

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):*

5	8	6	0	0	0	3	4	0	Multiple medical insurance: Y/N	N
---	---	---	---	---	---	---	---	---	---------------------------------	---

Primary Insurance Company Name (if available to the employee): If available/offered: Y/N

S	T	A	T	E		H	E	A	L	T	H		B	E	N	E	F	I	T		P	L	A	N
---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---

Employer Name:

W	A	R	E		C	O	U	N	T	Y		S	C	H	O	O	L	S						
---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--

Employer Address: *(Please indicate the address where the Wage Withholding Orders should be sent).*

1	3	0	1		B	A	I	L	E	Y		S	T	R	E	E	T						

Employer City: Employer State: Zip Code (5 digit):

W	A	Y	C	R	O	S	S																	
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employer Phone: Extension: Employer Fax:

9	1	2	2	8	3	8	6	5	6															
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EMPLOYEE INFORMATION

Employee Social Security Number (SSN): Employee Starting Salary (Monthly):*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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:*

S	t	a	t	e		H	e	a	l		I	n	s	u	r	a	n	c	e								
---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

*optional Y/N

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