Maryland State Directory of New Hires

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

1 2 3

EMPLOYER INFORMATION

Fede	ederal Employer Id Number (FEIN):													State Unemployment Insurance Number (MD Only SUIN)														
∟ Pleas	se us	⊒ ∟ e the s	ame	FEIN	that	t app	ears	s on	quai	terly	wage	repo	rts.		If .				ued y								in	
Emp	oloye	er Nan	ne:													t	he a	bove	box.	If Ex	emp	t, wi	rite "	EXE	MPT 	". 		
Emp	loye	r Add	ress.						•			•		•														
				<u> </u>			Ť		1	ĺ		1		1			1						<u> </u>				=	$\overline{}$
 Emn	love	 r's Pay	roll 4	\ \ddre		/Ples		indi	icate	the	 Empl	OVer	 'e P	avro	ПΔ	ddre	l ee i	f diff	eren	t tha	n the	. En	nnlo		's Ad	dres	e)	
	T	3 a,	10117			1 100		II IGI				J		T T			733 1					, LI		T			3)	
	lovo	r City:																		anlo	vor 9	Stat			Cod	 e (5	digit	.).
	Т	T City.	•			1	$\overline{}$	\neg				1		1				7		IPIO	yei (olai	E	∠ip 	T	- (3	uigit	.).
								[L	╛.			<u>.</u>							
Emp	loye	r Pho	ne (d	ptior	nal):	:	_				7						E	mple	oyer	Fax	(opt	iona	al): ——	1				
Cont	tact I	Name	(opt	ional): [
Ema	ail (o _l	ptiona	I): [<u> </u>			1							<u> </u>							1					十	
			Ĺ						\perp																			
_										EMP	LO	/EE	IN	FO	RM	ΑT	101	N										
Emp	loye	e Soc	e Social Security Number (SSN): Date of Hire (mm/dd/yyyy):																									
																											<u> </u>	
Emp	loye	e Firs	t Na	me:																						Midd op	lle Ir otiona	
Emp	love	e Las	t Naı	me:		•							-					<u> </u>	ļ			!				1		J
r ·	T					T	T						T		Т									T			\Box	
<u> </u>	<u> </u>																											
Emp	loye	e Ado	Iress	:						ı			1						<u> </u>	-		1		ī				
Emp	loye	e City	′ :															Em	ploye	e S	tate:			Zip	Cod	e (5	digit	t) :
Date	of E	Birth n	nm/d	d/yyy	/y (c	optic	nal):		Em	ploy	ee S	ala	ry (C	Dolla	ars a	and	_ ⊢Cei	nts):		 ⊦	lou	rly	N	/lontl	— าly	Ye	arly
					- `	· 					· ,								Ť				j]		
	1												\perp	\dashv												_	늗	_
Are	heal	th car	e bei	nefits	ava	ailab	ole t	ю е	mpl	oyee	? (Y/	N):						Em	ploy	ee C	end	ler ((M)	ale/((F)er	nale	:	

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

Rev (03/18)