

Multistate Employer Registration Form for New Hire Reporting

Employers who have employees working in two or more states may use this form to register to submit their new hire reports to one state or make changes to a previous registration. Multistate employers may register online at <https://ocsp.acf.hhs.gov/OCSE/>.

Note: If you are a third-party provider, your clients must have employees in two or more states to register as a multistate employer.

Federal law (42 U.S.C. § 653A(b)(1)(A)) requires employers to supply the following information about newly hired employees to the State Directory of New Hires in the state where the employee works:

- Employee's name, address, Social Security number, and the date of hire (the date services for remuneration were first performed by the employee)
- Employer's name, address, and Federal Employer Identification Number (FEIN)

If you are an employer with employees working in two or more states, and you will transmit the required information or reports magnetically or electronically, you can use this form to designate one state where any employee works to transmit all new hire reports to the State Directory of New Hires.

If you are no longer a multistate employer or you are a multistate employer but no longer report to a single state, select the **No Longer a Multistate Employer** check box below.

No Longer a Multistate Employer (If selected, complete items 1–4 and 7) and return the form to the email address msedb@acf.hhs.gov or mail it to the address located on page 3.

If you need help completing this form, contact the Multistate Employer Help Desk at 800-258-2736 (8 a.m. – 5 p.m. ET, Monday through Friday).

Note: All required fields are followed by a red asterisk *.

1. Enter your company's FEIN without a hyphen.
This is the nine-digit number used by the IRS to identify your company.

FEIN *:

2. Enter today's date in MM/DD/YYYY format.

Date *:

3. Enter your company's legal name used for child support documents. This is the name associated with the FEIN in item 1.

Employer Name *:

Enter 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, enter the country's name and postal code.

Employer Address *:

City *:

State *:

ZIP Code *:

(For foreign addresses only) **Country Name:**

Country Postal Code:

4. Enter your name, title, work phone number, work email address, and work fax number.

Name *:

Title:

Phone *:

Fax (optional):

Email *:

Is this also the address for mailing Income Withholding for Support Orders (IWOs)? Yes No

Subsidiary Information: Please go to the Organization FEIN Template at <https://www.acf.hhs.gov/css/training-technical-assistance/organization-fein-template> to access the FEIN Excel file, enter information about all your company's subsidiaries, and submit it with this form. Subsidiaries are companies wholly controlled by another company.

5. Select the state or U.S. territory to submit new hires to.

Note: The state you designate must be a state where you have one or more employees.

State or U.S. territory *:

6. Select all other states and U.S. territories where you have one or more employees. * Do not include the previously selected reporting state.

Select at least one state or territory to register as a multistate employer.

<input type="checkbox"/> All States and Territories					
<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Delaware	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Guam
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana	<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas
<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Michigan
<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada
<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota
<input type="checkbox"/> Ohio	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota	<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont
<input type="checkbox"/> Virgin Islands	<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington	<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming

7. Sign this form.

By completing this form, I certify the information provided is accurate and that I am authorized to complete this form on my company's behalf.

Signature of the person completing this form*:

Date*:

Submitting this form to the U.S. Department of Health and Human Services meets the requirement to supply written notice about your choice to report new hire information to only one state and to identify that state (42 U.S.C. § 653A(b)(1)(B)). The completed form can be submitted by email or postal service.

Email the completed form to
msedb@acf.hhs.gov.

HHS Administration for Children and Families
Office of Child Support Enforcement
Multistate Employer Registration
PO Box 509
Randallstown, MD 21133

For general information about the employer's role in the child support program, visit OCSE's Employer Services website at <https://www.acf.hhs.gov/css/employers>.

Note: If your company merges with or acquires another company, or has other changes that may affect this reporting requirement, send a revised form with the new or updated information. You can also update this information online at <https://ocsp.acf.hhs.gov/OCSE/>.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this voluntary information collection is for multistate employers to register to submit their new hire reports to one state or make changes to a previous registration. Public reporting estimated burden for this collection of information is estimated to average .050 hours to submit the MSER form per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. As provided by 42 U.S.C. § 653(m)(2), confidential information collected for this program is accessed only by authorized users. A federal agency may not conduct or sponsor an information collection without a valid OMB Control Number. No individual or entity is required to respond to, nor shall an individual or entity be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, without a current valid OMB Control Number. If you have any comments on this collection of information, please contact OCSEFedSystems@acf.hhs.gov.