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

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:

O Box 90728 East Point, GA 30364-0728 ax: (404) 525-2983 or toll-free: (888) 541-0521	A 1	вС	1 2 3
	ER INFORMATION		
Federal Employer ID Number (FEIN): (Please enter the sa	ime FEIN used to report	t the employee's quar	terly wages)
Primary Insurance Company Name (if available to the	amniovee):		
Primary insurance company Name (ii available to the	employeej.		
Employer Name:			
Limployer Name.		TIT	TITIT
Employer Address: (Please indicate the address where the	Wage Withholding Ord	ders should be sent)	
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		1 1 1 1	
Employer City:		State:	Zip Code:
Employer Phone (optional): Exte	ension: Er	mployer Fax (optior	iai):
Francii Addreses			
Email Address:			T
EMPLOY	EE INFORMATION	17 - 1000 10 - 100	
Employee Social Security Number (SSN):	Employee Starting S	alary (Monthly):*	
<u> </u>		.00	
Employee First Name:			Middle Init
Employee Last Name:			
Employee Address:			
Employee City:		State:	Zip Code:
Start Date (MMDDYY): Date of Birth:			
	*	Optional	
Medical Insurance Company Name:*			
			1 1 1 1 1

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

Send completed forms to:

Georgia New Hire Reporting Program