



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

**NEW HIRE REPORTING METHODS AND INSTRUCTIONS**

**INTERNET REPORTING**

**NOTE: Internet reporting is our preferred method of reporting. Use the following web site address:**  
[www.dshs.wa.gov/newhire/](http://www.dshs.wa.gov/newhire/)

**TELEPHONE REPORTING**

Call 1-800-562-0479 and select menu option #3 to speak with one of our staff to report new or rehired employees by telephone. Operators are available Monday through Friday from 7 a.m. until 4:00 p.m. Automatic voice recording is available all other hours, seven days a week.

**FAX REPORTING**

Fax reports to 1-800-782-0624. **If you use another company's fax machine to send your report, please write your company's name and telephone number on the cover sheet and report.**

**FORM REPORTING**

You may use the report form printed below, W-4 forms, and other lists to report new or rehired employees. Page 2 shows other ways to report new or rehired employees. Do not use I-9 forms to report new or rehired employees.

**If you use the report form printed below, please make copies for future reporting or call (800) 562-0479 to request a packet containing an expanded version of the form.**

|                                 |                |                                   |  |
|---------------------------------|----------------|-----------------------------------|--|
| EMPLOYER NAME AND ADDRESS       |                | EMPLOYER FEDERAL ID NUMBER (FEIN) |  |
| <b>NEW OR REHIRED EMPLOYEES</b> |                |                                   |  |
| EMPLOYEE NAME                   |                |                                   |  |
| EMPLOYEE ADDRESS                |                |                                   |  |
| EMPLOYEE CITY                   | EMPLOYEE STATE | EMPLOYEE ZIP CODE                 |  |
| EMPLOYEE SOCIAL SECURITY NUMBER |                | EMPLOYEE BIRTH DATE               |  |
| <b>EMPLOYEE NAME</b>            |                |                                   |  |
| <b>EMPLOYEE ADDRESS</b>         |                |                                   |  |
| EMPLOYEE CITY                   | EMPLOYEE STATE | EMPLOYEE ZIP CODE                 |  |
| EMPLOYEE SOCIAL SECURITY NUMBER |                | EMPLOYEE BIRTH DATE               |  |