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

Federal Employer Id Number (FEIN):

52 60002033

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

State Unemployment Insurance Number (MD Only SUIN):

0065817780

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

Employer Name:

HISTORIC ST. MARY'S CITY

Employer Address:

PO BOX 39

18559 HOGABOOM LANE

Employer's Payroll Address (Please indicate the Employer's Payroll Address if different than the Employer's Address)

Employer City: ST. MARY'S CITY

Employer State: MD

Zip Code (5 digit): 20686

Employer Phone (optional): 2408954309

Employer Fax (optional): 2408954997

Contact Name (optional): LEESA ORTON

Email (optional): lmorton@smcm.edu

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 (03/18)

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