

TOWN OF HUDSON - VENDOR NUMBER REQUEST

**Form NHR
New Hire and Independent
Contractor Reporting Form**

Assigned Vendor # _____
Massachusetts
Department of
Revenue

TO ENSURE ACCURACY, PRINT (OR TYPE) NEATLY IN UPPER CASE LETTERS AND NUMBERS, USING A DARK, BALLPOINT PEN.

Vendor Information Check One Individual Corporation Company

Corporate Name _____

Social Security Number _____ Fed ID# _____ Date of Birth _____

Phone Number _____ Phone Number _____ Fax Number _____

Billing Address: _____

City / Town / Post Office _____ State _____ Zip _____ + 4 (optional) _____

Add'l Address _____

Employer Information

Name (name dba, etc.) _____ Employer Identification Number
 Town of Hudson _____ 046 | 001 | 188

Payroll Address to which the Income Withholding Order will be sent
 Finance Department _____

Payroll Address (cont'd)
 78 Main Street _____

City / Town / Post Office _____ State _____ Zip _____ + 4 (optional) _____
 Hudson _____ MA _____ 01749 _____ - _____

Send completed form to: Massachusetts Department of Revenue, P.O. Box 7032, Boston, MA 02204 or fax to 617-887-5049.

Helpful hint: Once you have completed your employer information, you may copy this form to save time when reporting future new hires and independent contractors.

REPORT NEW HIRES ONLINE! You may now report new hires via the Web! Visit baystatebiz.com for more information.