

# MARYLAND NEW HIRE REGISTRY

## Reporting Form

-Please Make All Entries in **CAPS**

-All Required Items 1-7 and 11-20,23 & 24 **MUST** Be Completed

<b>EMPLOYER INFORMATION</b>					
<b>ITEMS 1-7 ARE REQUIRED INFORMATION</b>					
1. State Unemployment Insurance Number (Maryland Only- SUIN)			2. Federal Employer ID Number (FEIN)		
3. Employer's Name					
4. Employer's Address					
5. Employer's City			6. State	7. Zip Codes	
8. Employer's Telephone			9. Employer's Fax		
10. New Hire Contact Person					
<b>EMPLOYEE INFORMATION</b>					
<b>ITEMS 11-20, 23 &amp; 24 ARE REQUIRED INFORMATION</b>					
11. Social Security Number (SSN)		12. <b>First Day of Work</b> (MM/DD/YYYY)		Month	Day
					Year (4 digits)
13. Employee's First Name					
14. Employee's Middle Name					
15. Employee's Last Name				16. Suffix (if applicable)	
17. Employee's Home Address					
18. Employee's City			19. State	20. Zip Code	
21. Employee Sex -M for Male -F for Female	22. Employee's Date of Birth (MM/DD/YYYY)		Month	Day	Year (4 digits)
23. Employee Salary (\$ and cents)	Dollars	Cents	<input type="checkbox"/> Hourly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
24. Are health care benefits available to employee?			<input type="checkbox"/> YES		<input type="checkbox"/> NO

Employer submits data within 20 calendar days of new employee's first day of work to:  
**Maryland New Hire Registry**  
**P.O. Box 1316**  
**Baltimore, MD 21203-1316**  
**FAX: (410) 347-5993 or Phone (410) 347-9911**