



Form NHR New Hire and Independent Contractor Reporting Form

Rev. 6/06
Massachusetts
Department of
Revenue

TO ENSURE ACCURACY, PRINT (OR TYPE) NEATLY IN UPPER-CASE LETTERS AND NUMBERS, USING A DARK, BALLPOINT PEN.

Employee Information

FIRST NAME M.I. LAST NAME

SOCIAL SECURITY NUMBER DATE OF HIRE OR REINSTATEMENT

ADDRESS

ADDRESS (cont'd.)

CITY/TOWN/POST OFFICE STATE ZIP + 4 (optional)

Employer Information

NAME (name, dba, etc.) EMPLOYER IDENTIFICATION NUMBER

PAYROLL ADDRESS to which the Income Withholding Order will be sent

PAYROLL ADDRESS (cont'd.)

CITY/TOWN/POST OFFICE STATE ZIP + 4 (optional)

Send completed form to: Massachusetts Department of Revenue, PO Box 55141, Boston, MA 02205-5141, or fax to 617-376-3262.

Helpful hint: Once you have completed your employer information, you may copy this form to save time when reporting future new hires and independent contractors.

IT'S THE LAW! Massachusetts regulations requires employers with 25 or more employees to report their new hires and independent contractors electronically. For more information, visit www.mass.gov/cse and click on the New Hire Reporting link in the Quick Links menu.