Maryland State Directory of New Hire Reporting Form

Send completed forms to:
Maryland State Directory of New Hire
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 II	VFORMATI	ON	
Federal Employer Id Number (FEIN):		State Unemplo	oyment Insurance	Number (MD Only SUIN):
	, ,			
Please use the same FEIN that appears on qua	arterly wage reports.	If SUIN not iss	sued yet, please write	"APPLIEDFOR" in
Employer Name:		the abov	e box. If Exempt, wri	te "EXEMPT".
Employer Address (Please indicate the ad	dress where the Incor	me Withholding	Orders should be s	ent):
Employer City:			Employer State	: Zip Code (5 digit):
Employer Phone (optional):		Empl	oyer Fax (optiona	l):
Contact Name (optional):				
Email (optional):				
	EMPLOYEE INFO	RMATION		
Employee Social Security Number (SSN)	:		Date of Hire	(mm/dd/yyyy):
	:		Date of Hire	(mm/dd/yyyy):
	:		Date of Hire	Middle Initial
Employee Social Security Number (SSN)			Date of Hire	
Employee Social Security Number (SSN)			Date of Hire	Middle Initial
Employee Social Security Number (SSN) Employee First Name:			Date of Hire	Middle Initial
Employee Social Security Number (SSN) Employee First Name: Employee Last Name:			Date of Hire	Middle Initial
Employee Social Security Number (SSN) Employee First Name:			Date of Hire	Middle Initial
Employee Social Security Number (SSN) Employee First Name: Employee Last Name: Employee Address:				Middle Initial (optional):
Employee Social Security Number (SSN) Employee First Name: Employee Last Name:			Date of Hire	Middle Initial
Employee Social Security Number (SSN) Employee First Name: Employee Last Name: Employee Address:		Em	ployee State:	Middle Initial (optional):
Employee Social Security Number (SSN) Employee First Name: Employee Last Name: Employee Address:	Employee Salary (Em	ployee State:	Middle Initial (optional): Zip Code (5 digit):
Employee Social Security Number (SSN) Employee First Name: Employee Last Name: Employee Address: Employee City:		Em	ployee State:	Middle Initial (optional): Zip Code (5 digit):

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

Rev (09/02)