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 Program
PO Box 90728 East Point, GA 30364-0728
Fax: (404) 525-2983 or toll-free: (888) 541-0521

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:

A	B	C

1	2	3

EMPLOYER INFORMATION

Federal Employer ID Number (FEIN): *(Please enter the same FEIN used to report the employee's quarterly wages)*

__ __ - __ __ __ __ __ __ __

Primary Insurance Company Name (if available to the employee):

Employer Name:

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

Employer City: State: Zip Code:

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

Email Address:

EMPLOYEE INFORMATION

Employee Social Security Number (SSN): __ __ __ - __ __ - __ __ __ __

Employee Starting Salary (Monthly):* __ __ __ __ __ __ .00

Employee First Name: Middle Initial

Employee Last Name:

Employee Address:

Employee City: State: Zip Code:

Start Date (MMDDYY): Date of Birth:

*Optional

Medical Insurance Company Name:*

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 at (404) 525-2985 or toll-free at (888) 541-0469