

# 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

## 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

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Lending a Hand to Pennsylvania's Children