



**EMPLOYER INFORMATION**

**FEDERAL ID NUMBER (SAME AS UI #)**

**EMPLOYER NAME**

**EMPLOYER ADDRESS (INCOME WITHHOLDING ADDRESS)**

**CITY**

**STATE ZIP**

**EMPLOYER CONTACT INFORMATION**

**FIRST**

**LAST**

**PHONE NUMBER**

**FAX NUMBER**

**E-MAIL ADDRESS**

**EMPLOYEE INFORMATION**

**SOCIAL SECURITY NUMBER**

**IS HEALTH INSURANCE AVAILABLE TO  
EMPLOYEE? (OPTIONAL)**

 Y  N

**FIRST NAME**

**MI**

**LAST NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

**START DATE**

mm

dd

yyyy

**DATE OF BIRTH (OPTIONAL)**

mm

dd

yyyy