# 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:

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Employee Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>SSN</th>
<th>Date of Birth</th>
<th>Date of Hire</th>
</tr>
</thead>
</table>

**MAIL OR FAX THIS REPORT TO:**

South Carolina Department of Social Services  
New Hire Reporting Program  
Post Office Box 1469

Fax Number: (803) 898-9100  
Web site: [www.newhire.sc.gov](http://www.newhire.sc.gov)