

**MULTISTATE EMPLOYER NOTIFICATION FORM  
FOR NEW HIRE (W4) REPORTING**

**This form is provided to employers who have employees in two or more states and wish to register to submit their new hire reports to one state or to make changes to their previous registration.**

Federal law requires employers to provide to the State Directory of New Hires of the state in which a newly hired employee works, a report that contains the employee's name, address, Social Security number, and the date of hire (the date services for remuneration were first performed by the employee) as well as the name, address and Federal Employer Identification Number (FEIN) of the employer (42 USC 653A(b)(1)(A)).

If you are an employer with employees in two or more states AND you will transmit the required reports magnetically or electronically, Federal law allows you to comply with the new hire reporting requirement by exercising one of the following options (42 USC 653A(b)(1)(B)):

Option #1: Send the new hire reports to the State Directory of New Hires of the state in which each newly hired employee works.

OR

Option #2: Designate one state in which any employee works and transmit ALL new hire reports to the State Directory of New Hires of that state. You must notify the Secretary of the U.S. Department of Health and Human Services in writing of your choice to report to only one state and identify the chosen state (42 USC 653A(b)(1)(B)).

**For Option #2: Complete this form to identify/register your entity as a multistate employer for new hire reporting.**

If you are no longer a multistate employer –OR– you are a multistate employer but you no longer report to one state, check "No Longer a Multistate Employer" in the box below. Complete Items 1 – 5, provide your contact information in Item 10, and mail or fax this form to the address or fax number located on the last page.

**No Longer a Multistate Employer – (If checked, complete Items 1 – 5 and Item 10 and return the form to the address or fax number located on the last page.)**

For assistance in completing this form, call the Multistate Employer Help Desk at 410-277-9470 (8:00 a.m. – 5:00 p.m. ET). If you wish to register electronically, go to: <http://65.210.61.140/ocse>

**1. Print your company's Federal Employer Identification Number. This is the nine-digit number used by the IRS to identify your company.**

**2. Print today's date in MM/DD/YYYY format, e.g., 09/23/2007.**

Federal Employer Identification Number (FEIN): \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**3. Print your company's name. This is the name associated with the FEIN in Item 1.**

Employer Name: \_\_\_\_\_

4. **PRINT your company's address, including city, state, and zip code. This is the address associated with the FEIN in Item 1. If your company's FEIN address is a foreign address, PRINT the Country Name and the Country's Postal Code.**

Employer Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(For foreign addresses only) Country Name: \_\_\_\_\_ Country Postal Code: \_\_\_\_\_

5. **Print your company's phone number, including area code. This is the phone number associated with the FEIN in Item 1.**

Phone Number: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

6. **Print the FEIN, name, state, and zip code of any subsidiary of your company that has its own FEIN and for which you will be reporting New Hire information.**

**Subsidiary Information: (Please list any additional subsidiaries on a separate sheet.)**

FEIN: _____	FEIN: _____
Name: _____	Name: _____
State/Zip Code: _____	State/Zip Code: _____
FEIN: _____	FEIN: _____
Name: _____	Name: _____
State/Zip Code: _____	State/Zip Code: _____

7. **Print the two-character abbreviation for the State or U.S. Territory to which your company has chosen to report new hire information. NOTE:** The State that you designate must be a State in which you have one or more employees. Refer to the state listing shown in Item 9.



8. **Enter the effective date (MM/DD/YYYY) on which your company will begin sending new hire (W-4) reports to the entry shown in Item 7.**

Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

9. Please circle the States or U.S. Territories in which your company has employees, other than the State or Territory selected as your reporting State in item 7. You must indicate at least one State in this list to register as a multistate employer.

**DO NOT INCLUDE THE STATE CODE ENTERED IN ITEM 7**

AK=Alaska	GA=Georgia	MA=Massachusetts	NE=Nebraska	PR=Puerto Rico	WA=Washington
AL=Alabama	GU=Guam	MD=Maryland	NH=New Hamp.	RI=Rhode Island	WI=Wisconsin
AR=Arkansas	HI=Hawaii	ME=Maine	NJ=New Jersey	SC=S. Carolina	WV=W. Virginia
AZ=Arizona	IA=Iowa	MI=Michigan	NM=New Mexico	SD=S. Dakota	WY=Wyoming
CA=California	ID= Idaho	MN=Minnesota	NV=Nevada	TN=Tennessee	
CO=Colorado	IL=Illinois	MO=Missouri	NY=New York	TX=Texas	
CT=Connecticut	IN=Indiana	MS=Mississippi	OH=Ohio	UT=Utah	
DC=Dist. of Col.	KS=Kansas	MT=Montana	OK=Oklahoma	VA=Virginia	
DE=Delaware	KY=Kentucky	NC=N. Carolina	OR=Oregon	VI=Virgin Islands	
FL=Florida	LA=Louisiana	ND=N. Dakota	PA=Pennsylvania	VT=Vermont	

10. Print your name, title, work phone number (if different from the company phone number entered in Item 5), work email address and work fax number. **BE SURE TO SIGN THE FORM.** The information in this form is used to acknowledge receipt of your notification and to contact you if any clarification is needed.

Contact Name: \_\_\_\_\_ Title \_\_\_\_\_ Phone: \_\_\_\_\_  
( ) \_\_\_\_\_ Fax \_\_\_\_\_  
Email: \_\_\_\_\_

**Providing your email address will help us communicate with you more effectively in the future.**

Signature of person completing this form: \_\_\_\_\_

Send the completed form to:

**Department of Health and Human Services  
Administration for Children and Families  
Office of Child Support Enforcement  
Multistate Employer Notification  
PO Box 509  
Randallstown, MD 21133**

Or fax the completed form to:

**Multistate Employer Notification  
Fax 410-277-9325**

For assistance in completing this form, call the Multistate Employer Help Desk at 410-277-9470 (8:00 a.m. – 5:00 p.m. ET). For general child support information, visit OCSE's Employer Services website at: <http://www.acf.hhs.gov/programs/css/employers>

**Please note: If your company experiences a merger, acquisition, or other change that may affect this reporting requirement, please send a revised form with the new information.**

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

**OMB Control No: 0970-0166**  
**Expiration Date: XX/XX/20XX**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.