

### New Hire Reporting Form

#### Required Employer Information

FEIN:
Employer Name:
Address:
Contact Name:
Contact Phone #:

*Please mail or fax to:*

Commonwealth of Pennsylvania  
 New Hire Reporting Program  
 P. O. Box 69400  
 Harrisburg, PA 17106-9400

Fax: 717-657-HIRE (717-657-4473)  
**1-866-748-4473 (TOLL FREE)**  
 Phone: 1-888-PAHIRES (1-888-724-4737)  
*(for questions only)*

This form can be duplicated
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#### Required Employee Information *(Please type or print legibly in black or blue ink.)*

Employee Social Security # _____	Date of Birth (mm/dd/yyyy) optional _____	Date of Hire (mm/dd/yyyy) _____
Name (first) _____	(middle) _____	(last) _____
Address _____		
City _____	State _____	Zip _____

Employee Social Security # _____	Date of Birth (mm/dd/yyyy) optional _____	Date of Hire (mm/dd/yyyy) _____
Name (first) _____	(middle) _____	(last) _____
Address _____		
City _____	State _____	Zip _____

Employee Social Security # _____	Date of Birth (mm/dd/yyyy) optional _____	Date of Hire (mm/dd/yyyy) _____
Name (first) _____	(middle) _____	(last) _____
Address _____		
City _____	State _____	Zip _____

New Hire Reporting

Lending a Hand to Pennsylvania's Children

## Instructions for Completing the Form

- ⇒ Unless noted as optional, all required information must be included on the form.
- ⇒ Please type or print legibly in black or blue ink.
- ⇒ This form may be duplicated.

<b>FEIN:</b>	Federal Employer Identification Number
<b>Employer Name:</b>	Legal name of the employer
<b>Contact Name:</b>	Person authorized to answer questions on the New Hire Report ( <i>this should be someone from the employer</i> )
<b>Contact Phone Number:</b>	Phone number for the contact person
<b>Employee Social Security Number:</b>	The number assigned by the Social Security Administration
<b>Date of Birth:</b>	Optional Item – date of birth for the new hire
<b>Date of Hire:</b>	The first day the new hire performs services for wages
<b>Employee Name:</b>	First, Middle, and Last name of the new hire
<b>Employee Address:</b>	Permanent address of the new hire

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- ⇒ Pennsylvania New Hire Reports may be submitted through the mail or via FAX.

<b>Mailing Address:</b>	Commonwealth of Pennsylvania New Hire Reporting Program PO Box 69400 Harrisburg, PA 17106-9400
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<b>FAX Number:</b>	<b>717-657-HIRE</b> 717-657-4473 <b>1-866-748-4473 (TOLL FREE)</b>
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<b>Customer Service Telephone Number:</b>	<b>1-888-PAHIRES</b> 1-888-724-4737
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