		egistry Reporting Form
Send completed forms to: Maryland State Directory of New Hires		To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes.
PO Box 1316		The following will serve as an example:
Baltimore, MD 21203-1316 Fax: (410) 281-6004 or toll-free fax 1 (888)	657 3534	A B C 1 2 3
	037-3334	
EMPLOYER INFORMATION		
Federal Employer Id Number (FEIN): State Unemployment Insurance Number (MD Only SUIN):		
Please use the same FEIN that appears on quarter	 erly wage reports.	
Employer Name: the above box. If Exempt, write "EXEMPT".		
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:		
		(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

Rev (09/02)

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