



Mail Reports to:
 Indiana New Hire Reporting Center
 PO Box 3006
 Dublin, OH 43016

EMPLOYER INFORMATION

FEDERAL ID NUMBER																									
3	5	-	1	1	0	3	8	5	7																
EMPLOYER NAME																									
S	H	E	L	B	Y	E	A	S	T	E	R	N	S	C	H	O	O	L							
EMPLOYER ADDRESS (INCOME WITHHOLDING ADDRESS)																									
2	4	5	1		N	6	0	0	E																
EMPLOYER CITY						STATE			ZIP																
S	H	E	L	B	Y	V	I	L	L	E					I	N	4	6	1	7	6	-			
CONTACT FIRST NAME						CONTACT LAST NAME																			
M	A	R	Y										S	C	O	T	T								
PHONE NUMBER						FAX NUMBER																			
7	6	5	-	5	4	4	-	2	2	4	6		7	6	5	-	5	4	4	-	2	2	4	7	
E-MAIL ADDRESS																									
C	S	C	O	T	T	@	S	E	S	.	K	1	2	.	I	N	.	U	S						

EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER												IS HEALTH INSURANCE AVAILABLE? (OPTIONAL)															
			-									Y <input type="checkbox"/>		N <input type="checkbox"/>			MI										
EMPLOYEE FIRST NAME												<input type="checkbox"/>															
EMPLOYEE LAST NAME																											
EMPLOYEE ADDRESS																											
EMPLOYEE CITY						STATE			ZIP																		
START DATE						DATE OF BIRTH (optional)																					
		/			/								/			/											
mm		dd		yyyy		mm		dd		yyyy		mm		dd		yyyy											