

Iowa Department of Human Services

Centralized Employee Registry
Contractor Reporting
PAYOR OF INCOME:

Telephone Number:

Federal ID Number:

641-269-4500

42-0680387-001

(Area Code + Telephone Number)

(FEIN plus 3-digit Iowa location suffix)

Name: GRINNELL COLLEGE

Street Address: ACCOUNTING

City: GRINNELL State: IA Zip: 50112-1690

Date of Contracted Service: / /
Month Day Year

CONTRACTOR

Date of Birth:

Social Security Number:

/ /
Month Day Year

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Last Name:

First Name:

Middle Initial:

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Street

Address: -----

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City: ----- State: ----- Zip: -----

Reporting Requirements:

Mail this form within 10 days of contract to:

Centralized Employee Registry

PO Box 10322

Des Moines IA 50306-0322

If you have questions regarding reporting requirements, or need additional supply of this form, please call 515-281-5331