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

EMPLOYER INFORMATION

Federal Employer Id Number (FEIN):

5	2	6	0	0	2	0	3	3

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

State Unemployment Insurance Number (MD Only SUIN):

0	0	6	5	8	1	0	7	0	0

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

Employer Name:

S	T	.		M	A	R	Y	'	S		C	O	L	L	E	G	E		O	F		M	D	

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

H	U	M	A	N		R	E	S	O	U	R	C	E	S										

1	8	9	5	2		E	.		F	I	S	H	E	R		R	O	A	D					

Employer City:

S	T	.		M	A	R	Y	'	S		C	I	T	Y	

Employer State:

M	D

Zip Code (5 digit):

2	0	6	8	6

Employer Phone (optional):

2	4	0	8	9	5	4	3	0	9

Employer Fax (optional):

2	4	0	8	9	5	4	9	9	7

Contact Name (optional):

S	Y	M	A	R	I	A		E	N	O	C	H							

Email (optional):

s	a	e	n	o	c	h	@	s	m	c	m	.	e	d	u							

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

Rev (09/02)

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