Maine New Hire Reporting Form

Send completed forms to:
Maine New Hire Reporting Program
PO Box 463
Norwell, MA 02061-0463
Fax: (888) 334-3760

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

**Required Fields*

*Federal Employer ID Number (FEIN):

DOL State ID Number:

*Employer Name:

*Employer Address:

*Employer City:

*Employer State:

*Zip Code (5 digit):

Employer Phone:

Extension:

Employer Fax:

Email:

EMPLOYEE INFORMATION

**Required Fields*

*Employee Social Security Number (SSN):

*Employee First Name:

Middle Name:

*Employee Last Name:

*Employee Address:

*Employee City:

*Employee State:

*Zip Code (5 digit):

*Date of Birth:

*Date of Hire:

Date of Termination:

Home Phone:

Insurance Available for Employee? (Y/N)

Insurance Cost: $

Occupation/Job Title:

Pay Type (Hourly/Salary)

Wage Amount: $

Insurance Available for Dependent(s)? (Y/N)

Pay Frequency (WK/BW/TM/MO)

*Re-hire? (Y/N):

*Independent Contractor (Y/N)

Dependent Covered? (Y/N)

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call us at toll-free (888) 641-0037

Rev. December 2025