New Jersey New Hire Reporting Form

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:

ABC

Federal and state legislation (N.J.S.A. 2A: 17-56.61) requires all New Jersey employers, both public and private, to report to the State of New Jersey all newly hired, contracted, rehired, or returning to work employees. Information about new hire reporting and online reporting is available on our website: **www.njcsesp.com**

Send completed forms to:

PO Box 4654 Trenton, NJ 08650-4901

New Jersey Child Support Employer Services Center

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EMPLOYER	RINFORMATION
Federal Employer ID Number (FEIN): (Please enter the same	ne FEIN used to report the employee's quarterly wages)
2 2 - 6 0 0 2 1 8 9	
Employer Name:	
PARK RIDGE BI	D OF F D
Employer Address:	
85 PASCACK RI	
	
Employer City:	State: Zip Code:
	N.J. 07656
Employer Phone (optional): Extensi	
2 1 1 5 7 3 6 0 0 0 1 1	100 2013916511
Email Address:	
HR@parkridge.	. k 1 2 . n J . u s
EMPLOYEE I	INFORMATION
Employee Social Security Number (SSN):	Is this employee an Independent Contractor?
	Yes No
Employee First Name:	Middle Initia
Employee First Name:	Middle Initia
Employee First Name: Employee Last Name:	Middle Initia
	Middle Initia
	Middle Initia
Employee Last Name:	Middle Initia
Employee Last Name:	Middle Initia
Employee Last Name: Employee Address:	
Employee Last Name: Employee Address:	State: Zip Code:

Reports must be submitted within 20 days of hire or rehire date. Failure to report could result in a fine.

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call us at (609) 631-0330 or toll-free at (877) NJ-HIRES