

## Multistate Employer Registration Form for New Hire Reporting

If you are an employer with employees in two or more states and you want to report all new hires to one state, you must register with the U.S. Department of Health and Human Services. You have two options to register.

**Note:** To report new hires to a single designated state or territory, you must register as a multistate employer.

### How to Register as a Multistate Employer or Make Changes to a Previous Registration

**Option 1:** Register as a new user on the Office of Child Support Enforcement (OCSE) [Child Support Portal](#) or login to access the Multistate Employer Registration (MSER).

**Option 2:** Fill out and email this form to [msedb@acf.hhs.gov](mailto:msedb@acf.hhs.gov).

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

### Reporting Requirement

Federal law (42 U.S.C. § 653A(b)(1)(A)) requires employers to provide the following information about newly hired or rehired 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.

### Cancel Registration

If you are no longer a multistate employer or are a multistate employer but no longer report to a single state, select the **Cancel Registration** check box below.

**Cancel Registration:** If checked, complete items 1–4 and 7, and email this form to .

If registered on the Portal (<https://ocsp.acf.hhs.gov/csp/home/employer>) cancel your registration by selecting "Update MSER" then select "Deregister" to cancel.

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### Registration Information

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. 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:**

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

Enter your name, work email address and phone number.

**Name \***

**Email:**

**Phone:**

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### Subsidiary Information

To enter information about all your company's subsidiaries (subsidiaries are companies owned or controlled by another company):

- Go to <https://www.acf.hhs.gov/css/training-technical-assistance/organization-multiple-fein-templates> to access the **OCSE Portal Organization FEIN Template** to list your subsidiaries and submit with this form.

### Designate Reporting State

4. Select the state or U.S. territory to submit new hires to. You cannot report new hires to the OCSE Child Support Portal. You must report new hires to the Reporting State agency.

You must have at least one employee working in the state or territory you designate.

**Reporting State or U.S. territory \***

### Select Operating States

5. Select all other states and U.S. territories where you have one or more employees currently working.

- Do not include the previously selected reporting state from #4.
- \*Select at least one other 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

6. 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, or by registering as a Multistate Employer on the OCSE Portal, 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)).

### Where to Submit This Form

Email the completed form to: [msedb@acf.hhs.gov](mailto:msedb@acf.hhs.gov).

You may also register and make changes to a previous MSER via the OCSE Child Support Portal (<https://ocsp.acf.hhs.gov/csp/home/employer>)

For general information about the employer's role in the child support program, visit the OCSE 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/csp/home/employer>.