INDIANA
new hire reporting center

Indiana New Hire Reporting Center
Po Box 55097
Indianapolis, IN 46205

## EMPLOYER INFORMATION

**FEDERAL ID NUMBER (SAME AS UI #)**

**EMPLOYER NAME**
JAC-CEN-DEL COMM SCHOOL

**EMPLOYER ADDRESS (INCOME WITHHOLDING ADDRESS)**
723 N BUCKEYE STREET

**CITY**
OSGOOD

**STATE** IN **ZIP** 47037-

## EMPLOYER CONTACT INFORMATION

**FIRST** NANCY **LAST** MEANS

**PHONE NUMBER** 812-689-4114 **FAX NUMBER** 812-689-7423

**E-MAIL ADDRESS**
NMEANS@JACCENDEL.K12.IN.US

## EMPLOYEE INFORMATION

**SOCIAL SECURITY NUMBER** ---

**IS HEALTH INSURANCE AVAILABLE TO EMPLOYEE?** (OPTIONAL) Y N

**FIRST NAME** **MI**

**LAST NAME**

**ADDRESS**

**CITY** **STATE** **ZIP** -

**START DATE** mm dd yyyy

**DATE OF BIRTH** (OPTIONAL) mm dd yyyy