## Georgia New Hire Reporting Form

Federal and state legislation (Georgia statute 19-11-9.2), requires all Georgia employers, both public and private, to report to the New Hire Reporting Program all newly hired, rehired, or returning to work employees. Information about new hire reporting and online reporting is available on our website: www.GA-newhire.com

Send completed forms to:

To ensure the highest level of accuracy, please print neatly in

Georgia New Hire Reporting Center PO Box 3068 Trenton, NJ 08619-0068	The following will serve as an example:
Fax toll-free: (888) 541-0521 or (404) 525-2983	1 2 3 A B C
EMPLOYED	INFORMATION
Federal Employer ID Number (FEIN): (Please enter the sam	INFORMATION  THE FEIN used to report the employee's quarterly wages)
- I I I I I I I I I I I I I I I I I I I	io i Ent used to report the employees quarterly mages/
Employer Name:	Tall
Employer Address: (Please use the address where the Wag	ge Withholding Orders should be sent)
Employer City:	State: Zip Code:
Contact Name:	
Employer Phone: Extension	ion: Employer Fax: (optional)
Email Address:	
EMPLOYEE	E INFORMATION
Employee Social Security Number (SSN):	
	1001.500
Employee First Name:	Middle Initial:
Employee Last Name:	<del></del>
Employee Address:	
Elipioyee Address.	
Employee City:	State: Zip Code:
Employee City.	
Employee City.	
Start Date (MMDDYY): Date of Birth:	Medical Insurance Available: (optional)
Start Date (MMDDYY): Date of Birth:	
	Medical Insurance Available: (optional)