



1. Instructions for completing this form.

- Unless noted as optional, all fields on this form are required.
- Please type or print **legibly** in black or blue ink **only.**
- This form may be duplicated as needed.

The table at right provides details on the information to be submitted using this form.

2. Submitting this form.

- **By Fax:** 866-748-4473 (TOLL FREE)
or 717-657-HIRE (717-657-4473) (Local)
- **By Mail:** Commonwealth of Pennsylvania
New Hire Reporting Program
P.O. Box 69400
Harrisburg, PA 17106-9400

3. Questions?

Contact New Hire Customer Service at:
888-PAHIRES (888-724-4737) for more information.

4. Save time and postage costs.

Online reporting is fast, free and paperless.
For more information about how to get started, please visit

www.pacareerlink.state.pa.us

Or contact our customer service at 888-PAHIRES (888-724-4737)

New Hire Information that Must Be Reported	
Required Employer Information:	Required New Hire Employee Information:
Employer Federal Employer Identification Number (FEIN) If your company has more than one FEIN, please use the same FEIN used to report your quarterly wage information when reporting new hires.	Employee Social Security Number The number assigned to the individual by the Social Security Administration. <i>Please verify for accuracy.</i>
Employer Company Name Legal name associated with the FEIN.	Employee Full Legal Name First, middle and last name <i>Nicknames are NOT acceptable</i>
Employer Street Address Address to which income withholding orders should be sent. <i>P.O. Boxes are not acceptable</i>	Employee Street Address Permanent address of the new hire employee. <i>P.O. Boxes are not acceptable</i>
Employer City, State and Zip Code Self-explanatory.	Employee City, State of Hire and Zip Code Self-explanatory.
Employer Contact Person Name Employer's representative authorized to answer questions on the New Hire Report, should they be contacted by our program for additional information. This can be someone from the payroll company.	Employee Date of Hire The first day the new hire employee performs services for wages or any other form of compensation. <i>This cannot be more than three years from the current date.</i>
Employer Contact Person Phone Number Phone number for the Employer Contact Person.	Employee Date of Birth Optional – the date of birth for the new hire employee.
Note: Multi-state employers MAY NOT use this form to report their new hire information. Multi-state employers MUST report by electronic means (Internet, SFTP), and MUST include the state of hire for each new hire employee being reported. Contact New Hire Customer Service at 888-PAHIRES (888-724-4737) for more information.	

New Hire Reporting Form

REQUIRED EMPLOYER INFORMATION:

(Please type or print **LEGIBLY** in blue or black ink **ONLY**)

Employer FEIN:

Employer Name:

Employer Address (Street, City, State, Zip):
PO Box's are not acceptable

Employer Contact Name:

Employer Contact Phone Number:

Employer Contact Fax Number:

Employer Contact Email:

Please fax this form to:

866-PAHIRES (866-748-4473) (TOLL FREE)

Or 717-657-HIRE (717-657-4473) (Local)

Or mail this form to:

*Commonwealth of Pennsylvania
New Hire Reporting Program
P.O. Box 69400
Harrisburg, PA 17106-9400*

Questions?

Contact New Hire Customer Service at 888-PAHIRES (888-724-4737)

Or by email at: RA-LI-CWDS-NewHire@pa.gov

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Or contact our customer service at 888-PAHIRES (888-724-4737)

REQUIRED EMPLOYEE INFORMATION: (Please type or print **LEGIBLY** in blue or black ink **ONLY**)

ONE EMPLOYEE PER BOX

Employee Social Security Number

Legal Name (First) (Middle) (Last)

Street Address (Post Office Box is not acceptable) Apartment Number (if available)

Zip Code City State

Date of Hire (MM/DD/YYYY) Date of Birth (MM/DD/YYYY)
(Must be within 3 years of current date)

ONE EMPLOYEE PER BOX

Employee Social Security Number

Legal Name (First) (Middle) (Last)

Street Address (Post Office Box is not acceptable) Apartment Number (if available)

Zip Code City State

Date of Hire (MM/DD/YYYY) Date of Birth (MM/DD/YYYY)
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