## **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 Program

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:

PO Box 90728 East Point, GA 30364-0728	Α	вс	1 2 3
Fax: (404) 525-2983 or toll-free: (888) 541-0521			
EMPLOYER INFORMATION			
Federal Employer ID Number (FEIN): (Please enter the same FEIN used to report the employee's quarterly wages)			
rederal Employer ID Number (FEIN). (Fleuse enter	the sume renv used to rep	ort the employee's quart	erry wages)
B			
Primary Insurance Company Name (if available to	the employee):		<del>, , , , , , ,</del> ,
<del>                                   </del>			
Employer Name:			
Employer Address: (Please indicate the address where the Wage Withholding Orders should be sent)			
Employer City:		State:	Zip Code:
Employer Phone (optional): Extension: Employer Fax (optional):			
Email Address:			
EMPLOYEE INFORMATION			
Employee Social Security Number (SSN): Employee Starting Salary (Monthly):*			
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Employee First Name:			Middle Initial
			$\square$ $\square$
Employee Last Name:			
Employee Address:			
Employee City:		State:	Zip Code:
Start Date (MMDDYY): Date of Birth:			
	ПП	*Optional	
Medical Insurance Company Name:*			
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