Georgia New Hire Reporting Form

Send completed forms to:
Georgia New Hire Reporting Program
PO Box 38480
Atlanta, GA 30334-0480
Fax: (404) 525-2983 or toll-free fax 1 (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 use the same FEIN that appears on your quarterly wage reports you submit to the State):*

Multiple medical insurance: Y/N

If available/offered: Y/N

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:

Employer State:

Zip Code (5 digit):

Employer Phone:

Extension:

Employer Fax:

E-mail:

EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

Employee Starting Salary (Monthly):* .00

Employee First Name:

Middle Initial:*

Employee Last Name:

Employee Address:

Employee City:

Employee State:

Zip Code:

Date of Hire:

Date of Birth:

Actual First Day of Work:*

Medical Insurance Company Name:*

***optional**

Reports must be submitted within 10 days of date of hire or rehire

Questions? Call us at (404) 525-2985 or toll-free 1 (888) 541-0469