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 same FEIN used to report the employee's quarterly wages)***

__ - _____

Employer Name:

Employer Address: ***(Please use the address where the Wage Withholding Orders should be sent)***

Employer City: **State:** **Zip Code:**

Contact Name:

Employer Phone: **Extension:** **Employer Fax: (optional)**

Email Address:

EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

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Employee First Name: **Middle Initial:**

Employee 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)

Rev Date:02/24/17

Reports must be submitted within 10 days of hire or rehire date.
REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING
Questions? Call us toll-free at (888) 541-0469 or (404) 525-2985