

New Hire Reporting Form

Louisiana Department of Children & Family Services | Office of Family Support, Child Support Enforcement

Federal and Louisiana law require employers to report all newly hired and re-hired employees within 20 days of their hire date. Complete this form (typed or printed) and submit it by email or fax using the contact information at the bottom of this form. You may also submit a copy of each employee's W-4 form in place of this form. One form may be used to report multiple new hires (see page 2 for additional employees).

All fields on this form must be completed for the submission to be considered valid.

Employer Information

| | | | |
|--------------------------|----------------------|----------------------|-------------------------|
| Employer / Business Name | Federal EIN (FEIN) | | |
| <input type="text"/> | <input type="text"/> | | |
| Street Address | Apt/Suite # | | |
| <input type="text"/> | <input type="text"/> | | |
| City | State | ZIP | LA State EIN (optional) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Employer Contact Name | Contact Phone | Contact Email | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

Employee Information (New Hire #1)

| | | | | |
|----------------------|---------------------------------|------------------------------------|---------------------------------------|----------------------------------|
| Employee First Name | M.I. | Employee Last Name | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Street Address | Apt/Suite # | | | |
| <input type="text"/> | <input type="text"/> | | | |
| City | State | ZIP | Social Security Number | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Date of Birth | Date of Hire | State of Hire | Salary / Rate of Pay | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Pay Frequency | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-weekly | <input type="checkbox"/> Semi-monthly | <input type="checkbox"/> Monthly |

Submitter Information

Person completing this form (in case we need to follow up about this submission):

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Submitter Name | Title | Phone | Email |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date Submitted | <input type="text"/> | | |

Submit this completed form to the Louisiana New Hire Reporting Unit:

Email: Newhirereporting@la.gov

Fax: 225-342-5004 (inbound faxes only — all incoming faxes are routed to the New Hire Reporting mailbox)

Need to report more than two new hires? Use additional copies of page 2 of this form, or attach a list with the same data elements.

New Hire Reporting Form — Additional Employee(s)

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Employee Information (New Hire #2)

| | | | |
|----------------------|---------------------------------|------------------------------------|--|
| Employee First Name | M.I. | Employee Last Name | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Street Address | | | Apt/Suite # |
| <input type="text"/> | | | <input type="text"/> |
| City | State | ZIP | Social Security Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth | Date of Hire | State of Hire | Salary / Rate of Pay |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Pay Frequency | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-weekly | <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly |

Employee Information (New Hire #3)

| | | | |
|----------------------|---------------------------------|------------------------------------|--|
| Employee First Name | M.I. | Employee Last Name | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Street Address | | | Apt/Suite # |
| <input type="text"/> | | | <input type="text"/> |
| City | State | ZIP | Social Security Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth | Date of Hire | State of Hire | Salary / Rate of Pay |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Pay Frequency | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-weekly | <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly |

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Email: Newhirereporting@la.gov Fax: 225-342-5004 (inbound faxes only)
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