

State of Michigan New Hire Reporting Form

Federal law requires public (State and local) and private employers to report all newly hired or rehired employees who are working in Michigan to the State of Michigan.¹ This form is recommended for use by all employers who do not report electronically.

- A newly hired employee is an individual not previously employed by you, and a rehired employee is an individual who was previously employed by you but separated from employment for at least 60 consecutive days.
- Reports must be submitted within 20 days of hire date (i.e., the date services are first performed for pay).
- This form may be photocopied as necessary. Many employers preprint employer information on the form and have the employee complete the necessary information during the hiring process.
- When reporting new hires with special exemptions, please use the MI-W4 form.
- Online and other electronic reporting options are available at: www.mi-newhire.com.
- Employers who report electronically and have employees working in two or more states may register as a multi-state employer and designate a single state to which new hire reports will be transmitted. Information regarding multi-state registration is available online at: <http://www.acf.hhs.gov/programs/cse/newhire/employer/private/newhire.htm#multi> or call (410) 277-9470.
- Reports will not be processed if mandatory information is missing. Such reports will be rejected and you must correct and resubmit them.
- For optimum accuracy, please print neatly in all capital letters and avoid contact with the edge of the box. See sample below.

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EMPLOYEE Information (Mandatory)		Social Security Number:
First Name:	<input type="text"/>	<input type="text"/>
Last Name:	<input type="text"/>	Middle Initial: <input type="text"/>
Address:	<input type="text"/>	
City:	<input type="text"/>	State: <input type="text"/>
Zip Code:	<input type="text"/>	Hire Date: <input type="text"/>
OPTIONAL	Date of Birth: <input type="text"/>	Driver's License No: <input type="text"/>

EMPLOYER Information (Mandatory)		Federal Employer Identification Number (FEIN):
Employer Name:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	
City:	<input type="text"/>	State: <input type="text"/>
Zip Code:	<input type="text"/>	
OPTIONAL	Contact Name: <input type="text"/>	Contact Fax: <input type="text"/>
Contact Phone:	<input type="text"/>	<input type="text"/>
Contact Email:	<input type="text"/>	

¹ Ref: Social Security Act section 453A and the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (P.L. 104-193), effective October 1, 1997.