New Hire Reporting Form

Required Employer Infori	mation			
FEIN:			Please mail or fax to:	
Employer Name:		F8.,	Commonwealth o New Hire Reporti	
Address:		P. O. Box 69400 Harrisburg, PA 1		an reference - 20 hadren a regarda a C
			Fax: 717-65	7-HIRE (717-657-4473)
Contact Name: Contact Phone #:			Phone: 1-888-PAHIRES (1-888-724-4737) (for questions only)	
Contact Priorie #.			This form can b	
Required Employee Infor	mation (Please type o	or print legibly in black or	blue ink.)	
Employee Social Security #	Social Security #		Date of Birth (mm/dd/yyyy) optional	
Name (first)		(middle)	(last)	
Address			<u> </u>	a vi
City		State		Zip
Employee Social Security #		Date of Birth (mr	n/dd/yyyy) optional	Date of Hire (mm/dd/yyyy)
Name (first)		(middle)	(last)	<u>Anna an ann an ann an an ann an an an an </u>
Address				
City		State		Zip
Employee Social Security#		Date of Birth (mr	n/dd/yyyy) optional	Date of Hire (mm/dd/yyyy)
		-		
Name (first)	is an arminate of the second	(middle)	(last)	
Address			-	a
City		State		Zip
	New Hire Reporting	Lending a Har to Pennsylvania Children		

Commonwealth of Pennsylvania

Department of Labor and Industry

Center for Workforce Information and Analysis