## New Hire Reporting Form

Required Employer Information			
FEIN:		Please mail or fax to:	
Employer Name:		Commonwealth of Pennsylvania	
Address:		New Hire Repor	rting Program 0
Audress.		P. O. Box 69400 Harrisburg, PA	
			7-HIRE (717-657-4473)
Contact Name:		1-866-7	748-4473 (TOLL FREE)
Contact Phone #:			PAHIRES (1-888-724-4737) estions only)
Contact Friorie #.		This form can be duplicated	
Required Employee Information (Please	type or print legibly in black or blue	e ink.)	<del></del>
in the second se	type or print logicity in election of class		
Employee Social Security #	Date of Birth (mn	n/dd/yyyy) optional	Date of Hire (mm/dd/yyyy)
	,		
Name (first)	(middle)	(last)	
Address			
City	State		Zip
Employee Social Security #	Date of Birth (mn	n/dd/yyyy) optional	Date of Hire (mm/dd/yyyy)
Name (first)	(middle)	(last)	
Address			
Address			
City	State		Zip
Employee Social Security #	Date of Birth (mn	n/dd/yyyy) optional	Date of Hire (mm/dd/yyyy)
Name (first)	(middle)	(last)	
Address			
City	State		Zip
New Hire	Lending a Hand to Pennsylvania'		
Reporting	Children	~	
Commonwealth of Pennsylvania	Department of Labor and Industry	Cente	for Workforce Information and Analysis

Pennsylvania New Hire Reporting Program - 5 REVISED 07/2010