

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