

### Texas Employer New Hire Reporting Form



Submit within 20 calendar days of new employee's first day of work to:  
**ENHR Operations Center, P.O. Box 149224**  
 Austin, TX 78714-9224  
 Phone: 1-800-850-6442 FAX: 1-800-732-5015  
 Online: <http://employer.oag.state.tx.us>

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C
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1	2	3
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#### Employer Information

1. Federal Employer ID Number (FEIN):  
*Please use the same FEIN that appears on quarterly wage reports.*

2. State Employer ID Number (Optional):

3. Employer Name:

4. Employer Address (Please indicate the address where the Income Withholding Orders should be sent):

5. Employer City (if US):  6. State (if US):  7. ZIP Code (if US):  -

8. Province/Region (if foreign):  9. Country (if foreign):  10. Postal Code (if foreign):

11. Employer Telephone (Optional):  12. Employer FAX (Optional):

13. New Hire Contact Person (Optional):

#### Employee Information

14. Social Security Number (SSN):  15. First Day of Work (MM/DD/YYYY) (Optional):

16. Employee First Name:

17. Employee Middle Name:

18. Employee Last Name:

19. Employee Home Address:

20. Employee City (if US):  21. State (if US):  22. ZIP Code (if US):  -

23. Province/Region (if foreign):  24. Country (if foreign):  25. Postal Code (if foreign):

26. State Where Employee Was Hired (Optional):  27. Employee DOB (MM/DD/YYYY) (Optional):

28. Employee's Salary (Dollars and Cents) (Optional):

29. Salary Frequency (Check One ONLY) (Optional):  
 Hourly  Weekly  Biweekly  Semi-Monthly  Monthly  Annually