



# Form NHR New Hire and Independent Contractor Reporting Form

Rev. 01/2010  
Massachusetts  
Department of  
Revenue

TO ENSURE ACCURACY, PRINT (OR TYPE) NEATLY IN UPPER-CASE LETTERS AND NUMBERS, USING A DARK, BALLPOINT PEN.

## Employee Information

FIRST NAME*	MI	LAST NAME*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
SOCIAL SECURITY NUMBER*	DATE OF HIRE OR REINSTATEMENT*		
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
ADDRESS*			
<input type="text"/>			
CITY/TOWN*	STATE*	ZIP*	+4 (OPTIONAL)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**IT'S THE LAW!** - Massachusetts regulations require employers with 25 or more employees to report their new hires and independent contractors electronically.

For more information, go to [www.mass.gov/dor](http://www.mass.gov/dor) and select the **For Businesses** tab located at the top of the page.

## Employer Information

EMPLOYER IDENTIFICATION NUMBER*	<input type="text"/>	-	<input type="text"/>
CORPORATE NAME*			
<input type="text"/>			
PAYROLL ADDRESS TO WHICH THE INCOME WITHHOLDING ORDER WILL BE SENT*			
<input type="text"/>			
PAYROLL ADDRESS (Continued)			
<input type="text"/>			
CITY/TOWN*	STATE*	ZIP*	+4 (OPTIONAL)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**NOTE:** All fields on this form with an \* are mandatory fields. Please ensure all information entered is legible and accurate prior to submitting the form to DOR.

**Helpful Hint:** Once you have completed your employer information, you may copy this form to save time when reporting future new hires and independent contractors.

### Send Completed Form NHR to:

Massachusetts Department of Revenue, PO Box 55141, Boston, MA 02205-5141 or,  
you may fax the completed form to 617-376-3262.