Texas Employer New Hire Reporting Form

Submit within 20 calendar days of new employee's first day of work to:

ENHR Operations Center, P.O. Box 149224
Austin, TX 78714-9224
Phone: 1-800-850-6442 FAX: 1-800-732-5015
Online: www.employer.texasattorneygeneral.gov

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C

1	2	3

Employer Information

1. Federal Employer ID Number (FEIN):
Please use the same FEIN that appears on quarterly wage reports.

7	5	2	6	2	3	3	3	1

2. State Employer ID Number (Optional):

3. Employer Name:

C	O	V	E	N	A	N	T		C	H	R	I	S	T	I	A	N		A	C	A	D	E	M	Y

4. Employer Address (Please indicate the address where the Income Withholding Orders should be sent):

9	0	1		C	H	E	E	K		S	P	A	R	G	E	R		R	D

5. Employer City (if US):

C	O	L	L	E	Y	V	I	L	L	E

6. State (if US):

T	X

7. ZIP Code (if US):

7	6	0	3	4	–				

8. Province/Region (if foreign):

9. Country (if foreign):

10. Postal Code (if foreign):

11. Employer Telephone (Optional):

8	1	7	2	8	1	4	3	3	3

12. Employer FAX (Optional):

8	1	7	5	1	4	8	2	0	1

13. New Hire Contact Person (Optional):

B	E	C	K	Y		H	Y	D	E

Employee Information

14. Social Security Number (SSN):

15. Date of Hire (MM/DD/YYYY):

16. Employee First Name:

17. Employee Middle Name:

18. Employee Last Name:

19. Employee Home Address:

20. Employee City (if US):

21. State (if US):

22. ZIP Code (if US):

23. Province/Region (if foreign):

24. Country (if foreign):

25. Postal Code (if foreign):

26. State Where Employee Was Hired (Optional):

27. Employee DOB (MM/DD/YYYY) (Optional):

28. Employee's Salary (Dollars and Cents) (Optional):

29. Salary Frequency (Check One ONLY) (Optional):

☐ Hourly ☐ Weekly ☐ Biweekly ☐ Semi-Monthly ☐ Monthly ☐ Annually