New Hire Reporting form
(Rev. 2026)

COLORADO
Office of Economic Security
Division of Child Support Services

Colorado State Directory of New Hires
PO Box 18, Ridgeland, MS 39158
Fax:(303) 297-2595

Colorado State Directory of New Hires

Federal law requires public (State and local) and private employers to report all newly hired or rehired employees, and all service providers, who are working in Colorado to the Colorado State Directory of New Hires. This form is recommended for use by all employers who do not report electronically. Electronic reporting is the preferred method of reporting employees and service providers.

An **Employee** is a person employed by an employer for compensation, which the employer would be required to report the compensation to the IRS. A new employee is an individual not previously employed by the employer. A re-hired employee is an individual who was previously employed by the employer, but separated without pay for at least 60 consecutive days.

A Service Provider* is a worker who is an independent contractor who provides either services for compensation in an amount greater or equal to the amount set forth in 26 U.S.C. Sec. 6041 ($600+); or rideshare or delivery services using a transportation network company's digital platform.

Reports must be submitted within 20 days of hire date (i.e., the date services are first performed for pay).

Online and other electronic reporting options are available at: newhire.state.co.us

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: ocsp.acf.hhs.gov/csp/mser 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 or SERVICE PROVIDER Information (Mandatory)

Social Security Number:

First Name:

Middle Initial:

Last Name:

Address:

City:

State:

Date of Birth:

Zip Code:

Service Provider Indicator:
Enter Y for Service Provider. Enter N for Employee

Hire Date:

EMPLOYER or SERVICE RECIPIENT Information (Mandatory)

Federal Employer Identification Number (FEIN):

Employer Name:

Address:

City:

State:

Zip Code:

OPTIONAL

Contact Name:

Contact Phone:

Contact Fax:

Contact Email:

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. *HB 1159 – State Directory of New Hires revisions effective May 2025.