

Iowa Department of Human Services
**Centralized Employee Registry
Contractor Reporting**

PAYOR OF INCOME:

Telephone Number:

____ - ____ - _____
(Area Code plus Telephone Number)

Federal ID Number:

____ - _____ - _____
(FEIN plus 3-digit Iowa location suffix)

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ - _____

Date of Contracted Service: _____ - _____ - _____
Month Day Year

CONTRACTOR:

Date of Birth:

____ - ____ - _____
Month Day Year

Social Security Number:

____ - ____ - _____

Last Name: _____

First Name: _____

Middle Initial: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ - _____

Reporting Requirements:

Mail this form within 15 days of contract to:

**Centralized Employee Registry
PO Box 10322
Des Moines IA 50306-0322**

If you have questions regarding reporting requirements, or need an additional supply of this form, please call 877-274-2580.