New Hire Reporting Methods and Instructions

Use one of the following methods to report **newly hired employees** to the Division of Child Support (DCS). A "**new hire**" is an employee who has never worked for you before, or a former employee who has returned after a separation of at least 60 consecutive days. The "**date of hire**" is the date on which the employee first performed services for pay or the date on which the former employee returned to perform services for pay.

Internet Reporting

Internet reporting saves employers time and money and is the preferred method of reporting. Use Secure Access Washington (SAW): https://secureaccess.wa.gov. Once you sign up, add the DCS Online service to enter your new hires. For assistance with online reporting, call DCS Employer Relations at 800-562-0479.

Telephone Reporting

Call 800-562-0479 to report by telephone. Operators are available Monday through Friday from 8:00 a.m. to 5:00 p.m. Pacific time. Outside of these hours, or if operators are temporarily unavailable, please leave a voice mail. Report the same information listed on the form below.

Fax Reporting

Fax reports to 800-782-0624. If you use another company's fax machine to send your report, please write your company's name and telephone number on the fax cover sheet. You may use the form provided below, W-4 forms (add the employee's date of birth and the date of hire), or an equivalent form.

Mail Reporting

You may use the enclosed form, W-4 forms (add the employee's date of birth and the date of hire), or an equivalent form developed by you. Please use 10 to 12 point font size.

Mail reports to the following address:

> NEW HIRE REPORTING
> PO BOX 9023
> OLYMPIA WA 98507-9023

Multi-State Employer Registration

If you have employees working in more than one state and want to report all of your new hires and rehires to one location you will need to register with the federal Office of Child Support Services (OCSS). For more information go to https://ocsp.acf.hhs.gov/csp/home/employer or call OCSS at 800-258-2736.

Questions

E-mail your questions to dcshire@dshs.wa.gov or call 800-562-0479.

EMPLOYER NAME AND ADDRESS	EMPLOYER FEDERAL ID NUMBER (FEIN)

New or Rehired Employees

EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME

EMPLOYEE ADDRESS		

EMPLOYEE CITY	EMPLOYEE STATE	EMPLOYEE ZIP CODE

EMPLOYEE SOCIAL SECURITY NUMBER	EMPLOYEE BIRTH DATE	EMPLOYEE DATE OF HIRE

EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME

EMPLOYEE ADDRESS		

EMPLOYEE CITY	EMPLOYEE STATE	EMPLOYEE ZIP CODE

EMPLOYEE SOCIAL SECURITY NUMBER	EMPLOYEE BIRTH DATE	EMPLOYEE DATE OF HIRE

EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME

EMPLOYEE ADDRESS		

EMPLOYEE CITY	EMPLOYEE STATE	EMPLOYEE ZIP CODE

EMPLOYEE SOCIAL SECURITY NUMBER	EMPLOYEE BIRTH DATE	EMPLOYEE DATE OF HIRE

EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME

EMPLOYEE ADDRESS		

EMPLOYEE CITY	EMPLOYEE STATE	EMPLOYEE ZIP CODE

EMPLOYEE SOCIAL SECURITY NUMBER	EMPLOYEE BIRTH DATE	EMPLOYEE DATE OF HIRE

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