



Massachusetts Department of Revenue

Form NHR

New Hire and Independent Contractor Reporting Form

Employee information

| | | |
|------------------------|--|-----------|
| First name | Middle initial (optional) | Last name |
| Mailing address | | |
| City/Town | State | Zip |
| Social Security number | Date of hire or reinstatement (mm/dd/yyyy) | |

Employer information

| | | | |
|------------------------|--|-------|-----|
| Name of corporation | Account ID number | | |
| Payroll address | City/Town | State | Zip |
| Social Security number | Date of hire or reinstatement (mm/dd/yyyy) | | |

Important notice

Massachusetts regulations require employers with 25 or more employees to report their new hires and independent contractors at mass.gov/dor. Mail form to: **Massachusetts Department of Revenue, PO Box 55141, Boston, MA 02205-5141** or fax to (617) 376-3262.