Maryland State Directory of New Hire Reporting Form

Send completed forms to:
Maryland State Directory of New Hire
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

EMPLOYER INFORMATION

Federal Employer Id Number (FEIN):

State Unemployment Insurance Number (MD Only SUIN):
If SUIN not issued yet, please write "APPLIEDFOR" in the above box. If Exempt, write "EXEMPT."

Please use the same FEIN that appears on quarterly wage reports.

Employer Name:

Employer Address (Please indicate the address where the Income Withholding Orders should be sent):

Employer City:

Employer State: Zip Code (5 digit):

Employer Phone (optional):

Employer Fax (optional):

Contact Name (optional):

Email (optional):

EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

Date of Hire (mm/dd/yyyy):

Employee First Name:

Middle Initial (optional):

Employee Last Name:

Employee Address:

Employee City:

Employee State: Zip Code (5 digit):

Date of Birth mm/dd/yyyy (optional):

Employee Salary (Dollars and Cents):

Hourly Monthly Yearly

Are health care benefits available to employee? (Y/N):

Employee Gender (M)ale/(F)emale:

Reports must be submitted within 20 days of the date of hire or rehire

Questions? Call us at (410) 281-6000 or toll-free 1 (888) MDHIRE (634-4737). Report online at www.mdnewhire.com

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