

# Montana New Hire Reporting Form

Note: All applicable information in the Employer and Employee Sections "Is Required To Be Reported"

## EMPLOYER SECTION – REQUIRED INFORMATION

Federal ID Number: 81-6001387 \_\_\_\_\_

Business Name: Lincoln County \_\_\_\_\_

Mailing Address: 512 California Avenue \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: Libby \_\_\_\_\_ State: MT \_\_\_\_\_ Zip Code: 59923 \_\_\_\_\_

Foreign Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: 406-283-2311 \_\_\_\_\_ Ext. \_\_\_\_\_ Fax Number: 406-293-7057 \_\_\_\_\_

\*\*If address changed, place X here,  and make corrections below\*\*

Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Foreign Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## EMPLOYEE SECTION – REQUIRED INFORMATION

Social Security Number: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Foreign Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Foreign Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Optional Employee Information

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work Phone: \_\_\_\_\_ State of Hire: \_\_\_\_\_

Is Health Insurance Available:  Yes  No

Date Health Insurance Is Available: \_\_\_\_\_

Phone 1-888-866-0327 for New Hire Reporting Questions

**Mail To:** Montana New Hire Reporting,  
PO Box 8013  
Helena, MT 59604-8013

or **Fax to:** 1-888-272-1990 / **Local Fax:** 406-444-0745

(revised 7/2007)