

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: \_\_\_\_\_ - \_\_\_\_\_

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**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.