Ohio Department of Job and Family Services

OHIO NEW HIRE REPORTING

Ohio Revised Code section 3121.89 to 3121.8910 requires all Ohio employers, both public and private, to report all contractors and newly hired employees to the state of Ohio within 20 days of the contract or hire date. Information about new hire reporting and online reporting is available on our website: www.oh-newhire.com

To ensure the highest level of accuracy, please print neatly in

Ohio New Hire Reporting Center PO Box 15309	capital letters and avoid contact with the edges of the boxes. The following will serve as an example:								
Columbus, OH 43215-0309 Fax: (614) 221-7088 or toll-free fax (888) 872-1611		Α	В	С		1	2	3	
EMPLOYE	R INFO	RMATI	ON						
Federal Employer ID Number (FEIN) (Please use the same				ee's qu	arterly wa	ages w	ill be r	eporte	d under):
3 4 0 8 2 0 6 6 4 Employer Name:									
Fairlawn Swi	m	ę	T	e	nn	i	S		
Employer Address (Please indicate the address where the	Income	Withhold	ding Oi	ders s	hould be	sent)			
PO BOX 5136									
Employer City:				Emplo	yer State	e:	Zip C	ode	(5 digit):
Fairlawn	(Acceptant)		era mane a responsar	0	H	4	4	3	3 4
Employer Phone (optional): Extens	sion:		mploye	er Fax	(optiona	al):			
2342075772						<u> </u>			
Email: Kelleyejssbltd, Com									
EMPLOYEE OR CONTRACTOR INFORMATION									
EMPLOYEE OR CON	TRAC	OR IN	FORM	IATIO	ON				
Social Security Number (SSN)		FOR INI here if u				ontra	ctor)		
			sing F		or the Co	ontra	ctor)		
			sing F	EIN fo	or the Co	ontra	ctor)	Midd	lle Initial:
Social Security Number (SSN)			sing F	EIN fo	or the Co	ontra	ctor)	Midd	dle Initial:
Social Security Number (SSN)			sing F	EIN fo	or the Co	ontra	ctor)	Midd	dle Initial:
Social Security Number (SSN) First Name:			sing F	EIN fo	or the Co	ontrac H	ctor)	Midd	dle Initial:
Social Security Number (SSN) First Name:			sing F	EIN fo	or the Co	ontra	ctor)	Midd	dle Initial:
Social Security Number (SSN) First Name: Last Name:			sing F	EIN fo	or the Co	ontra	ctor)	Midd	dle Initial:
Social Security Number (SSN) First Name: Last Name:			sing F	EIN fo	or the Co	H			
Social Security Number (SSN) First Name: Last Name: Address:			sing F	EIN fo	or the Co	H			dle Initial:
Social Security Number (SSN) First Name: Last Name: Address:		here if u	sing F	EIN for	or the Colline:	H			
Social Security Number (SSN) First Name: Last Name: Address: City:		here if u	Stat	State	or the Colline:	H			
Social Security Number (SSN) First Name: Last Name: Address: City:	(Check	ls this	State	State	e:	H	ip Coo	de (5	digit):

Send completed forms to: