

Illinois Department of Employment Security

New Hire Reporting Form

Employers must report each new hire within 20 days.

EMPLOYER NAME AND ADDRESS

-
Federal Employer ID Number - FEIN

Company Name

Street Address

Street Address

-
City State ZIP Code + four

EMPLOYER ADDRESS FOR CHILD SUPPORT WAGE WITHHOLDING ORDERS

Street Address

Street Address

-
City State ZIP Code + four

NEW EMPLOYEE NAME AND ADDRESS

- -
Social Security Number

- -
Date of Hire (MM-DD-YYYY)

First Name M.I. Last Name

Street Address

-
City State ZIP Code + four

NEW EMPLOYEE NAME AND ADDRESS

- -
Social Security Number

- -
Date of Hire (MM-DD-YYYY)

First Name M.I. Last Name

Street Address

-
City State ZIP Code + four

**Return your completed form either by FAX 1 217 557-1947
or by mail to IDES, P.O. Box 19473, Springfield, IL 62794-9473**