

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 st day of work)

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

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