

Maryland New Hire Registry Reporting Form

Send completed forms to:

Maryland State Directory of New Hires
 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
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1	2	3
---	---	---

EMPLOYER INFORMATION

Federal Employer Id Number (FEIN):

5	2	0	9	4	5	2	8	9
---	---	---	---	---	---	---	---	---

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

State Unemployment Insurance Number (MD Only SUIN):

0	0	6	5	8	7	1	3	4	3
---	---	---	---	---	---	---	---	---	---

If SUIN not issued yet, please write "APPLIEDFOR" in the above box. If Exempt, write "EXEMPT".

Employer Name:

H	A	G	E	R	S	T	O	W	N		C	O	M	M		C	O	L	L	E	G	E		
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	--	--

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

1	1	4	0	0		R	O	B	I	N	W	O	O	D		D	R	I	V	E				

Employer City:

H	A	G	E	R	S	T	O	W	N					
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--

Employer State: Zip Code (5 digit):

M	D	2	1	7	4	2
---	---	---	---	---	---	---

Employer Phone (optional):

2	4	0	5	0	0	2	5	8	6
---	---	---	---	---	---	---	---	---	---

Employer Fax (optional):

3	0	1	3	9	3	3	8	2	3
---	---	---	---	---	---	---	---	---	---

Contact Name (optional):

J	E	N	N	I	F	E	R		C	H	I	L	D	S			
---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--

Email (optional):

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EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

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Date of Hire (mm/dd/yyyy):

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Employee First Name:

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Middle Initial (optional):

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Employee Last Name:

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Employee Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employee City:

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Employee State:

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Zip Code (5 digit):

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

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Employee Salary (Dollars and Cents):

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Hourly

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Monthly

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Yearly

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

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

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

Rev (09/02)

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