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	A B C 1 2 3
EMPLOYER	INFORMATION
	FEIN as the listed employee's quarterly wages will be reported under):
3 1 0 0 9 6 7 2 Employer Name:	
CENTRAL OH 10 Employer Address (Please indicate the address where the	SYMPHONYINC
	micome viumoiding Orders shodia be sent).
P 0 B0X 619	
Employer City:	Employer State: Zip Code (5 digit):
Employer Phone (optional): Extensi	on: Employer Fax (optional):
7403621799	
Email: INFOQCENTRA	LOHLOSYMPHONY
EMPLOYEE OR CONT	RACTOR INFORMATION . O LG
	RACTOR INFORMATION 。 ひとら Check here if using FEIN for the Contractor)
	Check here if using FEIN for the Contractor)
<u> </u>	
Social Security Number (SSN)	Check here if using FEIN for the Contractor) State of Hire:
Social Security Number (SSN)	Check here if using FEIN for the Contractor) State of Hire:
Social Security Number (SSN) First Name:	Check here if using FEIN for the Contractor) State of Hire:
Social Security Number (SSN) First Name:	Check here if using FEIN for the Contractor) State of Hire:
Social Security Number (SSN) First Name: Last Name:	Check here if using FEIN for the Contractor) State of Hire:
Social Security Number (SSN) First Name: Last Name:	Check here if using FEIN for the Contractor) State of Hire:
Social Security Number (SSN) First Name: Last Name: Address:	Check here if using FEIN for the Contractor) State of Hire: Middle Initial:
Social Security Number (SSN) First Name: Last Name: Address:	Check here if using FEIN for the Contractor) State of Hire: Middle Initial:
Social Security Number (SSN) First Name: Last Name: Address: City:	State of Hire: Middle Initial: State: Zip Code (5 digit):
Social Security Number (SSN) First Name: Last Name: Address: City:	State of Hire: Middle Initial: State: Zip Code (5 digit): Is this a Contractor?

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Send completed forms to: