FLORIDA

Child Support Program

CS-EF315
N. 09/21

Florida New Hire Reporting Form

Print capital letters neatly and avoid contact with the edges of the boxes to ensure accuracy. Example: | A | B | C | 1 | 2 | 3 |

Employer / Business Information

Federal Employer ID Number (FEIN) – Please use the same FEIN that appears on your quarterly wage reports you submit to the state:

Is (will medical insurance be available to the employee? Y/N

Florida Employer Unemployment Compensation (UCT-6) Number:

*Optional information

Employer / Business Name:

Address:

City: State: Zip Code (5 digit):

Phone: Extension: Fax:

Contact Name:

Employee / Independent Contractor Information

Social Security Number (SSN): - - or Individual Taxpayer Identification Number (ITIN) - -

First Name: Middle Initial:

Last Name:

Address:

City: State: Zip Code (5 digit):

Date of Hire: Date of Birth:

Independent Contractor? Y/N

Social Security number disclosure is mandatory based on Title 42 United States Code sections 666(a)(13), 653a, and 654a(e), and on section 409.2577, Florida Statutes. We collect social security numbers for child support purposes. For more information go to www.floridarevenue.com/pages/privacy.aspx.

Businesses must report independent contractors paid $600 or more in a calendar year for services rendered in the course of the trade or business within 20 days of the date the contract starts or the date of first payment.

Reports must be submitted within 20 days of date of hire or rehire

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call (850) 656-3343 or Toll-Free 1 (888) 854-4791

Send completed forms to:

Florida New Hire Reporting Center
PO Box 6500
Tallahassee, FL 32314-6500
Fax: (850) 656-0528 or Toll-Free Fax 1 (888) 854-4762