

Montana New Hire Reporting Form

Note: All applicable information in the Employer and Employee Sections "Is Required To Be Reported"

EMPLOYER SECTION – REQUIRED INFORMATION

Federal ID Number: 27-2179068 _____

Business Name: Serenity Care _____

Mailing Address: 1018 Pleasant _____

Address Line 2: _____

City: Miles City _____ State: MT _____ Zip Code: 59301 _____

Foreign Country: _____ Zip Code: _____

Business Phone: 406-234-4104 _____ Ext. _____ Fax Number: 406-234-8019 _____

****If address changed, place X here, ☐ and make corrections below****

Mailing Address: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Foreign Country: _____ Zip Code: _____

EMPLOYEE SECTION – REQUIRED INFORMATION

Social Security Number: _____ Date of Hire: _____

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Foreign Country: _____ Zip Code: _____

Home Address: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Foreign Country: _____ Zip Code: _____

Optional Employee Information

Home Phone: _____ Date of Birth: _____

Work Phone: _____ State of Hire: _____

Is Health Insurance Available: ☐ Yes ☐ No

Date Health Insurance Is Available: _____

Phone 1-888-866-0327 for New Hire Reporting Questions

Mail To: Montana New Hire Reporting,
PO Box 8013
Helena, MT 59604-8013

or **Fax to:** 1-888-272-1990 / **Local Fax:** 406-444-0745

(revised 7/2007)