

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

NEW HIRE REPORTING

To: ISSD Data Control
New Hire Directory
PO Box 9023
Olympia, Washington 98507-9023
Fax: 1-800-782-0624

From:

Form W-4		Employee's Withholding Allowance Certificate			
1. Please print: First name		m.i.	Last name	Date of Birth	2. Social Security #
3. Home Address (number and street or rural route)					
4. City or town, state and ZIP code					
9. Employer					10. EIN