

**Mail Reports to:**

Indiana New Hire Reporting Center  
P.O. Box 3429  
Trenton, NJ 08619



Clear Form

**Employer Information**

Federal ID Number:		
<input type="text" value="35-6005952"/>		
Employer Name		
<input type="text" value="Southwestern CSD"/>		
Employer Address <i>(income withholding address)</i>		
<input type="text" value="3406 W. 600 S."/>		
Employer City	State	Zip
<input type="text" value="Shelbyville,"/>	<input type="text" value="IN"/>	<input type="text" value="46176"/>
Contact First Name	Contact Last Name	
<input type="text"/>	<input type="text"/>	
Phone Number	Fax Number	
<input type="text" value="317-729-5746"/>	<input type="text" value="317-729-5330"/>	
Email Address	<input type="text"/>	

**Employee Information**

Social Security Number	Is Health Insurance Available? <i>(optional)</i>	
<input type="text"/>	yes <input type="radio"/>	no <input type="radio"/>
Employee First Name	MI	Employee Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Address	<input type="text"/>	
Employee City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Start Date	Date of Birth <i>(optional)</i>	
<input type="text"/>	<input type="text"/>	