**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 [**www.newhire.sc.gov**](http://www.newhire.sc.gov) **EMPLOYER IDENTIFICATION:**

Employer Name: Phone:

Employer Address:

Employer City: State: Zip:

Federal Employer Identification Number:

**NEWLY HIRED OR REHIRED EMPLOYEE INFORMATION:**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | |

**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**