Maryland New Hire Registry Reporting Form

Send completed forms to: Maryland New Hire Registry PO Box 1316 Baltimore, MD 21203-1316

Fax: (410) 281-6004 or toll-free fax 1 (888) 657-3534

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A B C

1 2 3

	INFORMATION
Federal Employer Id Number (FEIN):	State Unemployment Insurance Number (MD Only SUIN):
Please use the same FEIN that appears on quarterly wage reports.	If SUIN not issued yet, please write "APPLIEDFOR" in the above box. If Exempt, write "EXEMPT".
Employer Name:	the above box. If Exempt, while EAEMF1.
Employer Address (Please indicate the address where the Inc	ome Withholding Orders should be sent):
Employer City:	Employer State: Zip Code (5 digit):
Employer Phone (optional):	Employer Fax (optional):
Contact Name (antique)	
Contact Name (optional):	
Email (optional):	
FMDI AVEF INF	
EMPLOYEE INF	ORMATION
Employee Social Security Number (SSN):	Date of Hire (mm/dd/yyyy):
	Date of Hire (mm/dd/yyyy): Middle Initial
Employee Social Security Number (SSN):	Date of Hire (mm/dd/yyyy):
Employee Social Security Number (SSN):	Date of Hire (mm/dd/yyyy): Middle Initial
Employee Social Security Number (SSN): Employee First Name:	Date of Hire (mm/dd/yyyy): Middle Initial
Employee Social Security Number (SSN): Employee First Name: Employee Last Name:	Date of Hire (mm/dd/yyyy): Middle Initial
Employee Social Security Number (SSN): Employee First Name:	Date of Hire (mm/dd/yyyy): Middle Initial
Employee Social Security Number (SSN): Employee First Name: Employee Last Name: Employee Address:	Date of Hire (mm/dd/yyyy): Middle Initial (optional):
Employee Social Security Number (SSN): Employee First Name: Employee Last Name:	Date of Hire (mm/dd/yyyy): Middle Initial
Employee Social Security Number (SSN): Employee First Name: Employee Last Name: Employee Address:	Date of Hire (mm/dd/yyyy): Middle Initial (optional):
Employee Social Security Number (SSN): Employee First Name: Employee Last Name: Employee Address: Employee City:	Date of Hire (mm/dd/yyyy): Middle Initial (optional):
Employee Social Security Number (SSN): Employee First Name: Employee Last Name: Employee Address: Employee City:	Date of Hire (mm/dd/yyyy): Middle Initial (optional): Employee State: Zip Code (5 digit):