

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
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1	2	3
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EMPLOYER INFORMATION

Federal Employer Id Number (FEIN):

5	2	2	2	8	3	5	4	6
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Please use the same FEIN that appears on quarterly wage reports.

State Unemployment Insurance Number (MD Only SUIN):

0	0	6	5	7	0	7	9	9	3
---	---	---	---	---	---	---	---	---	---

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

Employer Name:

T	h	e		A	r	c		C	e	n	t	r	a	l		C	h	e	s	a	p	e	e	a	k
---	---	---	--	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---

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

9	3	1		S	p	a		R	o	a	d														

Employer City:

A	n	n	a	p	o	l	i	s																		
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Employer State: Zip Code (5 digit):

M	D	2	1	4	0	1
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Employer Phone (optional):

4	1	0	2	6	9	1	8	8	3
---	---	---	---	---	---	---	---	---	---

Employer Fax (optional):

4	1	0	2	6	9	0	0	9	1
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Contact Name (optional):

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Email (optional):

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EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

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Date of Hire (mm/dd/yyyy):

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Employee First Name:

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Middle Initial (optional):

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Employee Last Name:

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Employee Address:

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Employee City:

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Employee State:

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Zip Code (5 digit):

--	--	--	--	--

Date of Birth mm/dd/yyyy (optional):

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Employee Salary (Dollars and Cents):

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Hourly

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Monthly

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Yearly

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Are health care benefits available to employee? (Y/N):

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Employee Gender (M)ale/(F)emale:

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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