Federal Identification No.: _____

Employer Name: _____

Employer Address: _____

_____

_____

This information may also be submitted through the internet at the following address: http://www.labor.vermont.gov

VERMONT
VERMONT DEPARTMENT OF LABOR

NEW HIRE REPORTING FORM

Return to:
Vermont Department of Labor
ATTN: New Hire
P.O. Box 488
Montpelier, VT 05601-0488
or FAX to: 802-828-4286

Social Security No.	Employee Name	Address (Street, City/Town, State, Zip Code)	Date Employee Actually Began Working for Compensation

NOTE: All new hires must be reported within 10 days of the date of hire, the first day work is performed for compensation.

C-61 WEB (09/10)