



Massachusetts Department of Revenue

Form NHR

New Hire and Independent Contractor Reporting Form

Employee information

First name	Middle initial (optional)	Last name
Mailing address		
City/Town	State	Zip
Social Security number	Date of hire or reinstatement (mm/dd/yyyy)	

Employer information

Name of corporation	TOWN OF BERKLEY	Account ID number
Payroll address	1 NORTH MAIN STREET	City/Town BERKLEY State MA Zip 02779
Social Security number	Date of hire or reinstatement (mm/dd/yyyy)	

Important notice

Massachusetts regulations require employers with 25 or more employees to report their new hires and independent contractors at mass.gov/dor. Mail form to: **Massachusetts Department of Revenue, PO Box 55141, Boston, MA 02205-5141** or fax to (617) 376-3262.