**South Carolina New Hire Reporting Form**

**Important Note:** Please make and keep additional copies of this form for future reporting.

We would like to encourage you to report via our on-line form found at [**New Hire (sc.gov)**](https://newhire.sc.gov/#/) **EMPLOYER IDENTIFICATION:**

Employer Name: Phone:

Employer Address:

Employer City: State: Zip:

Federal Employer Identification Number:

**NEWLY HIRED OR REHIRED EMPLOYEE INFORMATION:**

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| --- |
| Employee Name |
| Employee Address |
| City | State | Zip |
| SSN | Date of Birth | Date of Hire |

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| --- |
| Employee Name |
| Employee Address |
| City | State | Zip |
| SSN | Date of Birth | Date of Hire |

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| --- |
| Employee Name |
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| City | State | Zip |
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| --- |
| Employee Name |
| Employee Address |
| City | State | Zip |
| SSN | Date of Birth | Date of Hire |

**MAIL OR FAX THIS REPORT TO: South Carolina Department of Social Services**

**New Hire Reporting Program**

**Fax Number: (803) 898-9100 Post Office Box 1469**

**Web site:** [**www.newhire.sc.gov**](http://www.newhire.sc.gov)

 **Columbia, SC 29202-1469**