="text"/> | | M.I. | <input type="text"/> | | | | | | | | | | |
| Last Name: | | <input type="text"/> | | | | | | | | | | | | | |
| Address: | | <input type="text"/> | | | | | | | | | | | | | |
| City: | | <input type="text"/> | | | | | | State: | <input type="text"/> | | | | | | |
| Zip Code: | | <input type="text"/> | - | <input type="text"/> | | | | | | | | | | | |
| EMPLOYER INFORMATION (Mandatory): | Federal EIN: | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | |
| Employer: | | <input type="text"/> | | | | | | | | | | | | | |
| Address: | | <input type="text"/> | | | | | | | | | | | | | |
| City: | | <input type="text"/> | | | | | | State: | <input type="text"/> | | | | | | |
| Zip Code: | | <input type="text"/> | - | <input type="text"/> | | | | | | | | | | | |
| OPTIONAL EMPLOYEE INFORMATION: | | | | | | | | | | | | | | | |
| Date of Hire: | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | Date of Birth: | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Driver's License No.: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Reports must be submitted within 20 calendar days of date of hire

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: 517-318-1659

Questions?
Call 1-800-524-9846

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