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: Georgia New Hire Reporting Center PO Box 3068 Trenton, NJ 08619-0068 Fax toll-free: (888) 541-0521 or (404) 525-2983	To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example: 1 2 3 A B C
EMPLOYER INFORMATION	
Federal Employer ID Number (FEIN): (Please enter the sai	content but sub-content-under but more when but more when but more ways and the sub-content but the sub-co
Employer Name:	
Employer Address: (Please use the address where the Wa	age Withholding Orders should be sent)
Employer City:	State: Zip Code:
Contact Name:	, , , , , , , , , , , , , , , ,
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Employer Phone: Extens	sion: Employer Fax: (optional)
Email Address:	, , , , , , , , , , , , , , , , , , ,
EMPLOYEE INFORMATION	
Employee Social Security Number (SSN):	
Employee First Name:	Middle Initial:
Limployee i iist ivalile.	
Employee Last Name:	
Liipioyee Last Name.	
Employee Address:	
Employee City:	State: Zip Code:
Start Date (MMDDYY): Date of Birth:	Medical Insurance Available: (optional)
	Yes No
Medical Insurance Company Name: (optional)	
medical insurance company maine. (optional)	