

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.

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

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

Mailing Address: Commonwealth of Pennsylvania
New Hire Reporting Program
PO Box 69400
Harrisburg, PA 17106-9400

FAX Number:

717-657-HIRE
717-657-4473

Customer Service Telephone Number:

1-888-PAHIRES
1-888-724-4737

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)

Phone: 1-888-PAHIRES (1-888-724-4737)
(for questions only)

This form can be duplicated

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

