

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.scnewhire.com

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

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

MAIL OR FAX THIS REPORT TO:

Fax Number: (803) 898-9100
Web site: www.scnewhire.com

**South Carolina Department of Social Services
New Hire Reporting Program
Post Office Box 1469
Columbia, SC 29202-1469**