Nebraska New Hire Reporting Form

Effective October 1, 1997 Nebraska Statute 48-2301 requires all Nebraska Employers, both public and private, to report all newly hired, rehired, or returning to work employees to the State of Nebraska within 20 days of hire or rehire date. Information about new hire reporting and online reporting is available on our web site: www.ne-newhire.com

Send completed forms to:
Nebraska New Hire Reporting
PO Box 144013
Austin, TX 78714-4013
Fax: toll-free (866) 808-2007

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:

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EMPLOYER INFORMATION				
Federal Employer ID Number (FEIN) (Please use the same FEIN as the listed employee's quarterly wages will be reported under):				
Employer Name:				
Employer Address (Please indicate the address where the Income Withholding Orders should be sent).				
Employer City:	Employer State:	Zip Code (5 digit):		
Employer Phone:	Employer Fax:			
Email:				
CONTRACTINEORMATION				
CONTRACT INFORM	IATION			
CONTRACT INFORM Contractor's Social Security Number (SSN):		an		
	IATION Check this box if this is Independent Contractor (1			
	Check this box if this is			
Contractor's Social Security Number (SSN):	Check this box if this is	099)		
Contractor's Social Security Number (SSN):	Check this box if this is	099)		
Contractor's Social Security Number (SSN): Contractor's First Name:	Check this box if this is	099)		
Contractor's Social Security Number (SSN): Contractor's First Name:	Check this box if this is	099)		
Contractor's Social Security Number (SSN): Contractor's First Name: Contractor's Last Name:	Check this box if this is	099)		
Contractor's Social Security Number (SSN): Contractor's First Name: Contractor's Last Name: Contractor's Address:	Check this box if this is Independent Contractor (1	099) Middle Initial:		
Contractor's Social Security Number (SSN): Contractor's First Name: Contractor's Last Name:	Check this box if this is Independent Contractor (1	099)		
Contractor's Social Security Number (SSN): Contractor's First Name: Contractor's Last Name: Contractor's Address:	Check this box if this is Independent Contractor (1	099) Middle Initial:		