



P.O. Box 997016
West Sacramento, CA 95799-7016
(916) 651-6945

NOTE: If using land carrier, i.e.,
UPS or Federal Express, use:
800 Capitol Mall, MIC 15A
Sacramento, CA 95814

Transmittal Date: _____

TRANSMITTAL FOR NEW EMPLOYEE REGISTRY PROGRAM

PART I TRANSMITTER / CONTACT INFORMATION

Transmitting Firm Name and Address _____ _____ _____ _____	Transmitting Firm's State Employer Account Number Transmitting Firm's contact person: Name: _____ Phone: _____
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PART II FIRM(S) BEING REPORTED

(Attach additional sheets if needed. Computer printouts of the required data may also be attached).

Employer Name (Firm #1)		Employer Name (Firm #2)	
State ID Number	No. New Hires Reported	State ID Number	No. New Hires Reported
Employer Name (Firm #3)		Employer Name (Firm #4)	
State ID Number	No. New Hires Reported	State ID Number	No. New Hires Reported
Employer Name (Firm #5)		Employer Name (Firm #6)	
State ID Number	No. New Hires Reported	State ID Number	No. New Hires Reported
Employer Name (Firm #7)		Employer Name (Firm #8)	
State ID Number	No. New Hires Reported	State ID Number	No. New Hires Reported

Total Number of New Hires Reported on File _____

PART III MAGNETIC MEDIA FILE INFORMATION

- IBM 3480 Tape Cartridge IBM 3490 Tape Cartridge
 Internal Label: Yes No
 CD-R
 3½ Inch Diskette