

## South Carolina New Hire Reporting Form

If you use this form to report newly hired or rehired employees, please make and keep additional copies for future reporting.

### EMPLOYER INFORMATION

Employer Name		
Employer Address		
City	State	Zip
Federal Employer Identification Number (Fed. Tax ID)		Contact Name and Phone Number

### NEWLY HIRED OR REHIRED EMPLOYEE INFORMATION:

Employee Name		
Employee Address		
City	State	Zip
SSN	Date of Birth	Date of Remuneration (1 <sup>st</sup> day of work)

Employee Name		
Employee Address		
City	State	Zip
SSN	Date of Birth	Date of Remuneration (1 <sup>st</sup> day of work)

**[www.scnewhire.com](http://www.scnewhire.com)**

**Mail completed form to:** South Carolina Department of Social Services, Integrated Child Support Services Division, Attn: New Hire Reporting Program, PO Box 1469, Columbia, SC 29202-1469.

**You may fax completed form to:** (803) 898-9100.      **Phone:** (803) 898-9235