Mississippi New Hire Reporting Form

Mail completed form to: Mississippi State Directory of New Hires

PO Box 437

Norwell, MA 02061

Or fax completed form to: 1-800-937-8668



Effective October 1, 1997, all Mississippi employers (or independent contractors) are required to report certain information about personnel who have been newly hired, rehired, or have returned to work. **Reports must be made within 15 calendar days from date of hire.** Employers must either (1) complete this form, or (2) submit a copy of the worker's IRS W-4 form with the "other information section" completed on this form, or (3) submit the information by magnetic tape or floppy diskette. *To submit new hire reports electronically, call 1-800-241-1330 to obtain information.*

Below, please complete all employer information **EMPLOYER INFORMATION** *Federal Employer Identification Number (FEIN): | 6 | 4 | - | 6 | 0 | 0 | 0 | 9 | (Please the same FEIN for which listed employee(s) quarterly wages will be reported under) State Employer Identification Number (SEIN): *Employer Name: Pearl River Community College DBA: *Address: 101 Highway 11 North (Please indicate the address where the Income Withholding Order will be sent) Contact Name: Kelly Reid Phone: (601) 403-1489 Email: kareid@prcc.edu Below, please complete one entry for each new employee **EMPLOYEE INFORMATION** *Social Security Number: Gender (circle one): Male Female Middle: _____ *First Name: _____ *Last Name: ____ *Employee Address: *City:_____ *State: _____ *Zip Code: ____ +4: ____ Date of Birth: ____/____ *Date of Hire: ____/____ State of Hire _____ Employee Salary: <u>LEAVE BLANK</u> Payment Frequency (circle one): Weekly Bi-weekly Monthly Annually Is this employee eligible for medical insurance (circle one)? Yes No