

# GEORGIA NEW HIRE REPORTING FORM

*Send Completed Form to:* Georgia New Hire Reporting Program *Fax form to:* 1-888-541-0521  
P. O. Box 38480 Or 404-525-2983  
Atlanta, GA 30334-0480 *For more information:* 1-888-541-0469  
Or 404-525-2985

## EMPLOYER INFORMATION

Federal Employer Identification Number \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City/State/Zip Code+4 \_\_\_\_\_

Contact Phone/Name \_\_\_\_\_

Medical Insurance Coverage Available? Y \_\_\_\_\_ or N \_\_\_\_\_

## Employer Address for Income Deduction Orders

Address \_\_\_\_\_

\_\_\_\_\_

City/State/Zip Code+4 \_\_\_\_\_

Contact Phone/Name \_\_\_\_\_

## EMPLOYEE INFORMATION

Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Employee Name \_\_\_\_\_

Employee Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

State of Hire \_\_\_\_\_ Date of Hire \_\_\_\_\_ Date of Birth \_\_\_\_\_ (Please use four digit year)