Michigan Department of Treasury
3281(Rev. 9-12)

State of Michigan New Hire Reporting Form

Federal law requires public (State and local) and private employers to report all newly hired or rehired employees who are working in Michigan to the State of Michigan.[1] This form is recommended for use by all employers who do not report electronically.

Michigan New Hire Operations Center
P.O. Box 85010
Lansing, MI 48908-5010
Phone: (800) 524-9846
Fax: (877) 318-1659

- A newly hired employee is an individual not previously employed by you, and a rehired employee is an individual who was previously employed by you but separated from employment for at least 60 consecutive days.
- Reports must be submitted within 20 days of hire date (i.e., the date services are first performed for pay).
- This form may be photocopied as necessary. Many employers preprint employer information on the form and have the employee complete the necessary information during the hiring process.
- When reporting new hires with special exemptions, please use the MI-W4 form.
- Online and other electronic reporting options are available at: www.mi-newhire.com.
- Employers who report electronically and have employees working in two or more states may register as a multi-state employer and designate a single state to which new hire reports will be transmitted. Information regarding multi-state registration is available online at: http://www.acf.hhs.gov/programs/cse/newhire/employer/private/newhire.htm#multi or call (410) 277-9470.
- Reports will not be processed if mandatory information is missing. Such reports willl be rejected and you must correct and resubmit them.
- For optimum accuracy, please print neatly in all capital letters and avoid contact with the edge of the box. See sample below.

A	B	C	1	2	3

EMPLOYEE Information *(Mandatory)*

Social Security Number:

First Name:

Middle Initial:

Last Name:

Address:

City:

State:

Zip Code:

Hire Date:

OPTIONAL

Date of Birth:

Driver's License No:

EMPLOYER Information *(Mandatory)*

Federal Employer Identification Number (FEIN):

Employer Name:

Address:

City:

State:

Zip Code:

OPTIONAL

Contact Name:

Contact Phone:

Contact Fax:

Contact Email:

[1] Ref: Social Security Act section 453A and the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (P.L. 104-193), effective October 1, 1997.