pennsylvania
DEPARTMENT OF LABOR & INDUSTRY

**Save time and postage costs:
Online reporting is <u>fast</u>, <u>free</u> and <u>paperless</u>.**

Did you know the Pennsylvania New Hire Reporting Program accepts and prefers electronic reporting? If you are not already reporting electronically, please consider this as an easy and cost-saving option!

Here are the preferred ways to electronically submit New Hire information through www.pacareerlink.pa.gov (choose one preferred method):

1. Register as an employer and upload files through **www.pacareerlink.pa.gov**
   o Registered employers also have the opportunity to create and post job listings
   o Search resumes through an online database
2. Manually enter employee records through **www.pacareerlink.pa.gov**
3. Sign up for a SFTP (Secure File Transfer Protocol) account through **www.pacareerlink.pa.gov**.

For more information, please visit the Program website.

1. Instructions for completing this form.

- Unless noted as optional, **all fields on this form are required;**
- Use **employee's physical residence address (street, apt #, city, state, zip code**) when completing each employee field;
- **Employers must complete and submit this form. Do not allow employees to complete the form themselves;**
- Please type or print **legibly** in black or blue ink **only;**
- **This form may be duplicated as needed.**

2. Submitting this form.

- **By Fax:**   **866-748-4473 (TOLL FREE)**
                          or
                          717-657-HIRE (717-657-4473) (Local)
- **By Mail:**   **Commonwealth of Pennsylvania
                          New Hire Reporting Program
                          P.O. Box 69400
                          Harrisburg, PA 17106-9400**

3. Questions?

Contact the Pennsylvania New Hire Reporting Program Customer Service at **888-PAHIRES (888-724-4737)** for more information.

* **REQUIRED INFORMATION** *(see Reverse for reporting options/directions).*

DO NOT ALLOW EMPLOYEES TO COMPLETE THE FORM THEMSELVES

* Employer FEIN:

____ ____ ____ ____ ____ ____ ____ ____ ____

* Employer Name: _____

* Employer Address (Street, City, State, Zip Code — *PO Box is not accepted*):

_____

Street

_____

Zip Code   *City*   *State*

Employer Contact Name: _____

Employer Contact Phone Number:

_____--_____--_____

Employer Contact Fax Number:

_____--_____--_____

Employer Contact Email:

Consider electronic reporting and…
- Receive receipt of reported new hires
- View & print lists of reported new hires
- Enter or upload numerous new hires at once
- Submit reports for multiple FEINS
- Avoid postage and printing expenses.

____ ____ ____ - ____ ____ - ____ ____ ____ ____

EMPLOYEE SSN

_____

LEGAL NAME (FIRST)   (MIDDLE)   (LAST NAME)

_____

ADDRESS (NO PO BOXES)   INCLUDE APT #

_____   _____   _____

ZIP CODE   CITY   STATE

_____/_____/_____   _____/_____/_____

DATE OF HIRE (MM/DD/YYYY)   BIRTHDATE (MM/DD/YYYY)

____ ____ ____ - ____ ____ - ____ ____ ____ ____

EMPLOYEE SSN

_____

LEGAL NAME (FIRST)   (MIDDLE)   (LAST NAME)

_____

ADDRESS (NO PO BOXES)   INCLUDE APT #

_____   _____   _____

ZIP CODE   CITY   STATE

_____/_____/_____   _____/_____/_____

DATE OF HIRE (MM/DD/YYYY)   BIRTHDATE (MM/DD/YYYY)

____ ____ ____ - ____ ____ - ____ ____ ____ ____

EMPLOYEE SSN

_____

LEGAL NAME (FIRST)   (MIDDLE)   (LAST NAME)

_____

ADDRESS (NO PO BOXES)   INCLUDE APT #

_____   _____   _____

ZIP CODE   CITY   STATE

_____/_____/_____   _____/_____/_____

DATE OF HIRE (MM/DD/YYYY)   BIRTHDATE (MM/DD/YYYY)