

# Georgia New Hire Reporting Form

## Employer Information

Employer Name: \_\_\_\_\_  
Federal Employer ID Number (FEIN): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

## Employee Information

Employee Name (First, Middle, Last): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Date of Hire (MM/DD/YYYY): \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Mail or submit this form according to Georgia Department of Labor New Hire Reporting requirements.